



PATIENT

Macy Russell

SPECIES

Canine

BREED

Labrador Retriever

SEX

Spayed female

AGE

12 years

WEIGHT

64 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Becky Barnard, LVT

HOSPITAL NAME

Southkent VH

REFERRING VET

Rebecca Kursch, DVM

INVOICE

69377

DATE

12/17/25

PRESENTING CLINICAL SIGNS

History: Vestibular episode earlier this month and went to emergency. Presented to us for recheck, still vomiting multiple times a day. Sometimes undigested food, sometimes dark fecal like material. Pacing and panting, unable to get comfortable.
Abnormal PE/Chem/CBC/UA Results: Abnormal gas dilation of stomach on left lateral; concern for mass or delayed gastric emptying. NSF on bloodwork performed at emergency besides mildly elevated ALT (128) and decreased PDW (7.1).

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 left renal size (left measured 5.2 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. Normal color flow pattern.

The right kidney was not visualized.

Adrenal Glands

The adrenal glands were not visualized.

Spleen

The spleen was not visualized.

Liver

The visualized section of the liver appeared to be normal in 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.



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Gastrointestinal

The stomach was not visualized. Normal appearance of the 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 pancreas was not visualized.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

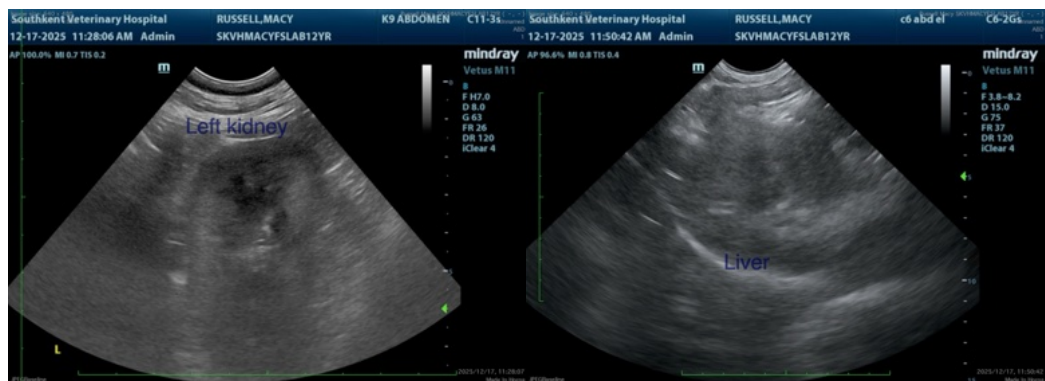
- On this ultrasound there is no obvious etiology for the presenting clinical signs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

As the stomach and pancreas were not visualized, gastric and pancreatic pathology needs to be considered. Splenic pathology would be highly unlikely as a cause for the presenting clinical signs.

Further assessment would be CPL/PSL assay and endoscopy of the upper GI tract with biopsies.

Specific therapy would be dependent on an etiological diagnosis.





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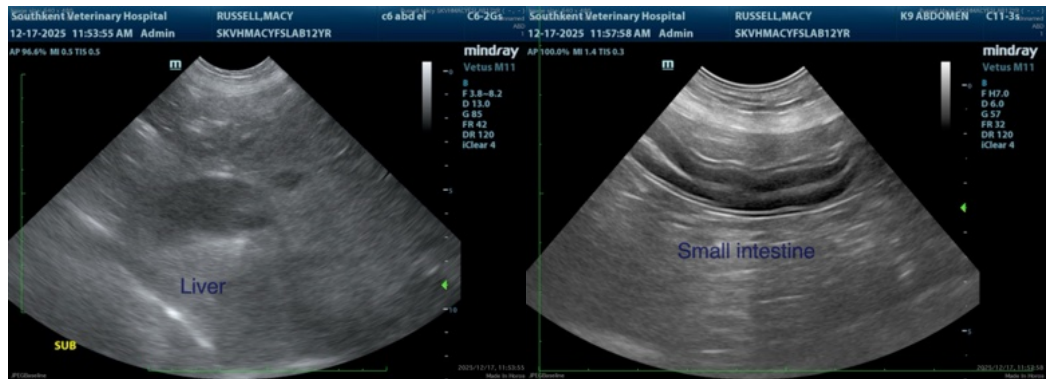
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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