



PATIENT

Milo Gray

SPECIES

Canine

BREED

Rat Terrier

SEX

Neutered male

AGE

11 years

WEIGHT

12.5 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Galanti

HOSPITAL NAME

Craig Road AH

REFERRING VET

Dr. Cooper

INVOICE

68494

DATE

11/7/25

PRESENTING CLINICAL SIGNS

History: History Signalment: 11 year, 3 month old male castrated rat terrier Presenting Complaint: Milo presents for decreased appetite and lethargy since Sunday with vomiting episodes and blood noted in vomit Thursday Patient History: - History of pancreatitis in the past - History of elevated liver values (ALT) in May/April - On prescription gastrointestinal diet since pancreatitis episode - Weight loss of approximately 1 pound since last visit - Lethargy and inappetence starting Saturday/Sunday - Resumed eating Monday/Tuesday but began vomiting - Intermittent vomiting episodes throughout the week - Blood noted in vomit on Thursday morning - Ate normally this morning - Normal stools, no diarrhea - No human food or treats given - No excessive drinking or urinating - No excessive panting

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.

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 4.0 cm, right measured 4.2 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 is small and hypoechogenic.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.44 cm and 0.42 cm in width. The right adrenal gland measured 0.4 cm and 0.49 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 0.6 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 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, 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

- A moderate amount of ingesta is present in the stomach compatible with a recent meal.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urinary bladder sediment.

In essence a normal ultrasound examination of the abdomen with no obvious GI tract pathology evident.

The most likely etiology for the presenting clinical signs would be a non-specific gastroenteritis such as dietary indiscretion, toxins and viral.

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

Further assessment would be urinalysis and possibly urine culture.



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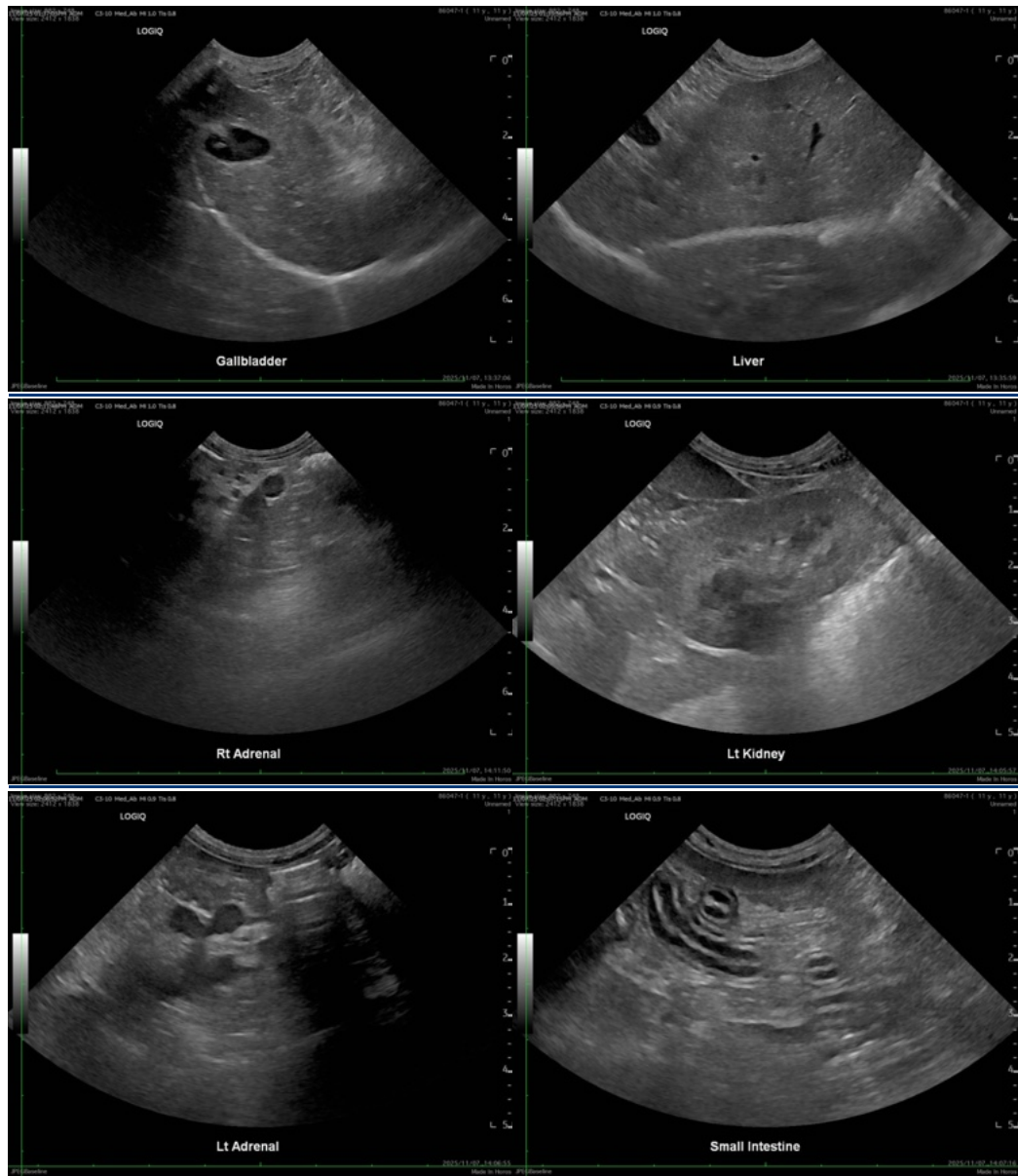
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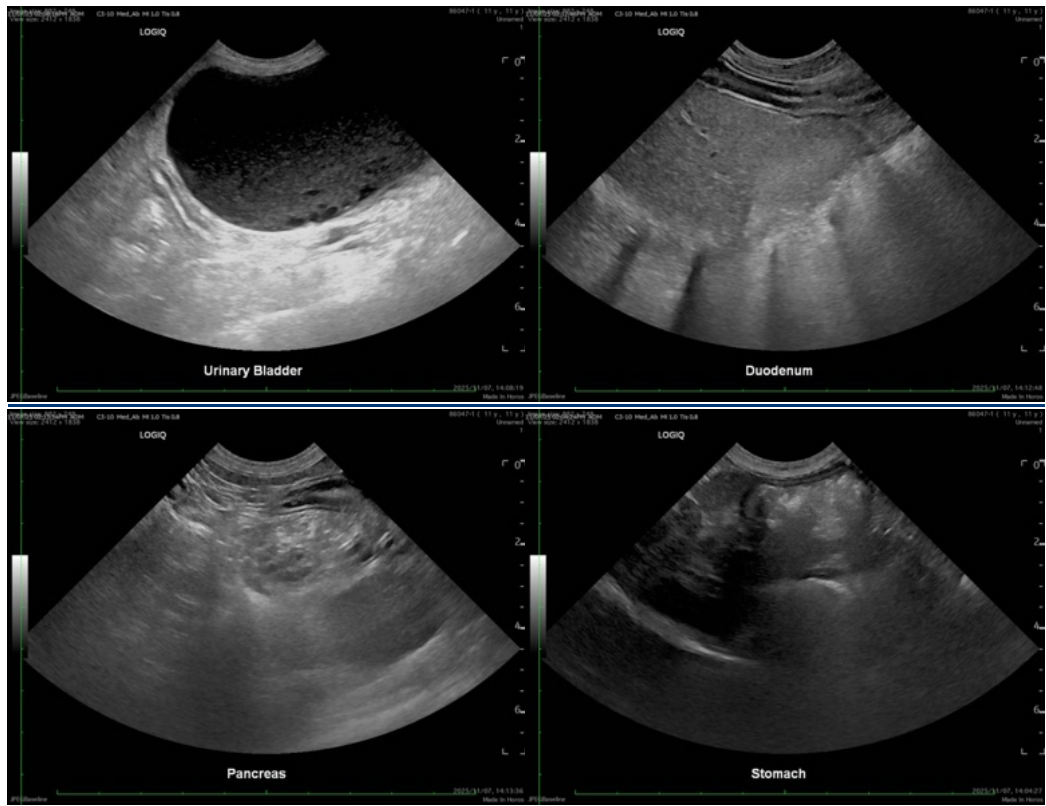
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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