



## PATIENT

Sophie Macedo

## SPECIES

Canine

## BREED

English Bulldog

## SEX

Spayed female

## AGE

10 years

## WEIGHT

47 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Schmieder

## HOSPITAL NAME

Slade VH

## REFERRING VET

Dr. Schmieder

## INVOICE

68409

## DATE

11/6/25

## PRESENTING CLINICAL SIGNS

**History:** Subjective Sophie presented for vomiting that began yesterday. The owner reported that she was very thirsty, drank a large amount of water, and then vomited, repeating this sequence twice. She had no appetite yesterday. This morning, her condition seemed to improve; she drank water and retained it until she ate a small amount of chicken, after which she vomited approximately 30 minutes later. She has been somewhat lethargic, but there has been no coughing or sneezing, and urination is normal. The owner noted a recent fecal sample was very odiferous but normally formed. Sophie has a history of chronic GI disease and is on an HA diet. She received vaccines on Monday and has not had her gabapentin for the past two days. Assessment Gastrointestinal Upset - DDX: Pancreatitis, exacerbation of inflammatory bowel disease. Radiographs show a non-obstructive ileus pattern. The patient has a history of chronic gastrointestinal disease. OD redness - Tonometry is slightly elevated. Severe spondylosis - Incidental finding on radiographs.

## 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 5.4 cm, right measured 5.5 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.

### *Adrenal Glands*

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.55 cm in width. The right adrenal gland measured 0.7 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 1.8 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.

## ***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**

There is no obvious etiology for the acute vomiting.

The most likely diagnosis would be non-specific gastroenteritis such as dietary indiscretion, toxins, viral and parasites.

Symptomatic management would be to continue feeding a current diet, but at small, frequent intervals and antiemetics.



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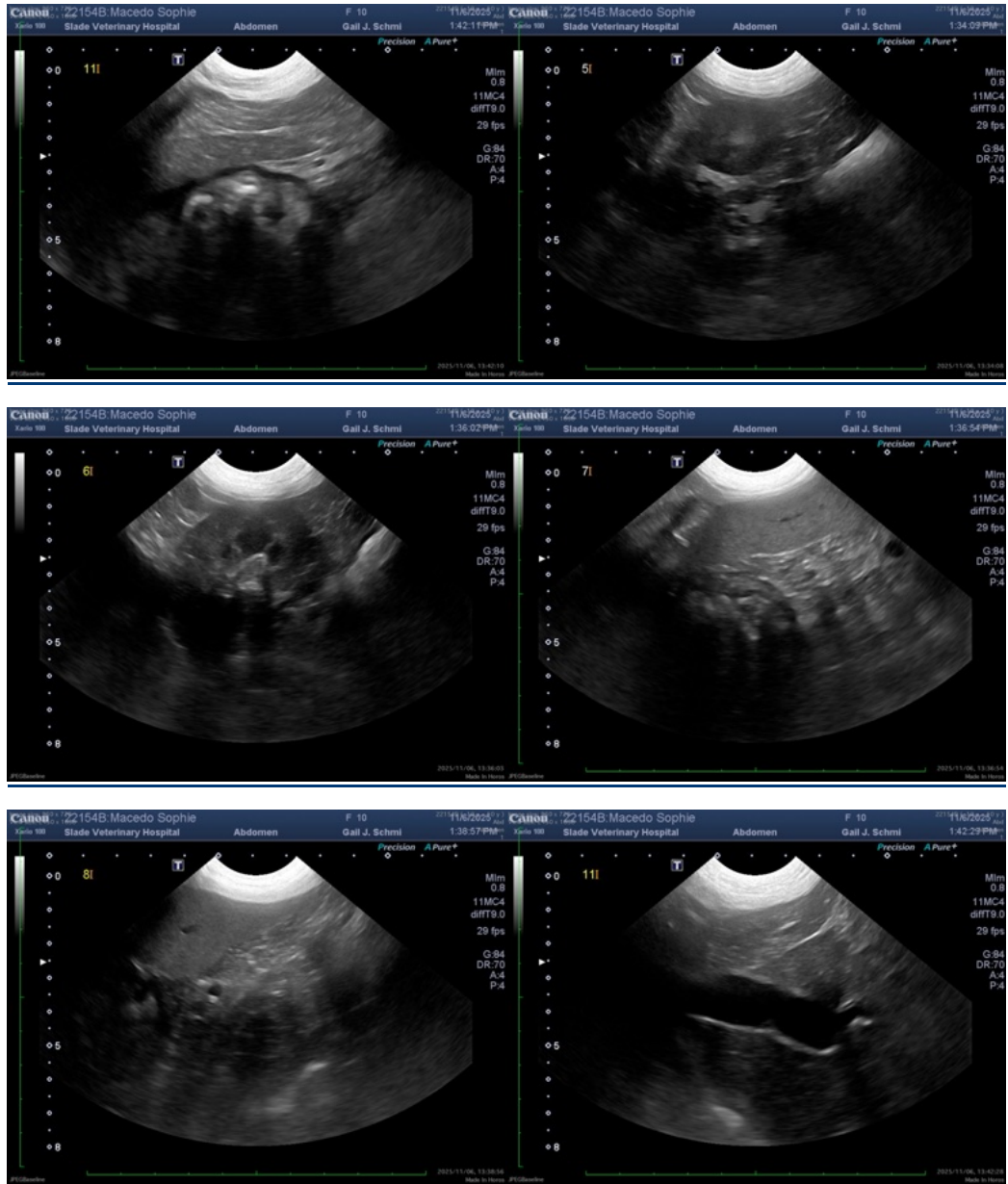
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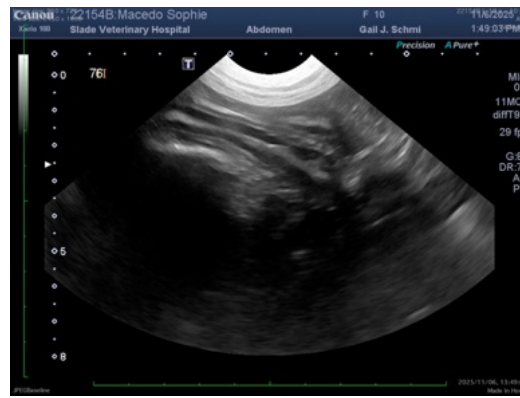
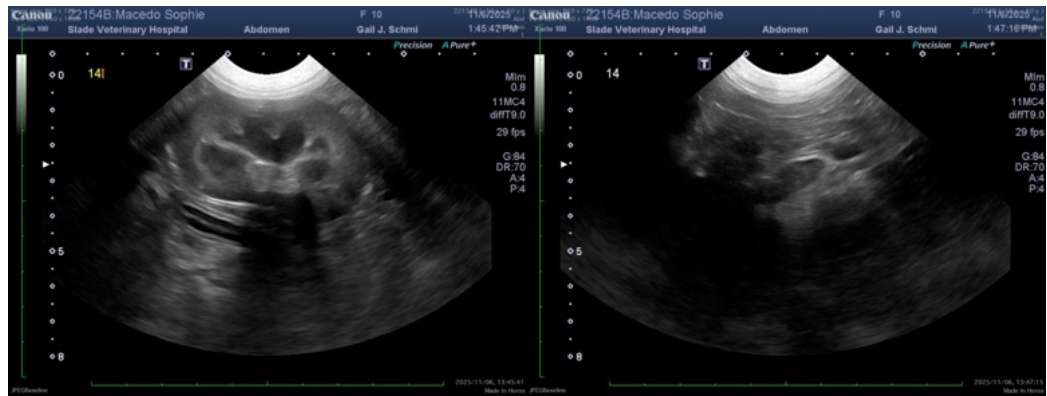
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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