



## PATIENT

Tillie Willard

## SPECIES

Canine

## BREED

Australian Shepherd

## SEX

F/S

## AGE

20 months

## WEIGHT

38.8

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Danni Shemanski

## HOSPITAL NAME

Western New York  
Veterinary Services

## REFERRING VET

Dr. Kaye Morgan –  
York Animal Hospital

## INVOICE

11000

## DATE

12/19/2025

## PRESENTING CLINICAL SIGNS

Seen for not doing well vomiting, and diarrhea (with blood) in December of this year. - ACTH stimulation test was negative. - Positive for Anaplasma in June of this year. **CLINICAL SIGNS:** Intermittent vomit and diarrhea - ADR Otherwise bright, energetic, responsive **MEDICATIONS:** Doxycycline 200mg SID x 28d LRS 500mL SQ SID PRN Cerenia 30mg SID PRN.

**Abnormal PE/Chem/CBC/UA Results:** ACTH stim neg Positive for anaplasma 6/2025 Remainder of bloodwork not provided.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

Small urinary bladder 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, architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident. Left kidney measures 5.4 cm, and the right kidney measures 5.9 cm.

### Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal measures 2.27 cm in length x 0.46 cm and 0.45 cm in width. Right adrenal measures 2.15 cm in length x 0.49 cm and 0.32 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 measures 1.7 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

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



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distension of the lumen. Moderate amount of ingesta and gas present within the stomach. Small amount of chyme present in the proximal duodenum. Fecal material present within the colon.

### **Pancreas**

Visible pancreas is normal in size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

### **Free Abdomen**

Normal mesenteric lymph nodes.

No ascites evident.

### **Thorax**

Normal appearance of the heart. No pleural or pericardial effusion evident.

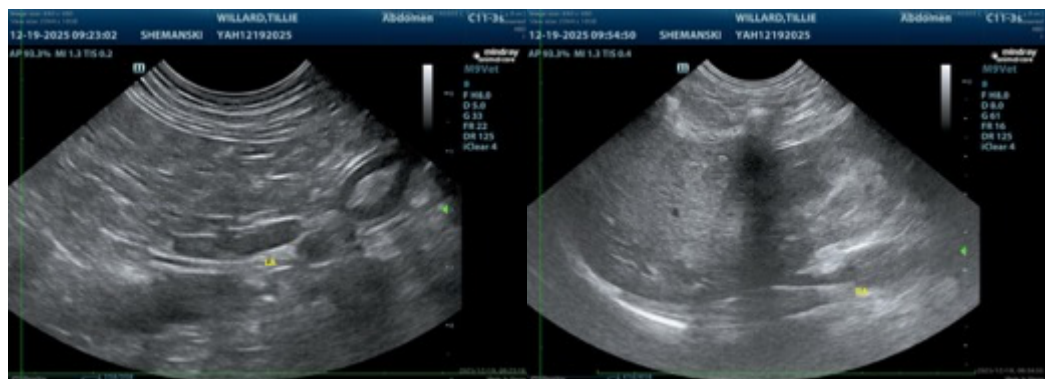
## ULTRASONOGRAPHIC FINDINGS

- Ingesta filled stomach.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

As the patient has been fasted, the ingesta filled stomach is an abnormality with possible etiologies being dietary indiscretion, gastric hypomotility, and a soft foreign body without causing any obvious obstruction.

Initial management would be symptomatic therapy (fluid therapy as needed, correction of any electrolyte anomalies, and feeding small frequent meals of a low-fat intestinal type diet) and to repeat the ultrasound after 18 – 24 hours. If there's still no improvement or change in the appearance of the stomach, then a laparotomy should be considered.





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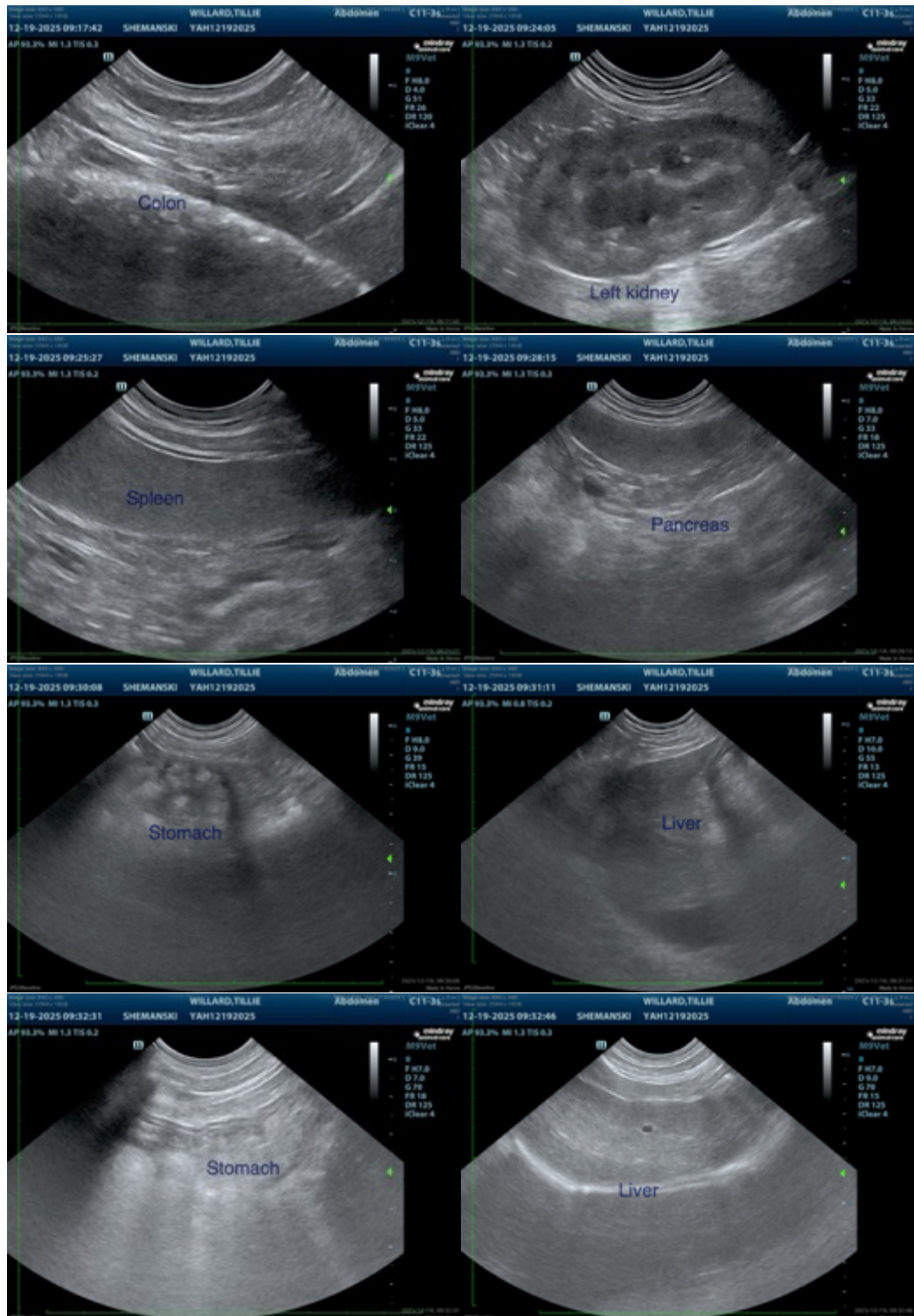
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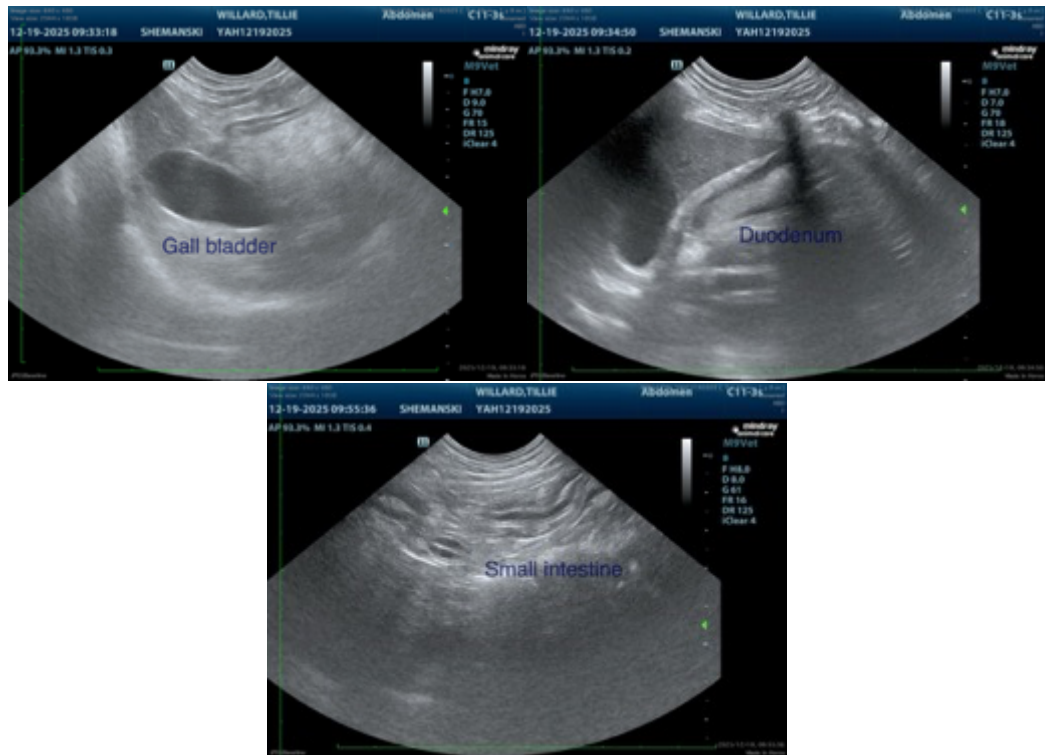
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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