



## PATIENT

Zeke Lyon

## SPECIES

Canine

## BREED

Husky

## SEX

Neutered male

## AGE

8 years

## WEIGHT

46 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Desen Ertunc, DVM

## HOSPITAL NAME

Humboldt Veterinary  
Medical Group

## REFERRING VET

Dr. Ertunc

## INVOICE

68858

## DATE

11/19/25

## PRESENTING CLINICAL SIGNS

History: Presented 2 days prior with 2 day history of lethargy and 1 day history of vomiting/anorexia. Had significant weight loss, unknown timeline. Defecation not monitored. He does forage, does have access to river but no fluke ova noted on direct smear (Salmon Poisoning)

Abnormal PE/Chem/CBC/UA Results: PE- Obtunded, improved with treatment of hyponatremia.

Rectal- Scant black tarry mucoid feces. 11/17 CBC: Neutrophilic leukocytosis with possible bands, mild monocytosis. WBC= 28 (5-16), Neut= 22 (3-11), Monocyte= 2.7 (0.16-1.12) 11/19 CBC: Mild non-regenerative anemia. Neutrophilic leukocytosis with no bands. WBC= 23 (5-16), Neut= 19 (3-11), Monocyte= 1.29 (0.16-1.12) 11/17: SDMA= 22 (0-14), BUN= 66 (7-27), Ca= 7.7 (7.9-12), Na= 118 (144-160), K= 2.7 (3.5-5.8), Cl= 80 (109-122), TP= 4.8 (5.2-8.2), Glob= 2.0 (2.5-4.5), all other values WNL. cPL= 1,480 (0-200) Cortisol= 20.8 ug/dL U/A: u.S.G.= 1.026 11/19 Chem : SDMA= 11 (0-14), BUN= 15 (7-27), Ca= 7.4 (7.9-12), Na= 141 (144-160), K= 3.5 (3.5-5.8), Cl= 80 (109-122), TP= 4.8 (5.2-8.2), Glob= 2.0 (2.5-4.5), Lipase= 5.905 (200-1800).

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder is full with a normal thickness and smooth appearance of the wall. A moderate amount of floating, hyperechogenic sediment was noted.

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 6.2 cm, right measured 6.1 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 prostate was not visualized.

### Adrenal Glands

The left adrenal gland is normal in shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.53 cm and 0.63 cm in width. The right adrenal gland was not visualized.

### 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.



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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*

The gallbladder is 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, 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. Focal, irregular, hypoechoic mass in a loop of small intestine measuring 1.4 x 3.0 cm in size with no luminal obstruction evident. Hyperechoic appearance of the mesentery surrounding the mass was noted. The rest of the small intestine is normal.

### *Pancreas*

The pancreas is poorly visualized, but 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

- Small intestinal mass.
- Urinary bladder sediment.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the intestinal mass would be neoplasia with granulomatous disease and focal perforation a less likely differential diagnosis.

Etiologies for the urinary bladder sediment would be incidental debris, crystalluria, hematuria and possibly bacterial cystitis.



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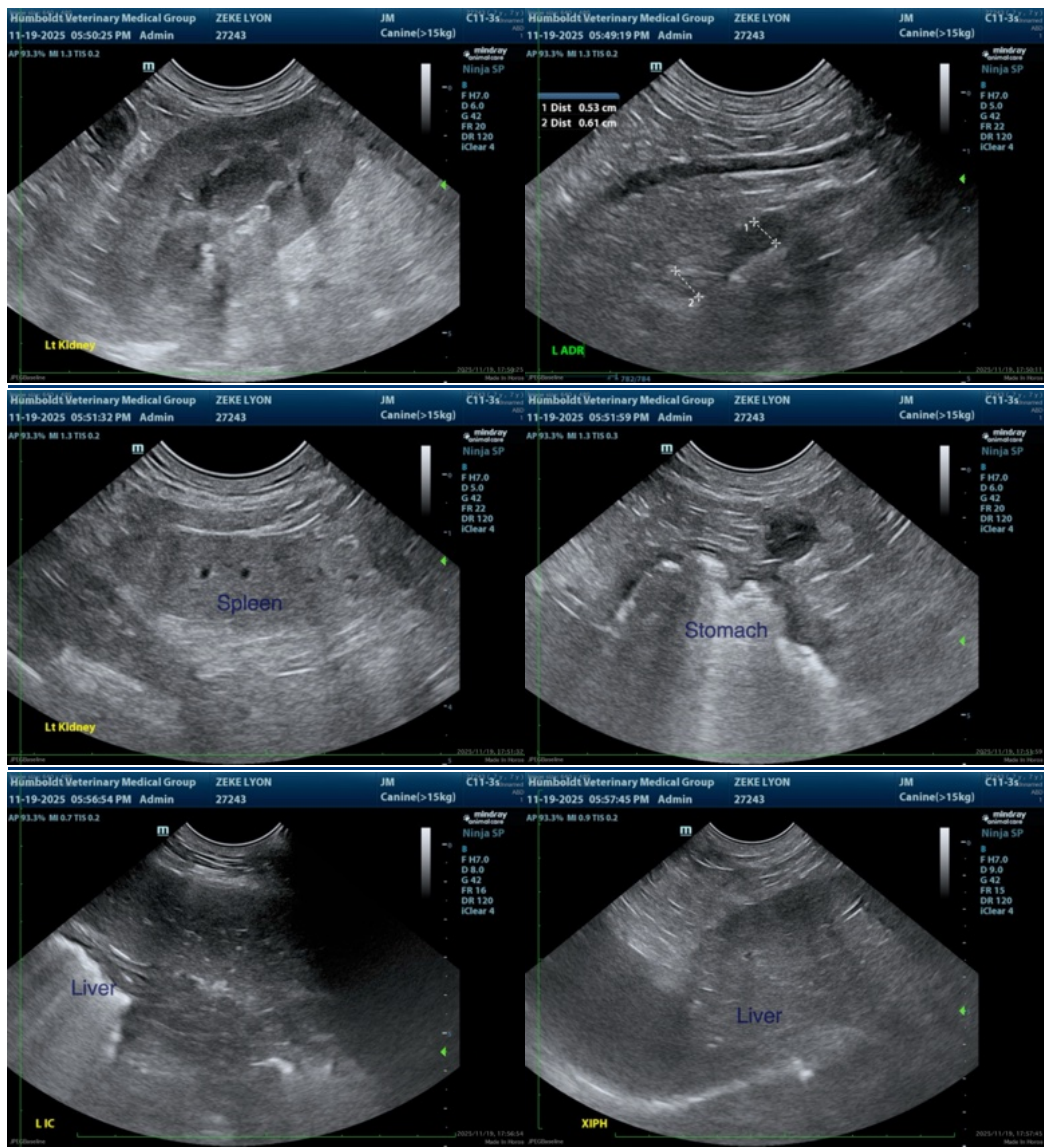
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Although the visible sections of the pancreas appear ultrasonographically normal, with the severely elevated CPL and lipase activity, concurrent pancreatitis should still be considered.

Further assessment once the patient has been stabilized would be urinalysis, possibly urine culture, three view thoracic radiographs and FNA cytology of the intestinal mass.

Laparotomy should be considered as it could be both diagnostic and therapeutic with further specific therapy dependent on an etiologic diagnosis.





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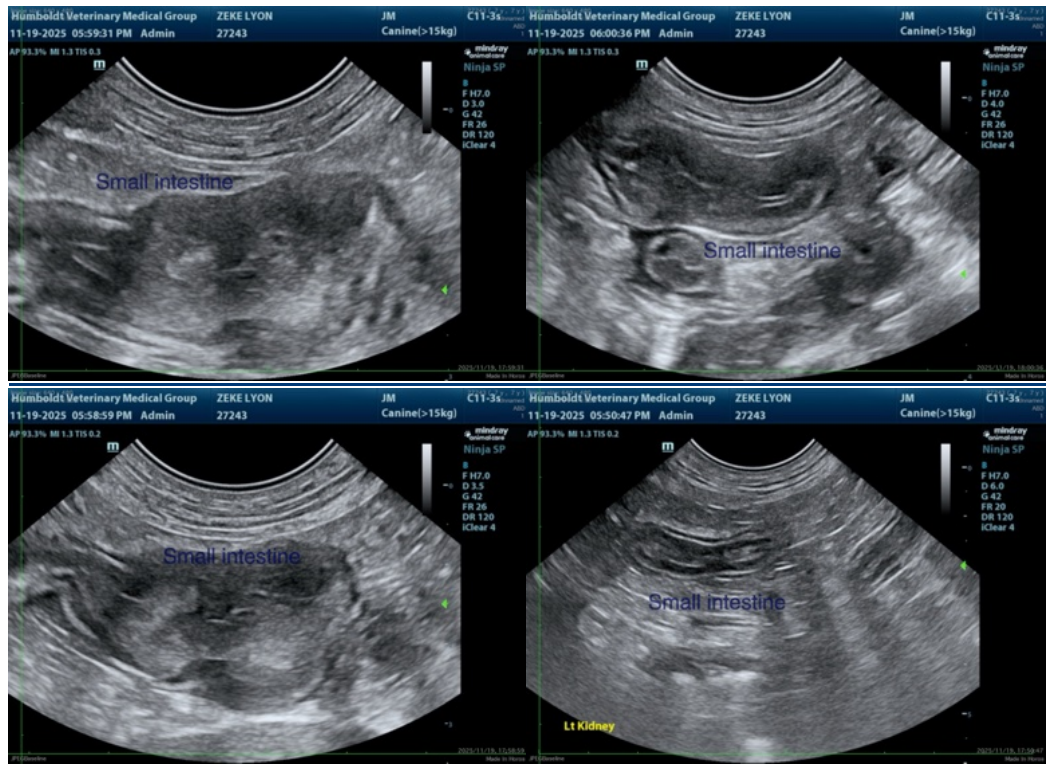
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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