



PATIENT

Tink Vanasse

SPECIES

Canine

BREED

Pit Mix

SEX

Spayed Female

AGE

11 years

WEIGHT

50 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jessica Boudreaux-
Milligan

HOSPITAL NAME

Dockside Veterinary
Imaging

REFERRING VET

Dr. Kristen Swanson

INVOICE

11021

DATE

1/2/2026

PRESENTING CLINICAL SIGNS

P is regurgitating food several hours after eating, hacking like there is something in her throat, intermittent diarrhea that resolves within 24 hours, pica, and eating grass. All started May of 2025. Last meal prior to u/s was 12hrs prior. Liquid bone broth given morning of exam. Screening echo also performed today. Hx of HW disease previously.

Abnormal PE/Chem/CBC/UA Results: Records attached for review.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Small 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 6.1 cm, and the right kidney measures 6.2 cm.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal measures 0.45 cm and 0.42 cm in width. The right adrenal measures 0.49 cm in width.

Spleen

Normal size 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. The spleen measures 1.4 cm in width.

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.

Gastrointestinal

Small intestine measures up to 0.54 cm with a moderate amount of ingesta present within the stomach, compatible with a recent meal. Fecal material present within the colon.

Pancreas



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Normal size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

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Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

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ULTRASONOGRAPHIC FINDINGS

- Normal ultrasound examination of the abdomen.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

On this ultrasound there is no obvious etiology for the presenting clinical signs. Although the GI tract appears ultrasonographically normal with the presenting clinical signs, an underlying enteropathy such as dietary hypersensitivity and inflammatory bowel disease should still be considered.

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Further assessment would be cobalamin and folate assay, an endoscopy of the upper GI tract with biopsies.

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Specific therapy would be dependent on an etiological diagnosis.

Symptomatic management would be feeding small frequent meals of a novel protein/hypoallergenic diet, cobalamin supplementation, and if there's still not a satisfactory improvement, then a course of prednisolone should then be considered.

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Dockside Veterinary Imaging

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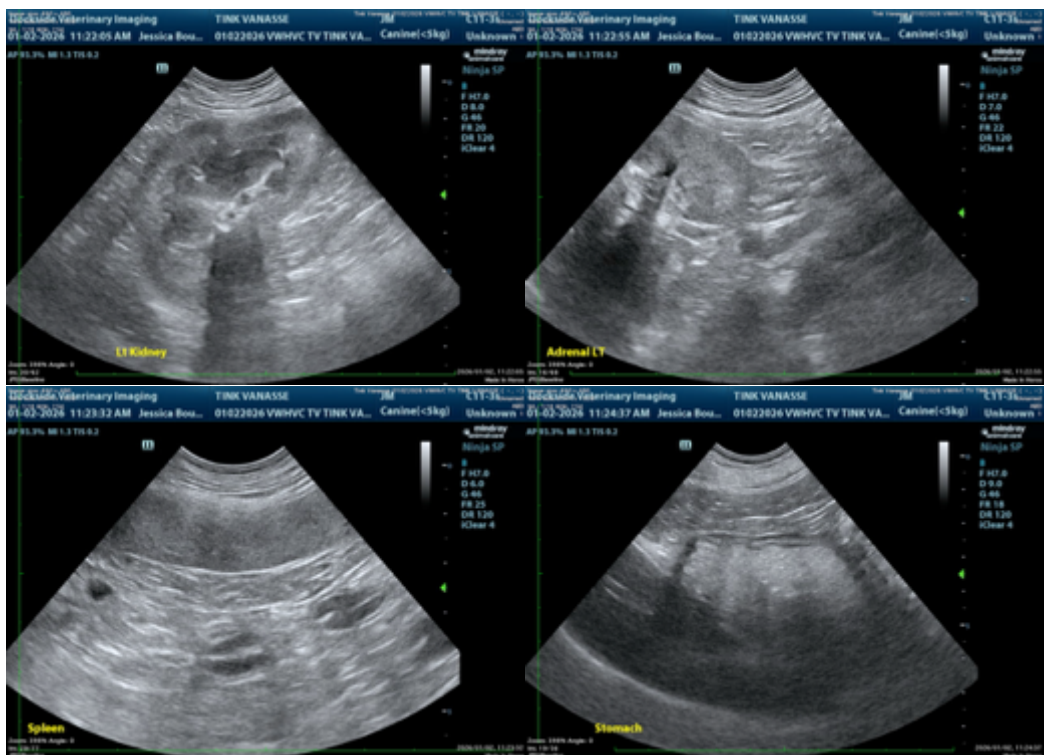
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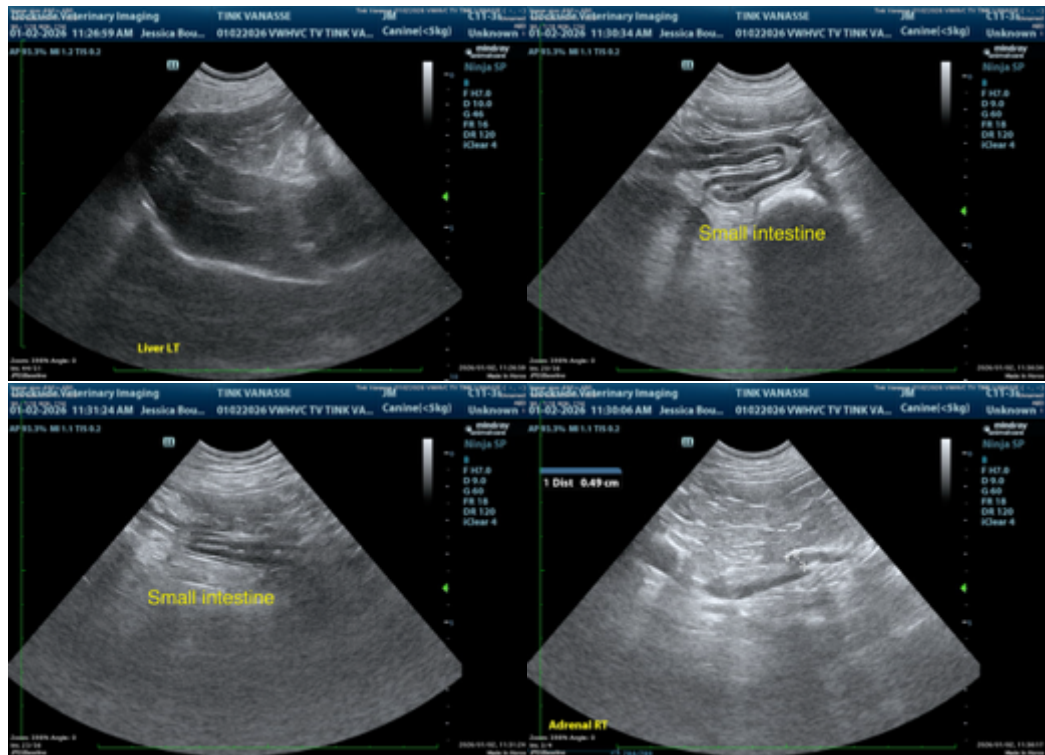
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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