



PATIENT

Otto Lemanski

SPECIES

Canine

BREED

Boxer x Pit Bull

SEX

Neutered Male

AGE

4 Years

WEIGHT

44 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Valerie White

HOSPITAL NAME

Great Miami
Veterinary Care

REFERRING VET

Dr. Valerie White

INVOICE

72037

DATE

11/21/25

PRESENTING CLINICAL SIGNS

Acute weight loss (5lbs), vomiting few times/week- July 2025. Concern for dietary intolerance of food- switched to Purina HA. Sept 2025: 8 lbs additional weight loss, improved after food but returned to weight loss/diarrhea, albumin 1.5. Started prednisone po. Recheck early Oct 2025 additional 8 lbs weight loss, albumin 2.3. Changed diet to Ultamino. discontinued steroids. Nov 2025- pitting edema, pustules with cocci, weight from 70 initial to 44lbs. albumin 1.0.

Abnormal PE/Chem/CBC/UA Results: See above, weight loss from July to Nov 25lbs. Albumin 1.0, neutrophilia 20K.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full 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.

The left kidney presented normal 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 5.5 cm.

The right kidney was not visualized.

Reproductive System

Prostate not visualized.

Adrenal Glands

Left adrenal presents normal shape, echogenic appearance, size (0.58 cm in width), position, and appearance of the visible peri-adrenal vasculature.

Right adrenal gland was not visualized.

Spleen

Normal size (1.2 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.

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

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



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Gastrointestinal

Segmental thickening of the gastric wall was noted, measuring up to 0.80 cm, with no loss of layering, but with an increased echogenic appearance of the mucosal layer. A small amount of fluid accumulation noted within the stomach.

Normal appearance of the 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. Fecal material present within the colon.

Pancreas

Not clearly visualized, but visualized sections present 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.

ULTRASONOGRAPHIC FINDINGS

- Gastric thickening.

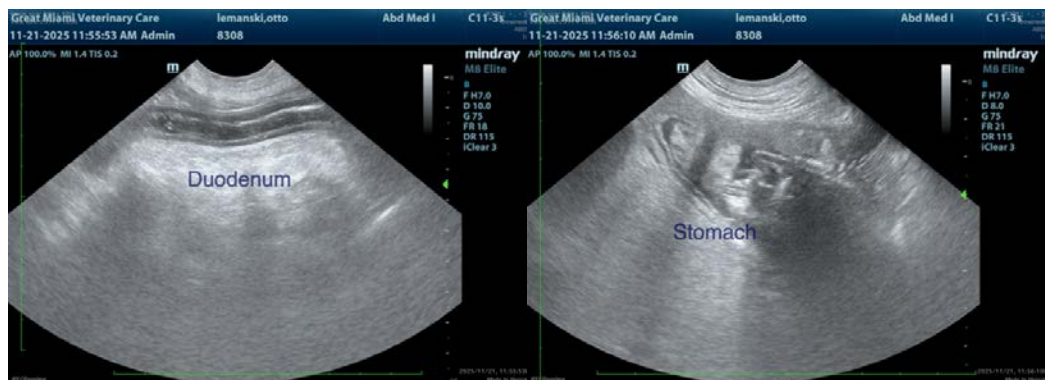
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the gastric thickening would be chronic gastritis, parasitic disease, granulomatous disease, ulcerative disease, and possibly emerging neoplasia. With the regenerative anemia and the hypoalbuminemia, ulcerative disease would be an important differential diagnosis.

Further assessment would include fecal analysis and gastroscopy with biopsies.

Specific therapy would be dependent on an etiological diagnosis.

Symptomatic management that could be considered would be feeding small frequent meals of a low-fat intestinal type diet, antiemetics, and gastroprotectants (sucralfate, omeprazole).





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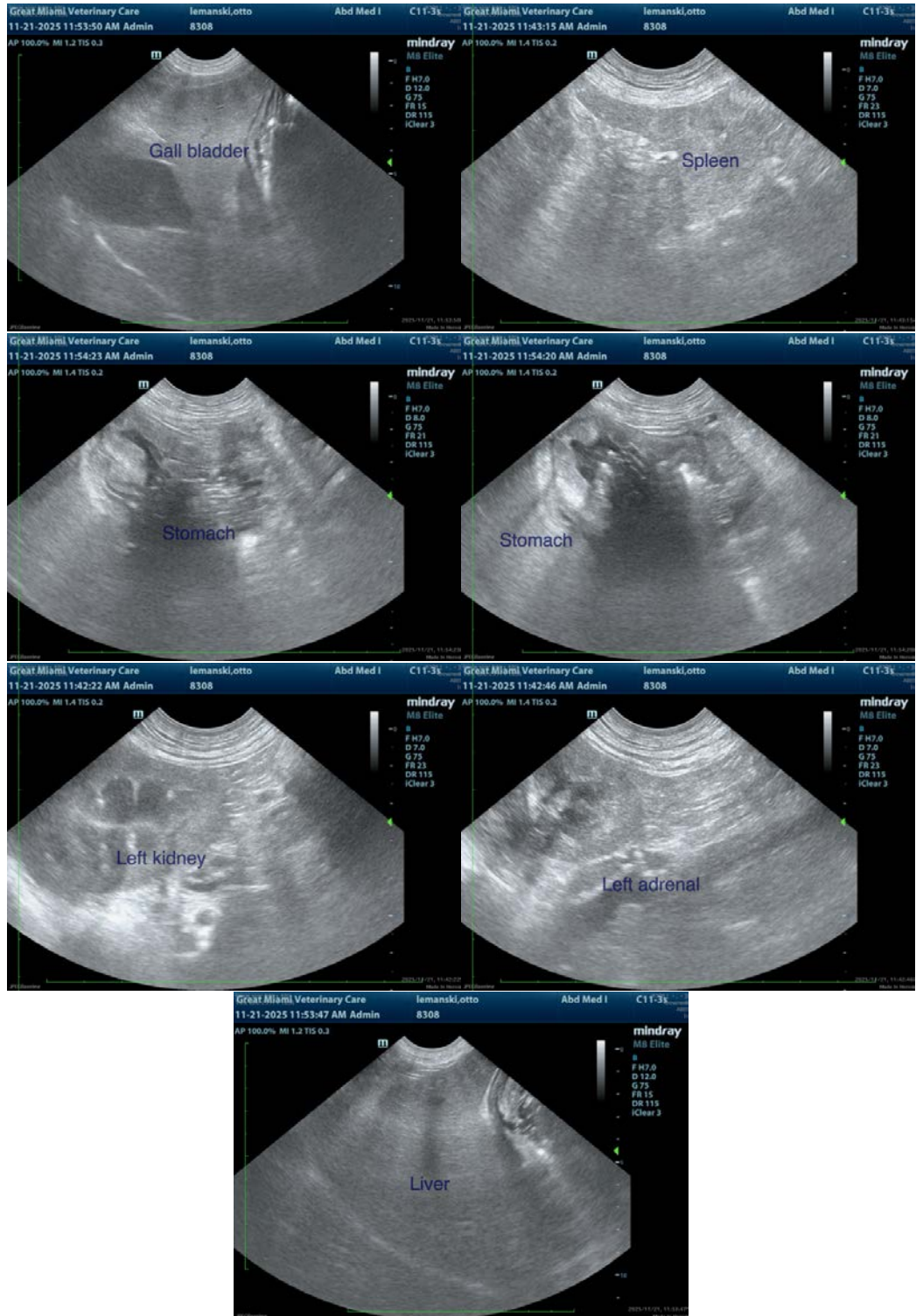
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com