



## PATIENT

Clark DiStanlo

## SPECIES

Canine

## BREED

Mix

## SEX

Neutered male

## AGE

4 years

## WEIGHT

60 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Leal

## HOSPITAL NAME

Wellesley AH

## REFERRING VET

Dr. Godwin

## INVOICE

68741

## DATE

11/17/25

## PRESENTING CLINICAL SIGNS

History: Pt presents for evaluation of continued vomiting/GI signs. Every week and a half he goes out, eats a bunch of grass, and is super gassy and won't want breakfast. This has been ongoing for the past several months. Famotidine trial unsuccessful. Late night snack unsuccessful. Sucralfate trial unsuccessful. Attempt at limiting table scraps unsuccessful. Pt sedated with butorphanol/dexmedetomidine for AUS due to anxiety. Concern for bilious vomiting, vs GERD vs IBD vs helicobacter vs pancreatitis vs other. HP diet but gets rare table scraps Medications: cytopoint, apoquel, inconsistent HWFTP, trazodone/gabapentin for vet visits  
Abnormal PE/Chem/CBC/UA Results: PE: Nervous but very sweet, BCS 5/9, mild dental disease  
CBC/Chem/T4/UA: pending Texas GI panel: pending No recent fecal

## 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 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 (left measured 5.6 cm, right measured 6.4 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. Normal color flow pattern is evident in both kidneys.

The prostate is small and hypoechogenic measuring 1.0 cm in width.

### *Adrenal Glands*

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 1.82 cm in length x 0.54 cm in width. The right adrenal gland measured 1.8 cm in length x 0.48 cm and 0.39 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 2.1 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.



## PATIENT

Clark DiStanlo

## SPECIES

Canine

## BREED

Mix

## SEX

Neutered male

## AGE

4 years

## WEIGHT

60 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Leal

## HOSPITAL NAME

Wellesley AH

## REFERRING VET

Dr. Godwin

## INVOICE

68741

## DATE

11/17/25

## ***Gallbladder***

The gallbladder is 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***

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. The small intestine measured 0.36 cm. Fecal material is present in the colon.

## ***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**

- Normal ultrasound examination of the abdomen.

## **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 parasitic enteritis, dietary hypersensitivity and inflammatory bowel disease should still be considered.

Further assessment and therapy needs to be based on the pending GI panel, but could include fecal analysis and endoscopy of the upper GI tract with biopsies.

Specific therapy would be dependent on an etiological diagnosis.

Symptomatic management that can be considered would be to continue with the current novel protein diet, cobalamin supplementation if indicated, course of Fenbendazole and possibly a course of Prednisolone.



**PATIENT**

Clark DiStanzo

**SPECIES**

Canine

**BREED**

Mix

**SEX**

Neutered male

**AGE**

4 years

**WEIGHT**

60 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Leal

**HOSPITAL NAME**

Wellesley AH

**REFERRING VET**

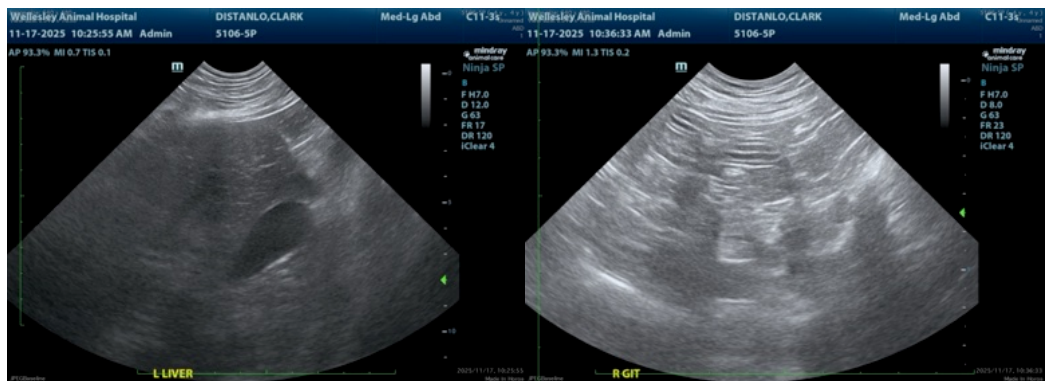
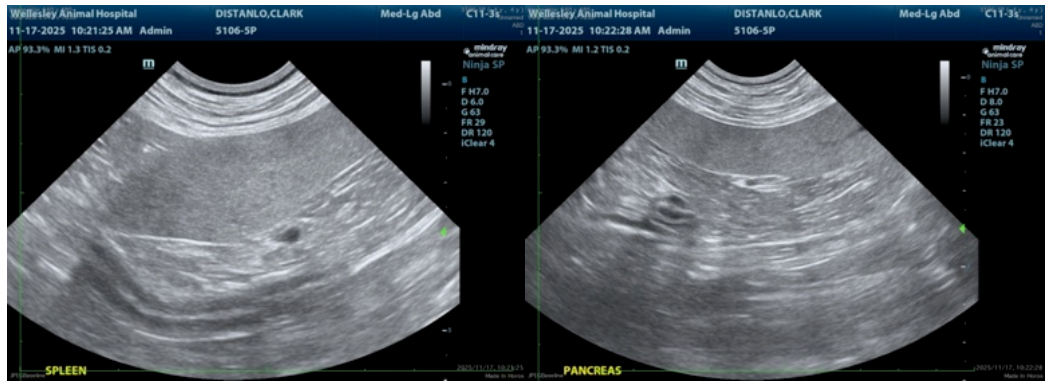
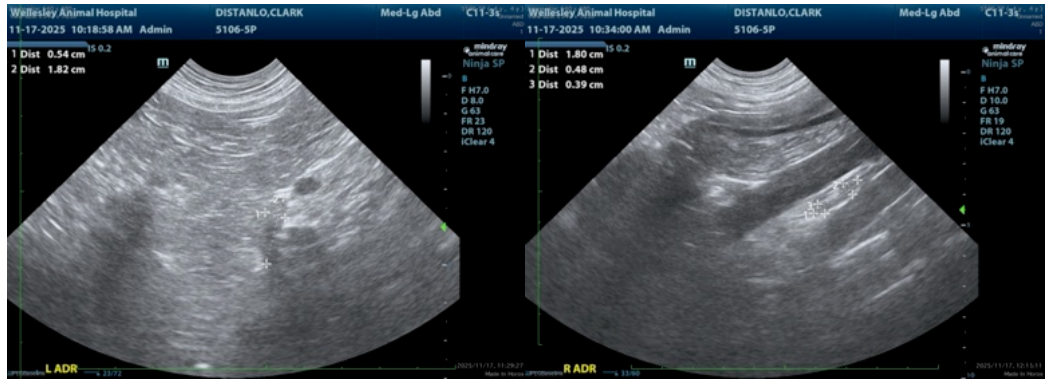
Dr. Godwin

**INVOICE**

68741

**DATE**

11/17/25





## PATIENT

Clark DiStano

## SPECIES

Canine

## BREED

Mix

## SEX

Neutered male

## AGE

4 years

## WEIGHT

60 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Leal

## HOSPITAL NAME

Wellesley AH

## REFERRING VET

Dr. Godwin

## INVOICE

68741

## DATE

11/17/25



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](mailto:info@sonopath.com)