



PATIENT

Caicos Haslup

SPECIES

Canine

BREED

Weimaraner

SEX

Intact female

AGE

8 years

WEIGHT

82 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Ashley McCaughan

HOSPITAL NAME

Marina Village
Veterinary & Integrative
Care

REFERRING VET

Dr. McCaughan

INVOICE

68352

DATE

11/5/25

PRESENTING CLINICAL SIGNS

History: Estrus. 3-4 week hx of soft formed stools with frank blood noted on/in stools. No weight loss, no other concerns - eating well. Has been on Royal Canin HP diet - for suspect GI food responsive - but no improvement thus far in about 1 month.
Abnormal PE/Chem/CBC/UA Results: Overweight. Last labwork: Jan 2025 Glob 3.9 (sl elevated). Rest of CBC/Chem/T4 all wnl. Blood and urine collected today for Senior panel (CBC/Chem25/T4/UA/Fecal and Tick titers)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is small with a normal thickness and smooth appearance of the wall. A scant amount of floating, hyperechogenic sediment.

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 6.3 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.

Normal size and appearance of the right ovary measuring 1.2 x 2.1 cm in size. Follicular cysts are present. The left ovary is not visualized. The visible uterine body contains a small amount of fluid with a normal thickness and appearance of the wall and normal appearance of the surrounding mesentery. The uterine horns are poorly visualized, but appear to be of normal size and appearance.

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 0.46 cm and 0.49 cm in width. The right adrenal gland was not clearly visualized, but appears to be of normal shape, echogenic appearance and size.

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 measures 2.0 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 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 0.52 cm. Fecal material was 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

The appearance of the uterine body in the right ovary is consistent with estrus.

On this ultrasound there is no obvious evidence for the hematochezia.

Etiologies to consider for the hematochezia would be parasites, colonic/rectal polyps, low-grade colitis and possibly emerging neoplasia.

Further assessment and therapy needs to be based on the pending results, but could include rectal palpation, rectal cytobrush cytology and colonoscopy with biopsies.

Specific therapy would be dependent on an etiological diagnosis.



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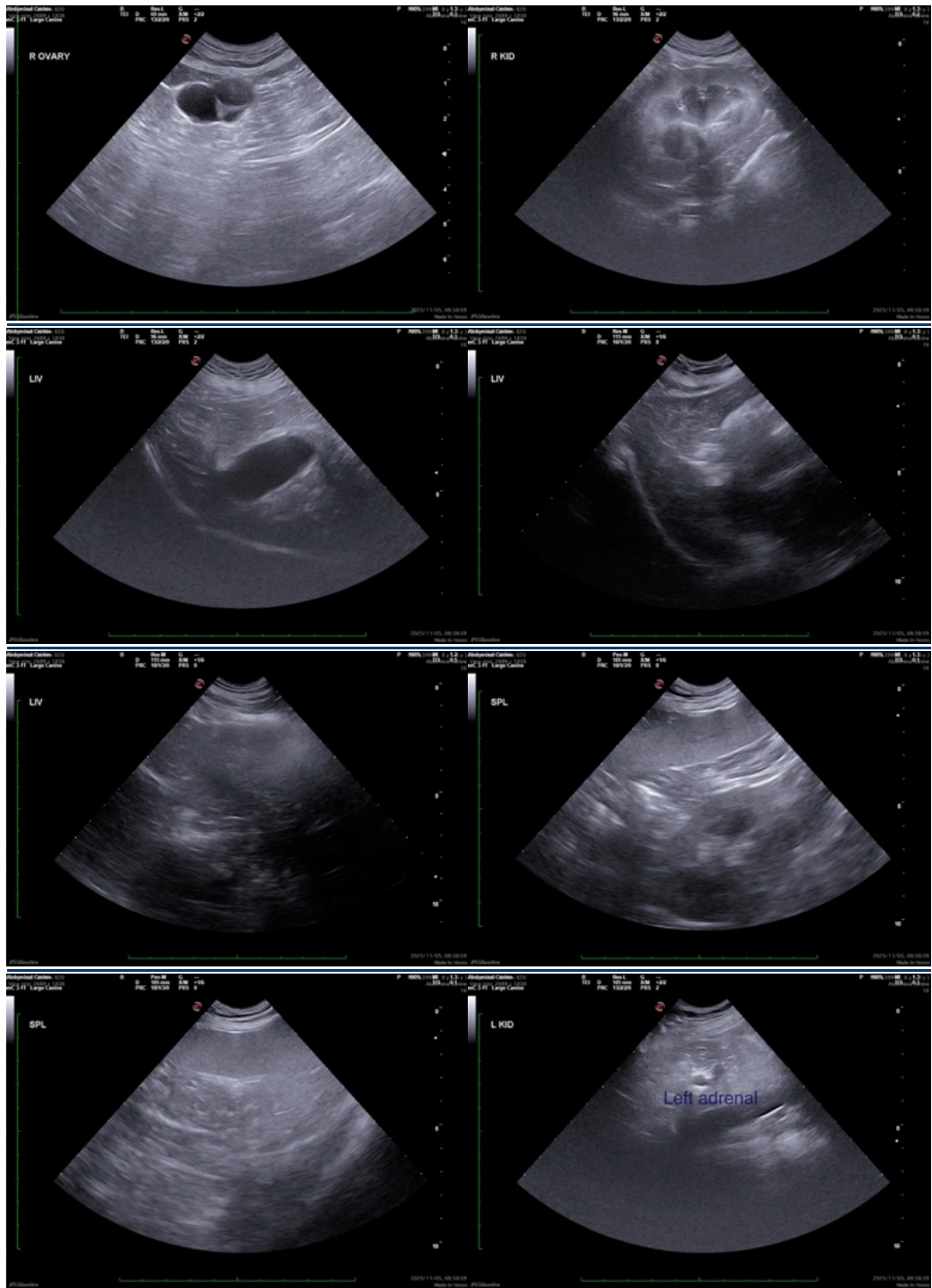
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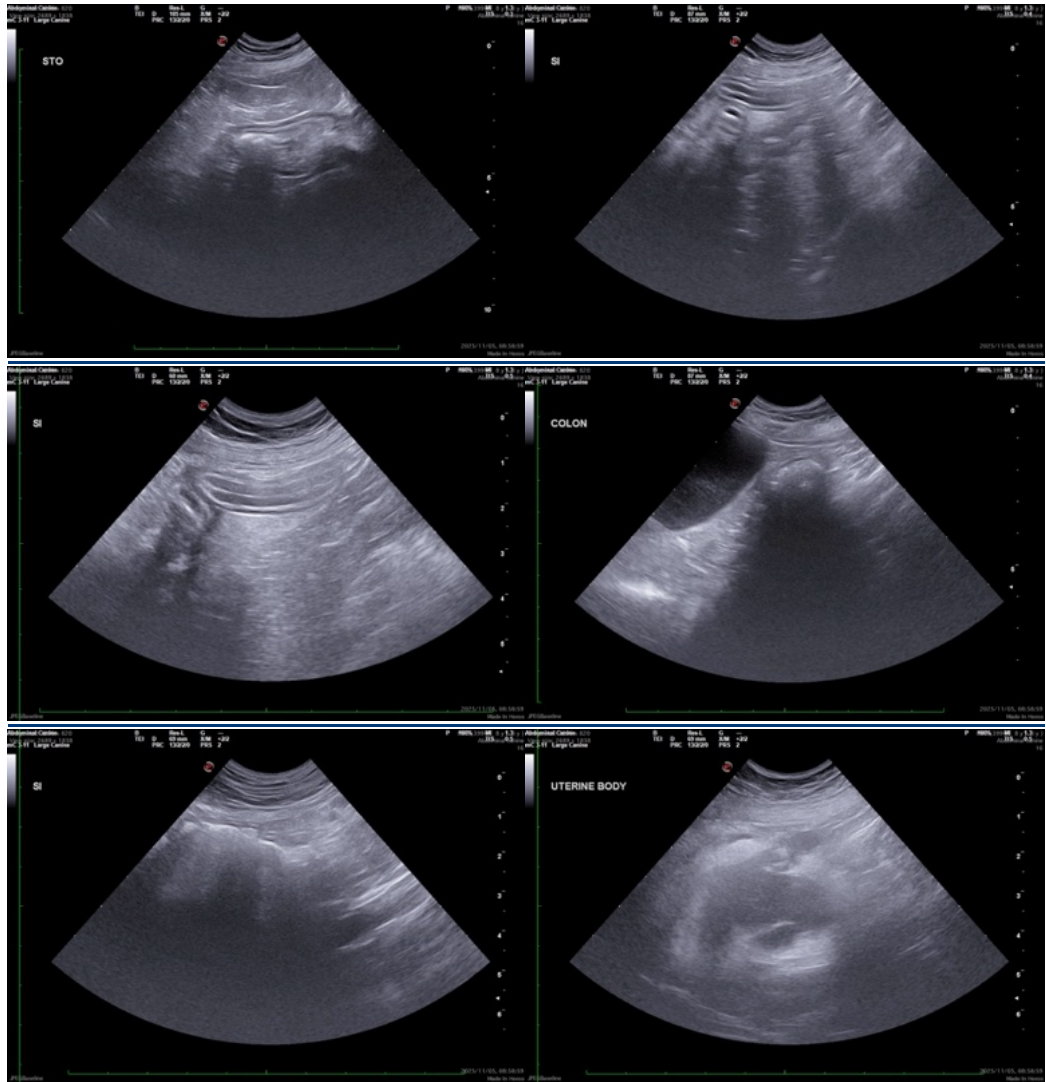
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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