



PATIENT

Winston Weinbach

SPECIES

Canine

BREED

Mix

SEX

Male

AGE

6 years

WEIGHT

78 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Danielle Shemanski,
DVM MA

HOSPITAL NAME

Western New York VS

REFERRING VET

Dr. Demers

INVOICE

69069

DATE

11/25/25

PRESENTING CLINICAL SIGNS

History: RDVM REASON FOR REFERRAL: Five yr history of soft stool Now has severe skin fold dermatitis in the inguinal region CLINICAL SIGNS: PU/PD, always ravenous. No report of weight loss Rash MEDICATIONS: Tylosin powder - 1/4 tsp with food SID 14 days (hasn't started yet) Trazodone 200mg Gabapentin 600mg Historically good response to metronidazole and poor response to prednisone
Abnormal PE/Chem/CBC/UA Results: GI panel all WNL on paper Baseline cortisol WNL - copy requested Fecal samples are negative

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 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 7.2 cm, right measured 7.2 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 hypoechoic.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 3.69 cm in length x 0.54 cm and 0.54 cm in width. The right adrenal gland measured 0.47 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 2.5 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 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 up to 0.45 cm in width.

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.

Thorax

Normal appearance of the heart. No pericardial or pleural effusion 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.

With the presenting clinical signs an underlying enteropathy such as dietary hypersensitivity, inflammatory bowel disease, irritable bowel syndrome and possible bile acid diarrhea should still be considered.

Further assessment would be endoscopy of the upper GI tract with biopsies.

Specific therapy would be dependent on an etiological diagnosis. Initial symptomatic management that can be considered would be feeding a novel protein/hypoallergenic diet and possibly a course of Prednisolone.



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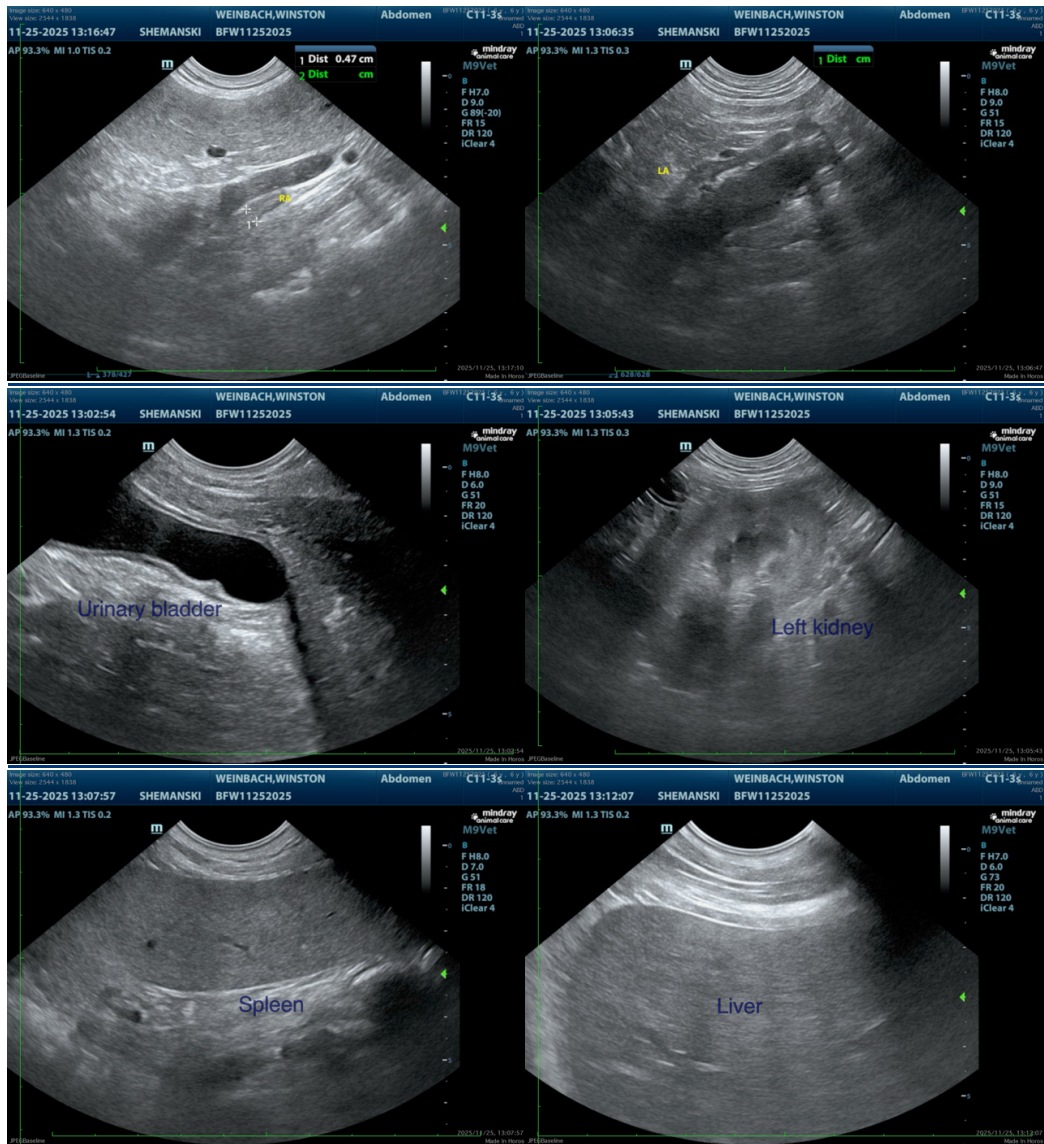
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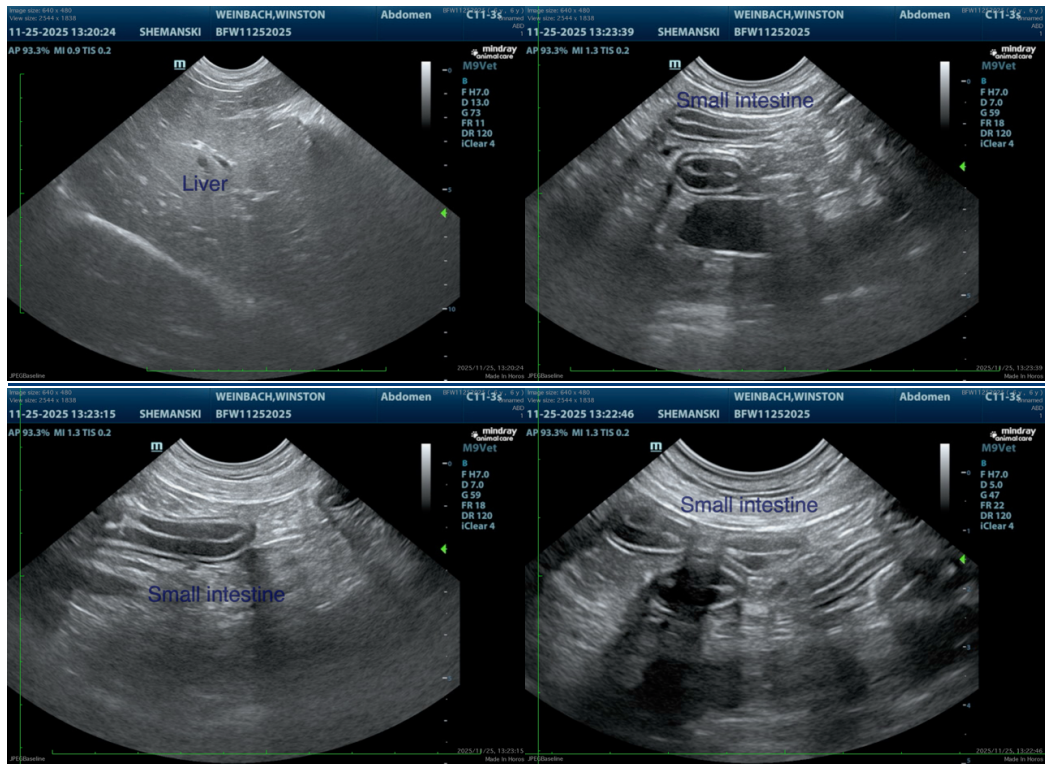
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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