



PATIENT

Bowser Billinger

SPECIES

Canine

BREED

Coton de Tulear

SEX

Neutered Male

AGE

7 Years

WEIGHT

26 lbs

INTERPRETED BY

Remo Lobetti, BVSc,
MMedVet (Med),
PhD, Dipl. ECVIM

IMAGING PERFORMED BY

Rebecca Neis

HOSPITAL NAME

Animal Health Center
(Arkansas)

REFERRING VET

Dr. Daniel Hartman

INVOICE

72934

DATE

1/2/26

PRESENTING CLINICAL SIGNS

Vaccinated about 1 month ago, became increasingly lethargic shortly thereafter. Around the same time, p developed firm ill-defined subcutaneous nodules which became softer over time on the abdomen. Past 6 days severely depressed appetite and PU/PD.

Abnormal PE/Chem/CBC/UA Results: Soft, ill-defined subcutaneous nodules on ventral abdomen. CBC: eosinophilia, neutrophilia, monocytosis, mild normocytic hypochromic anemia Urinalysis: USG 1.010, proteinuria ++ chem panel: hyperglobulinemia, hypoalbuminemia, mildly increased SDMA and ALP

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full urinary bladder with a normal thickness and smooth appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.

Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.

Normal renal size, architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident. Left kidney measures 5.0 cm. Right kidney measures 5.6 cm. Normal color flow pattern evident in both kidneys.

Reproductive System

Small, hypoechogenic prostate.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left measures 0.45 cm and 0.52 cm in width. Right measures 0.61 cm in width.

Spleen

Normal size (1.3 cm in width) and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident.

Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

Gallbladder

Full containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.



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Gastrointestinal

Thickening of the fundus of the stomach noted, measuring up to 1.1 cm, with a diffuse hypoechoic appearance and some loss of layering. A moderate amount of fluid was present within the stomach.

Normal appearance of the duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen.

Pancreas

Visible sections presents normal size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Gastric thickening.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

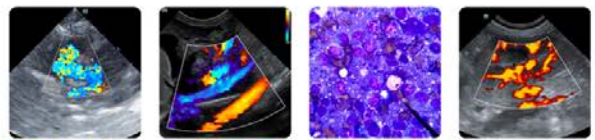
Etiologies for the gastric thickening would be chronic gastritis, helicobacter gastritis, ulcerative disease, granulomatous disease, and possibly emerging neoplasia.

Further assessment would include 3-view thoracic radiographs and FNA cytology of the gastric wall. Gastroscopy with biopsies could also be considered.

Additional diagnostics would be a UPC and serum protein electrophoresis.

Specific therapy would be dependent on an etiological diagnosis.





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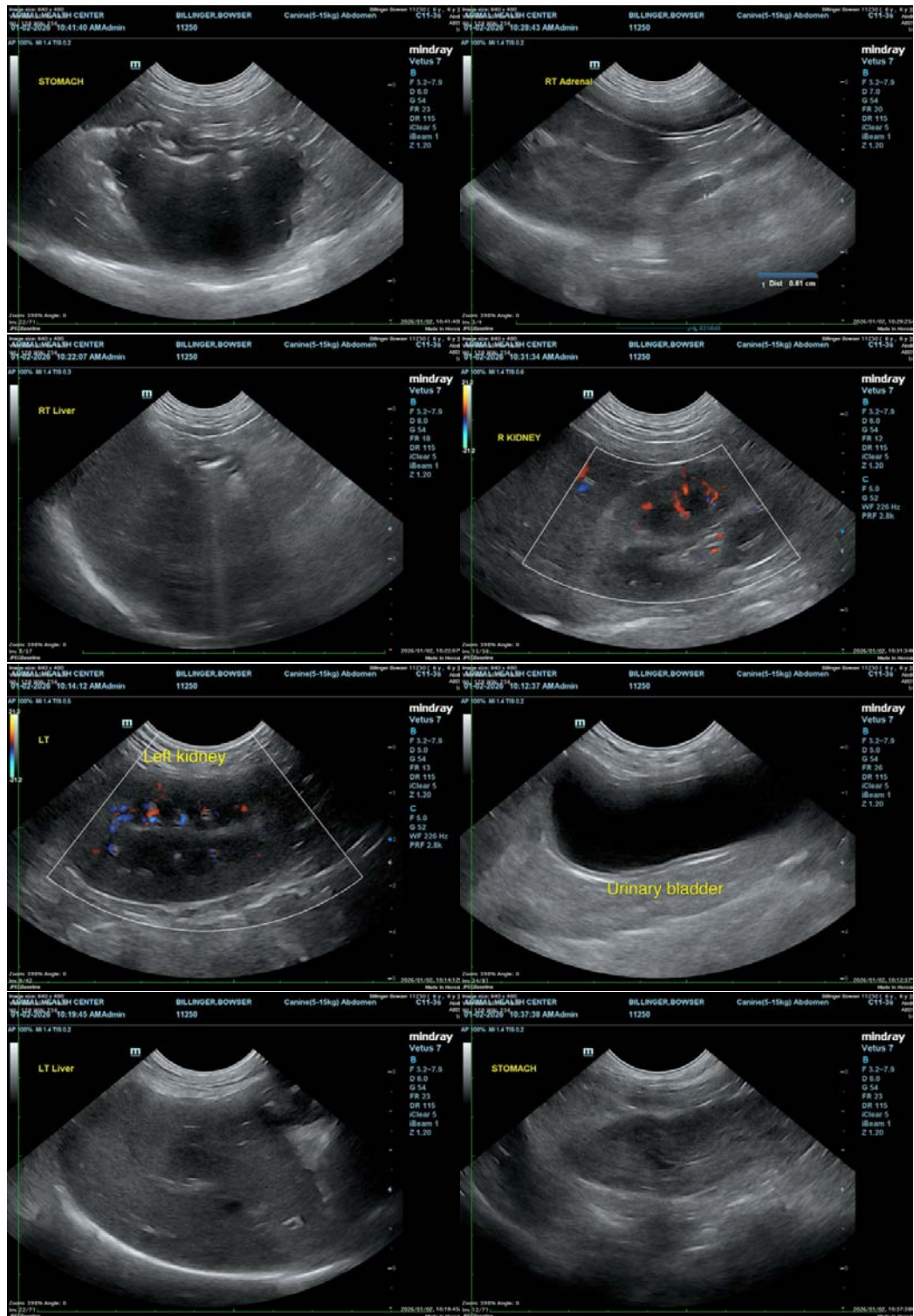
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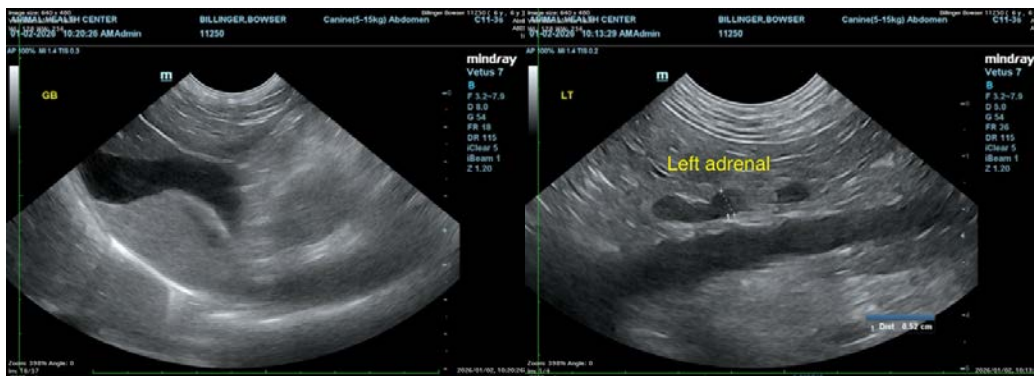
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)

info@sonopath.com