



## PATIENT

Chica Coll

## SPECIES

Canine

## BREED

Mix

## SEX

Spayed female

## AGE

7 years

## WEIGHT

69 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Matthies

## HOSPITAL NAME

Saugerties AH

## REFERRING VET

Dr. Matthies

## INVOICE

69377

## DATE

12/17/25

## PRESENTING CLINICAL SIGNS

History: History of oral ulcerations, reduced appetite, vomiting, possible masses/metastatic disease on CXR. History of chronic pododermatitis and interdigital furunculosis.

Abnormal PE/Chem/CBC/UA Results: CBC - leukocytosis (17.7k/uL, n 4-15.5) consisting of lymphocytosis (6903 n 690-4500) and monocytosis (885, n <840). Chem - hypoalbuminemia (1.7, n 2.7-4.4), hyperglobulinemia (5.3, n 1.6-3.6) Cytology of oral ulceration - septic suppurative inflammation

## 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 6.4 cm, right measured 6.6 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.

### 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 0.67 cm in width. The right adrenal gland was not visualized.

### 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 2.4 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.

### 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.



**PATIENT**

***Gastrointestinal***

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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.

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***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.

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***Free Abdomen***

Normal mesenteric lymph nodes.

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No ascites evident.

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**ULTRASONOGRAPHIC FINDINGS**

- Normal ultrasound examination of the abdomen.

**INTERPRETED BY**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Remo Lobetti, BVSc,  
MMedVet (Med),  
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Although the GI tract appears ultrasonographically normal, with the presenting clinical signs and hypoalbuminemia an underlying gastroenteropathy such as parasitic enteritis, dietary hypersensitivity, ulcerative disease and inflammatory bowel disease should still be considered.

**IMAGING PERFORMED BY**

Proteinuria as an etiology for the hypoalbuminemia also needs to be considered.

Dr. Matthies

Further assessment would be urine and fecal analysis, possibly UPC, cobalamin and folate assay and endoscopy of the upper GI tract with biopsies.

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Specific therapy would be dependent on an etiological diagnosis. Symptomatic management that can be considered would be feeding small frequent meals of a novel protein/hypoallergenic diet, course of Fenbendazole, cobalamin supplementation and gastric protectants (Omeprazole, Sucralfate).

**REFERRING VET**

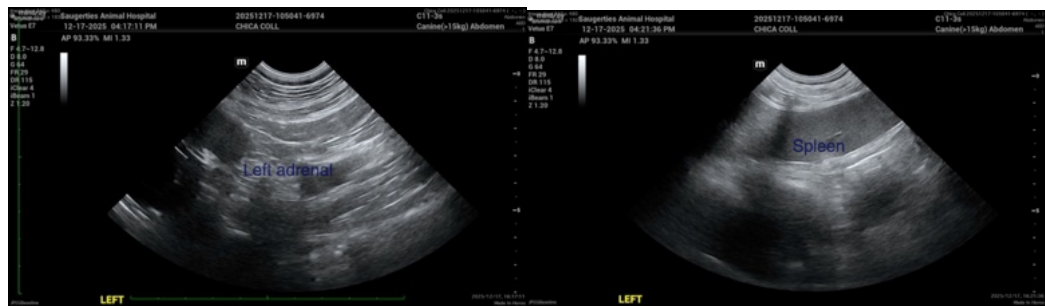
Dr. Matthies

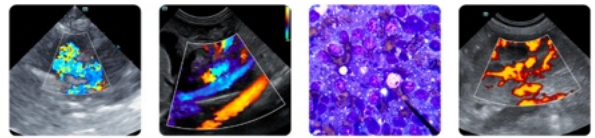
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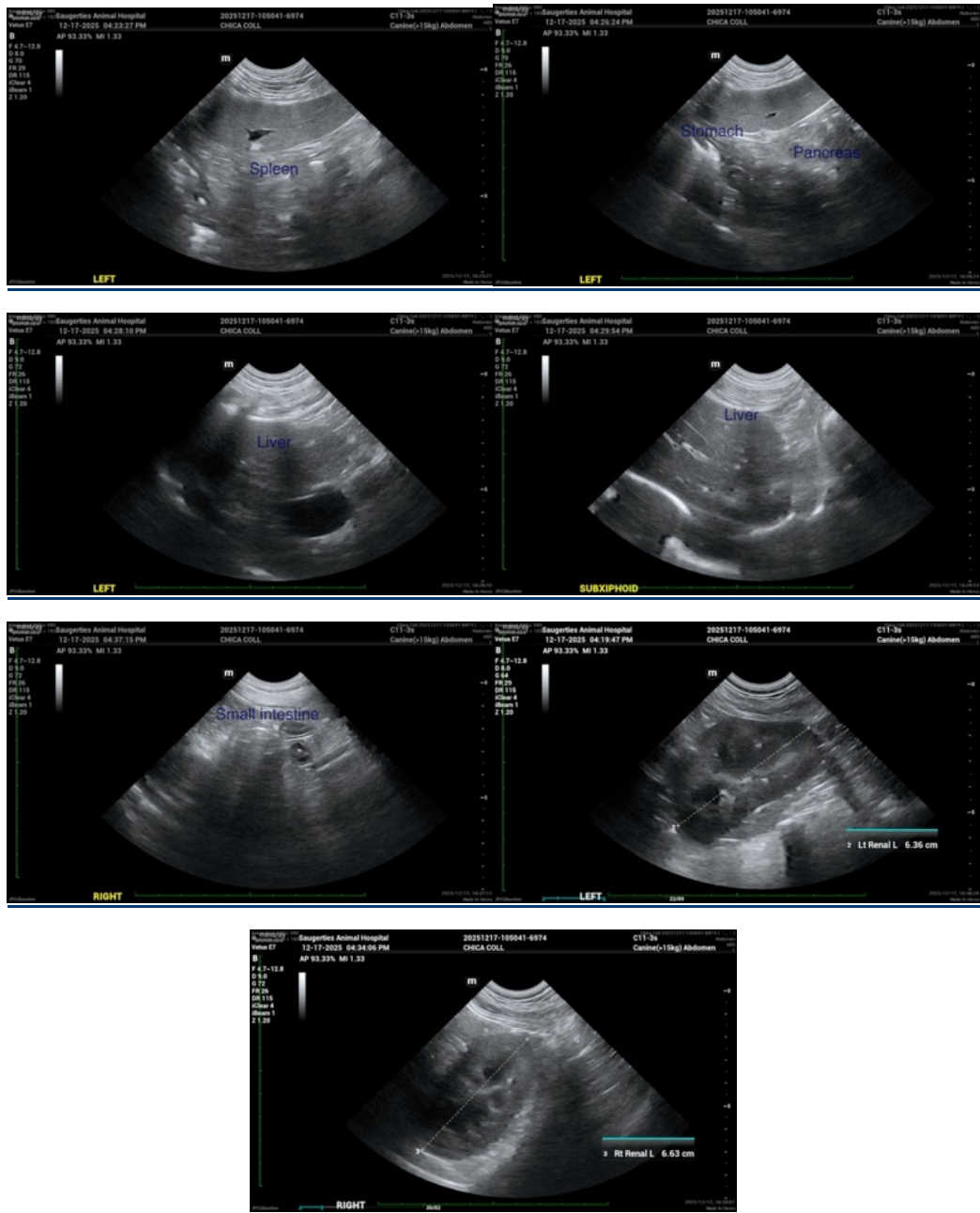
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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[info@sonopath.com](mailto:info@sonopath.com)

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