



PATIENT

Camo O'Callaghan

SPECIES

Canine

BREED

Australian Shepherd

SEX

Neutered male

AGE

9 years

WEIGHT

27 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Tiffany Brady

HOSPITAL NAME

Shiloh VH

REFERRING VET

Dr. Brady

INVOICE

68609

DATE

11/12/25

PRESENTING CLINICAL SIGNS

History: Seen repeatedly in past several months for trunchal skin irritation with no causative agents on cytology, skin scrape, or fungal PCR not responding to topicals, cytopoint, apoquel or recently tapering course of steroid (0.5 mg/kg BID q3d, SID q3d, EOD q6d completed two weeks ago). P has been having episodic lethargy and disorientation for the past few months and recently severe diarrhea and vomiting in past 3-4 days. Bloodwork shows elevated liver values and PSL. ACTH stim test pending CBC/Chem/UA/T4 performed 11/08 ALT 261 ALP 1040 GGT 33 PSL 176 Triglycerides 427 4+ lipemia

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is small with a normal thickness and smooth appearance of the wall. Normal anechoic urine with no sediment evident. A small urolith is present measuring 0.6 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.

The left kidney is normal in size (left measured 5.1 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. The left kidney showed normal color flow pattern.

The right kidney is poorly visualized, but appears to be normal shape, echogenic appearance and size.

The prostate is small and hypoechogenic.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.52 cm and 0.53 cm in width. The right adrenal gland measured 0.51 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 measured 1.5 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 small amount of non-adhered, hyperechogenic sediment. 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. A moderate amount of ingesta is present in the stomach compatible with a recent meal.

Pancreas

The visible sections of the pancreas are of normal size and echogenic appearance with a regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Gallbladder sediment.
- Urolith.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Both the gallbladder sediment and urolith can be considered incidental findings at this point in time.

On this ultrasound there is no obvious etiology for the presenting clinical signs.

The most likely etiology for the acute vomiting and diarrhea would be non-specific gastroenteritis such as dietary indiscretion, toxins and viral with low grade pancreatitis a possible differential diagnosis.

Further assessment and therapy needs to be based on the pending ACTH stimulation result.



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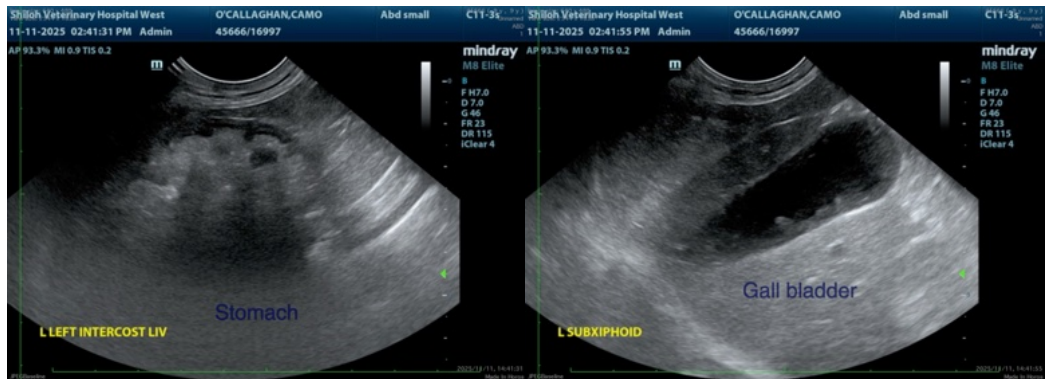
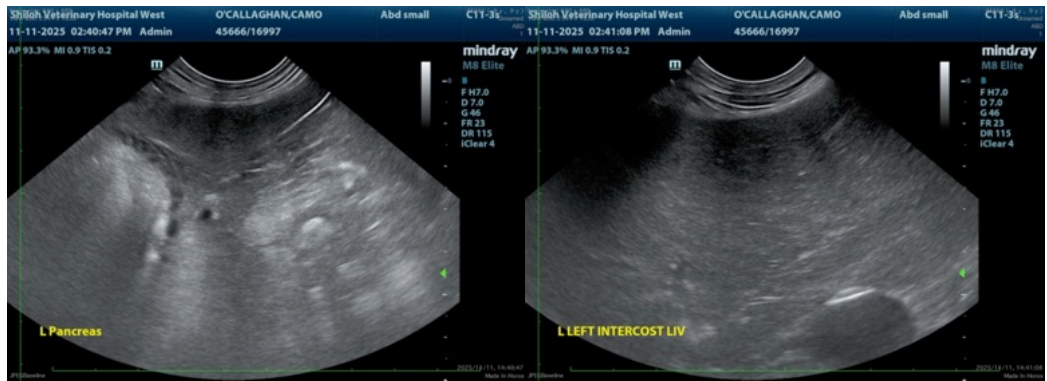
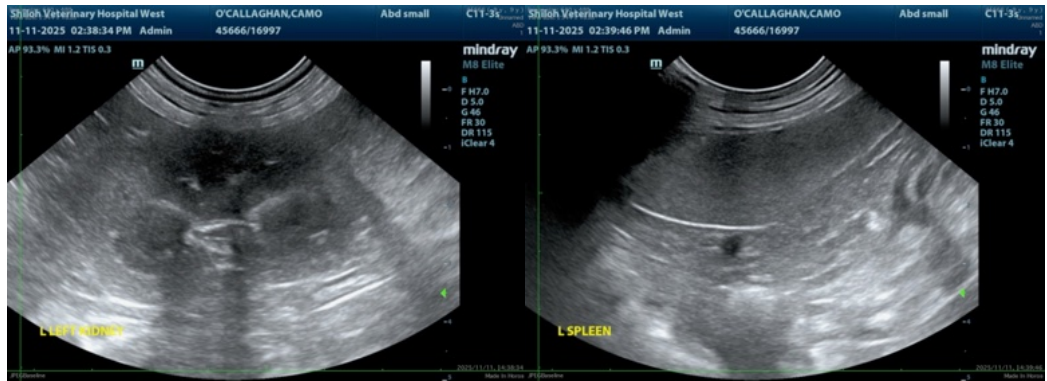
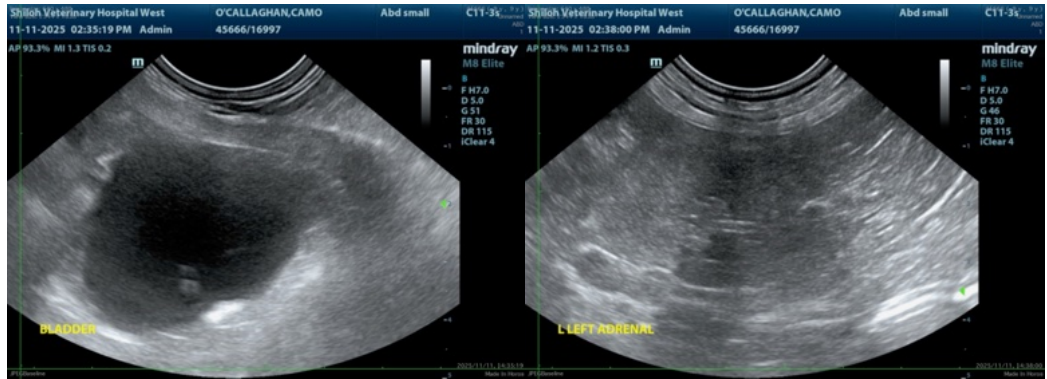
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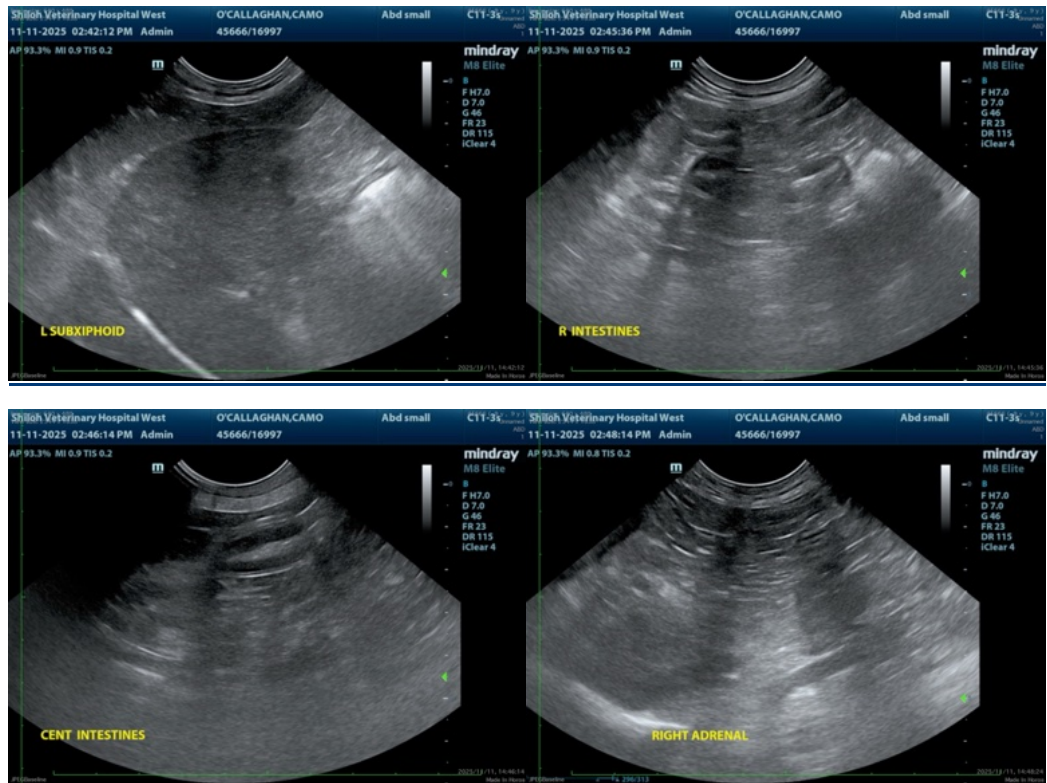
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com