



PATIENT

Charley Neuman

SPECIES

Canine

BREED

Lab x

SEX

Neutered Male

AGE

12 Years 1 Month

WEIGHT

77

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Warner

HOSPITAL NAME

VT-NH Veterinary
Clinic

REFERRING VET

Dr. Mcnamera

INVOICE

72616

DATE

1/30/26

PRESENTING CLINICAL SIGNS

Charlie is a 12yo large mixed breed NM, presents for chronic (6 weeks) intermittent diarrhea, small bowel (weight loss, finicky appetite) + large bowel signs (increased frequency) have been noted.

No significant abnormal exam findings except for weight loss (historically was mid to low 80# range). Persistent mild renal azotemia has been noted, stable.

Today, he is having bloody diarrhea and vomiting food/bile mixture (he is fasted). Telmisartan given last night, Librela given monthly, on a renal diet but recently transitioned to hydrolyzed + renal, probiotic, B12 injections. Normal urination, increased drinking and appetite reported

Abnormal PE/Chem/CBC/UA Results: Jan 6th (SDMA = 18 ; 0 - 14 µg/dL , BUN = 21; 7 - 27 mg/dL , Creat = 1.6; 0.5 - 1.8 mg/dL, albumin = 3.0; 2.2 - 3.9 g/dL, USG = 1.022) - key values repeated Jan 28th (SDMA = 20; 0 - 14 µg/dL , BUN = 16; 7 - 27 mg/dL , Creat = 1.7 0.5 - 1.8 mg/dL , albumin = 2.7; 2.2 - 3.9 g/dL). - CBC/4Dx normal / negative. - Negative fecal parasite PCR testing in Floride Dec 2025 - GI panel, cortisol, Fecal O&P pending - UPC 0.5 Oct 2025

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 5.4 cm. Right kidney measures 5.5 cm.

Reproductive System

Small, hypoechogenic prostate.

Adrenal Glands

The right adrenal gland was enlarged with a rounded shape, but maintaining a normal echogenic appearance, position, and appearance of the visible peri-adrenal vasculature. The gland measures 2.56 cm in length x 1.02 cm and 1.1 cm in width.

The left adrenal gland was not visualized.

Spleen

Normal size (2.0 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.

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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

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

Gastrointestinal

Normal appearance of the stomach, 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. Moderate amount of ingesta present within the stomach.

Pancreas

Visible section 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.

An ill-defined, hypoechoic mass-like structure is noted possibly associated with the gastric wall. The mass measures approximately 2.3 cm x 3.0 cm in size.

ULTRASONOGRAPHIC FINDINGS

- Abdominal mass.
- Right adrenomegaly.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the mass would be neoplasia, and possibly a granuloma.

Etiologies for the right adrenomegaly would include disease stress, age related reactive hyperplasia, and possibly emerging pituitary dependent Cushing's disease.

As the patient has been fasted, the presence of a moderate amount of ingesta in the stomach can be considered abnormal and possibly associated with gastritis or gastrointestinal hypomotility. Although the intestinal tract appears ultrasonographically normal, with the presenting clinical signs, an underlying enteropathy such as dietary hypersensitivity, parasitic enteritis, and inflammatory bowel disease should still be considered.

Further assessment needs to be based on the pending results but could include FNA cytology of the mass-like structure, and endoscopy of both the upper and the lower GI tract with biopsies.

Specific therapy would be dependent on an etiological diagnosis.



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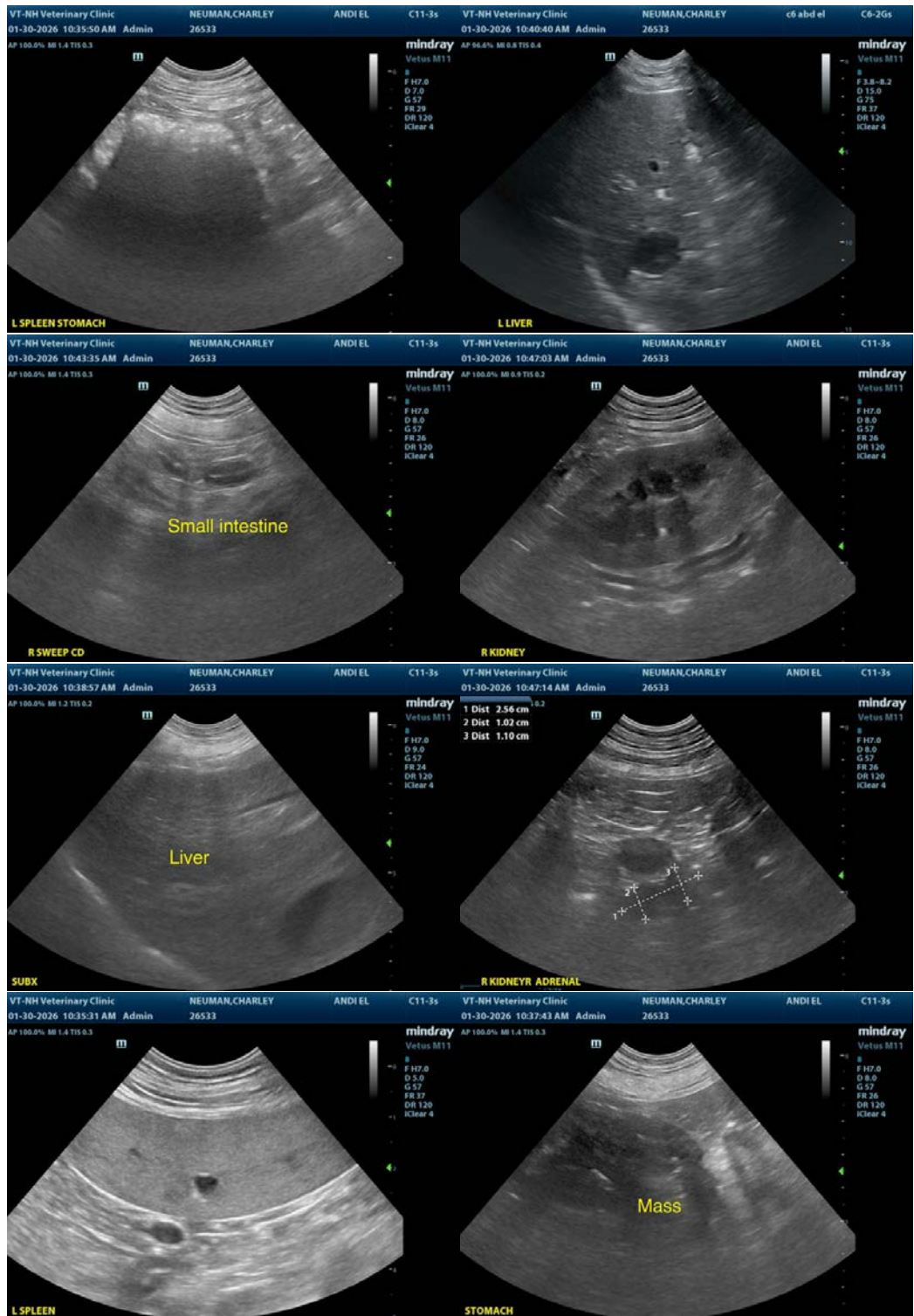
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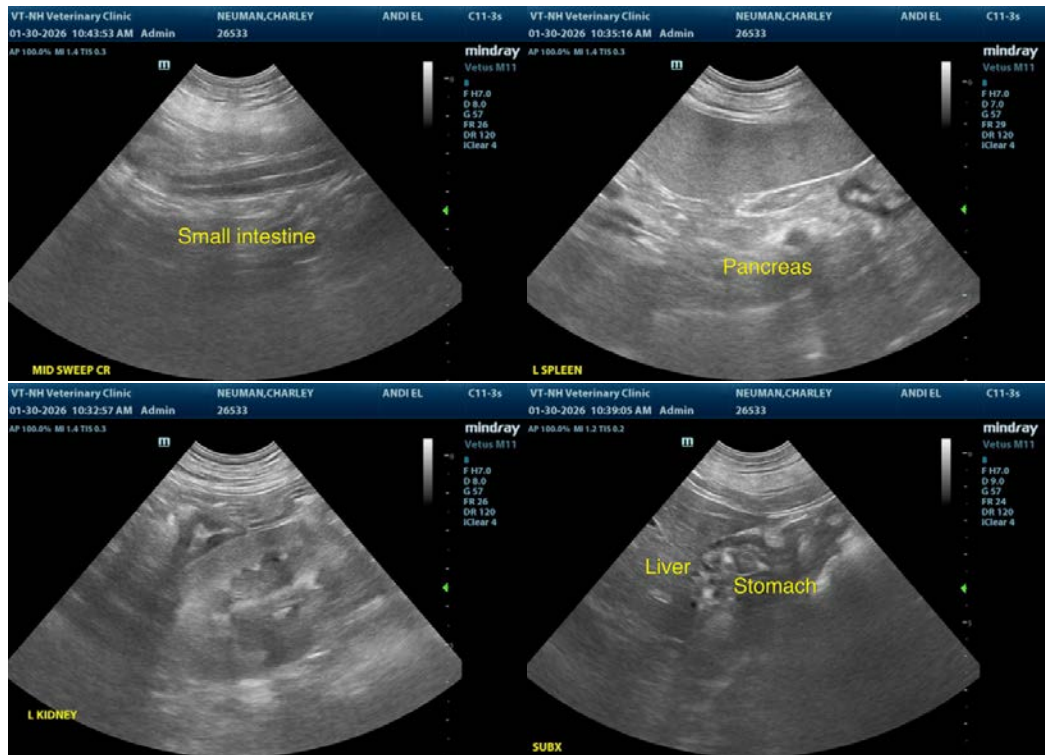
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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