



PATIENT

Moet Ayala

SPECIES

Canine

BREED

Dachshund

SEX

Spayed female

AGE

10 years

WEIGHT

9 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ferrer

HOSPITAL NAME

Pulse Pet Ultrasound
Service

REFERRING VET

Dra. Negron

INVOICE

69799

DATE

1/5/26

PRESENTING CLINICAL SIGNS

History: Presented as a referral for an abdominal ultrasound to evaluate chronic vomiting. Px has had persistent episodes of vomiting bile since April 2025, but every time bloodwork is performed the results seem to be generally within normal limits. Px is lethargic and anorexic. Px is currently on Famotidine.

Attached as supporting documents, BW and radiograph report. High BUN (28 mg/dL) High ALKP (272 U/L) Low AMYL (442 U/L)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full with a normal thickness and smooth appearance of the wall. Normal anechoic urine with no sediment evident. A small urolith is present and measured 0.3 cm in size.

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 (left measured 4.2 cm, right measured 4.5 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 1.57 cm in length x 0.53 cm and 0.38 cm in width. The right adrenal gland measured 1.53 cm in length x 0.45 cm and 0.4 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. Incidental myelolipomas are present. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 1.2 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.



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Gallbladder

The gallbladder is full containing a moderate amount of non-adhered, hyperechogenic sediment. 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, 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. Segmental thickening of the small intestine measuring up to 0.6 cm with no loss of layering, but with an increase in the muscularis to mucosa ratio, normal peristaltic activity and no distension of the lumen. The stomach measured 0.41 cm, duodenum measured 0.52 cm, colon measured 0.15 cm.

Pancreas

Normal size with a diffuse, increased echogenic appearance and an irregular capsule. Mild increase in the echogenic appearance of the mesentery and fat surrounding the pancreas. The visible pancreatic duct measured 0.1 cm in diameter. The left pancreas measured 1.2 cm in width. The right pancreas measured 1.4 cm in width.

Free Abdomen

Normal mesenteric lymph nodes measuring up to 0.3 x 0.6 cm in size.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Enteropathy.
- Chronic pancreatitis versus pancreatic fibrosis.
- Gallbladder sediment.
- Urolith.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the enteropathy would be parasitic enteritis, dietary hypersensitivity and inflammatory bowel disease with emerging lymphoma a less likely differential diagnosis.

The gallbladder sediment and urolith can be considered incidental findings.

Further assessment would be fecal analysis, cobalamin, folate and CPL/PSL assay and endoscopy of the upper GI tract with biopsies.



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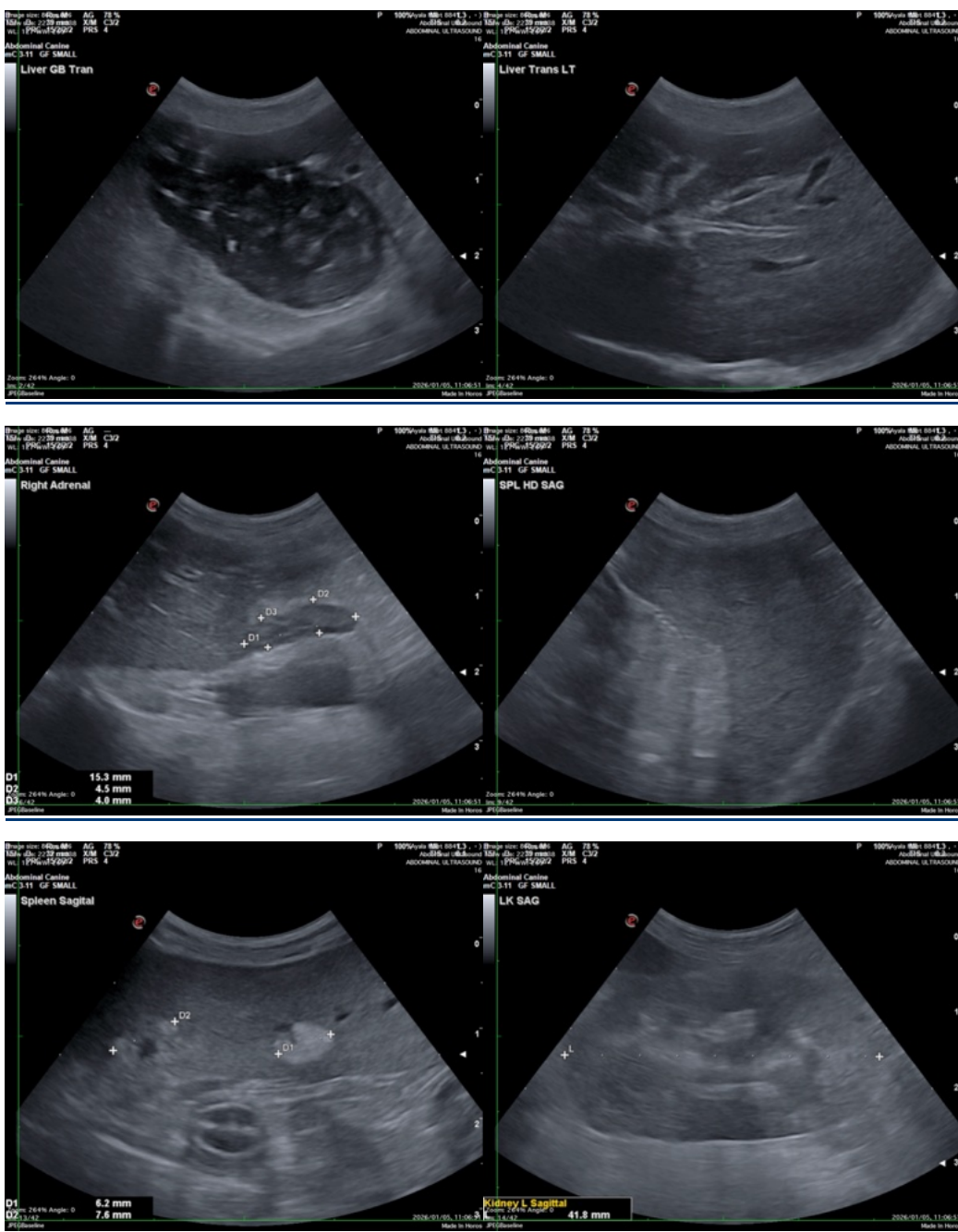
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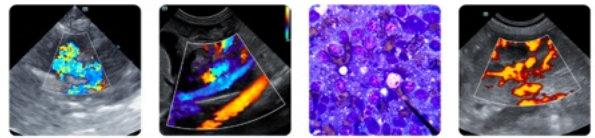
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Specific therapy would be dependent on an etiological diagnosis. Symptomatic management that can be considered would be feeding small frequent meals of a novel protein/hypoallergenic diet, cobalamin supplementation, course of Fenbendazole and if there is still not a satisfactory improvement then a course of Prednisolone would then be indicated.





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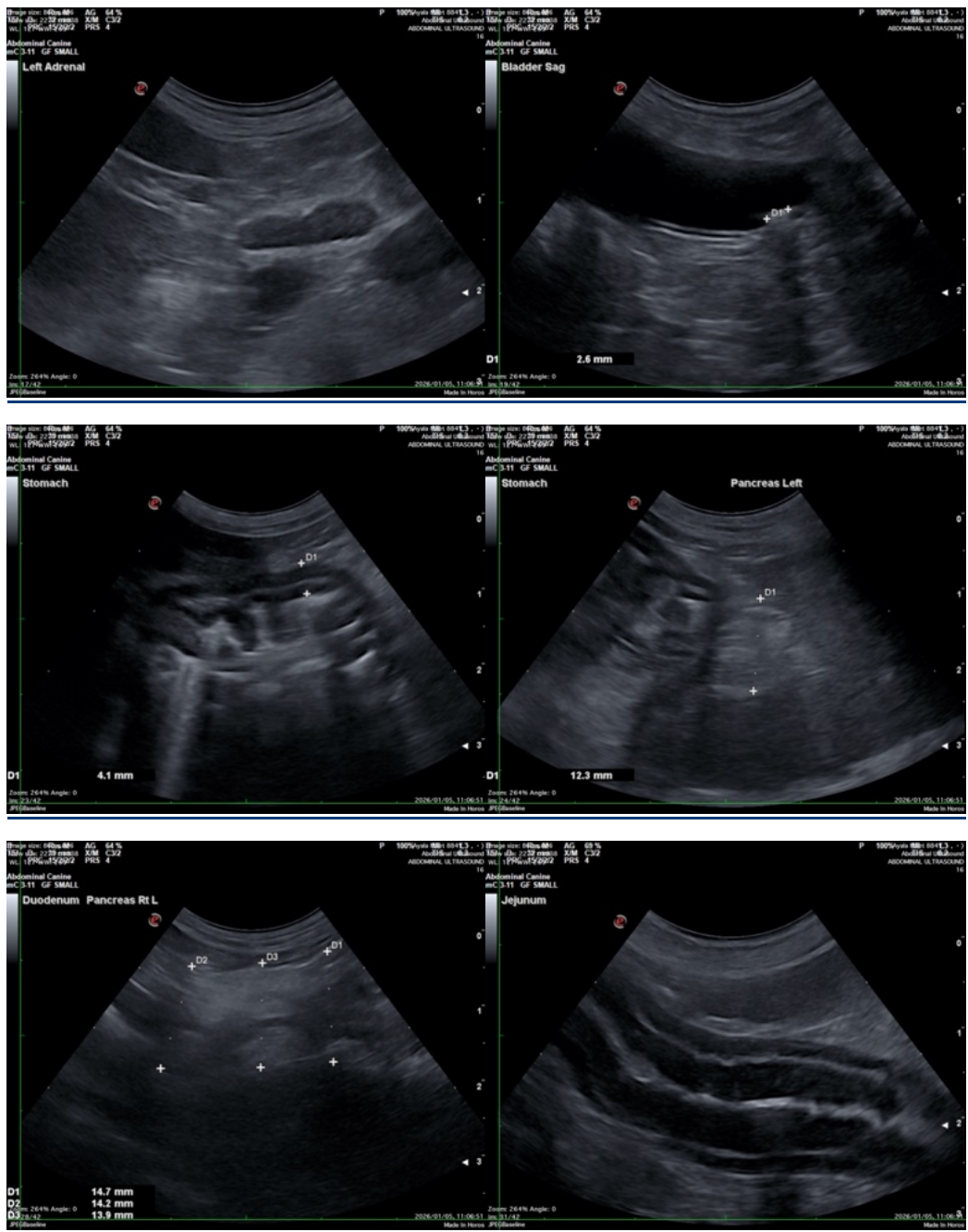
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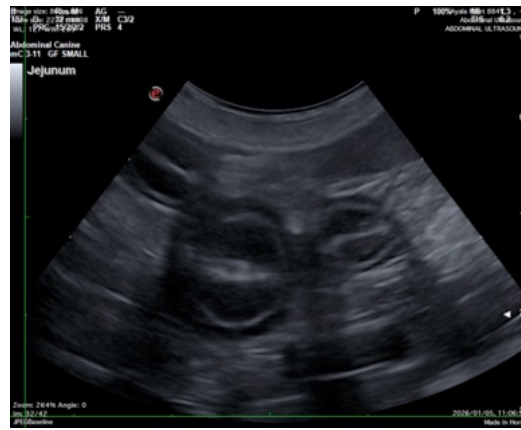
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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