



PATIENT

Slack Marsit

SPECIES

Canine

BREED

Catahoula Mix

SEX

Spayed female

AGE

9 years

WEIGHT

47 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Megan Bray

HOSPITAL NAME

Taylorville VC

REFERRING VET

Dr. Bisset

INVOICE

69499

DATE

12/22/25

PRESENTING CLINICAL SIGNS

History: Staff pet. Patient has been unintentionally losing weight despite increasing amount fed and she eats well. 4 pound weight loss since July of this year. She is typically a very active dog but has not been wanting to do her usual activities (ball playing, running, hunting). Prefers to lay cuddled up on a heating pad in the house. Breath will occasionally have a foul odor, but not every day. She has a cough that worsens with exercise that has been present since ~ May of this year. Thoracic radiographs are WNL. Increasing irritability with owner. Physical examination is WNL and labs are attached.

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 5.3 cm, right 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 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 0.59 cm in width. The right adrenal gland measured 0.62 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 2.7 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.



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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. Fecal material is present in the colon.

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

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

With the presenting clinical signs, cardiac disease would be an important consideration and followed up by echocardiography and a proBNP assay.

If cardiac disease has been ruled out and even though the GI tract appears ultrasonographically normal, an underlying enteropathy needs to be considered for the presenting clinical signs.

Possible etiologies for the enteropathy would be dietary hypersensitivity, parasitic enteritis and inflammatory bowel disease.

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

Specific therapy would be dependent on an etiological diagnosis.



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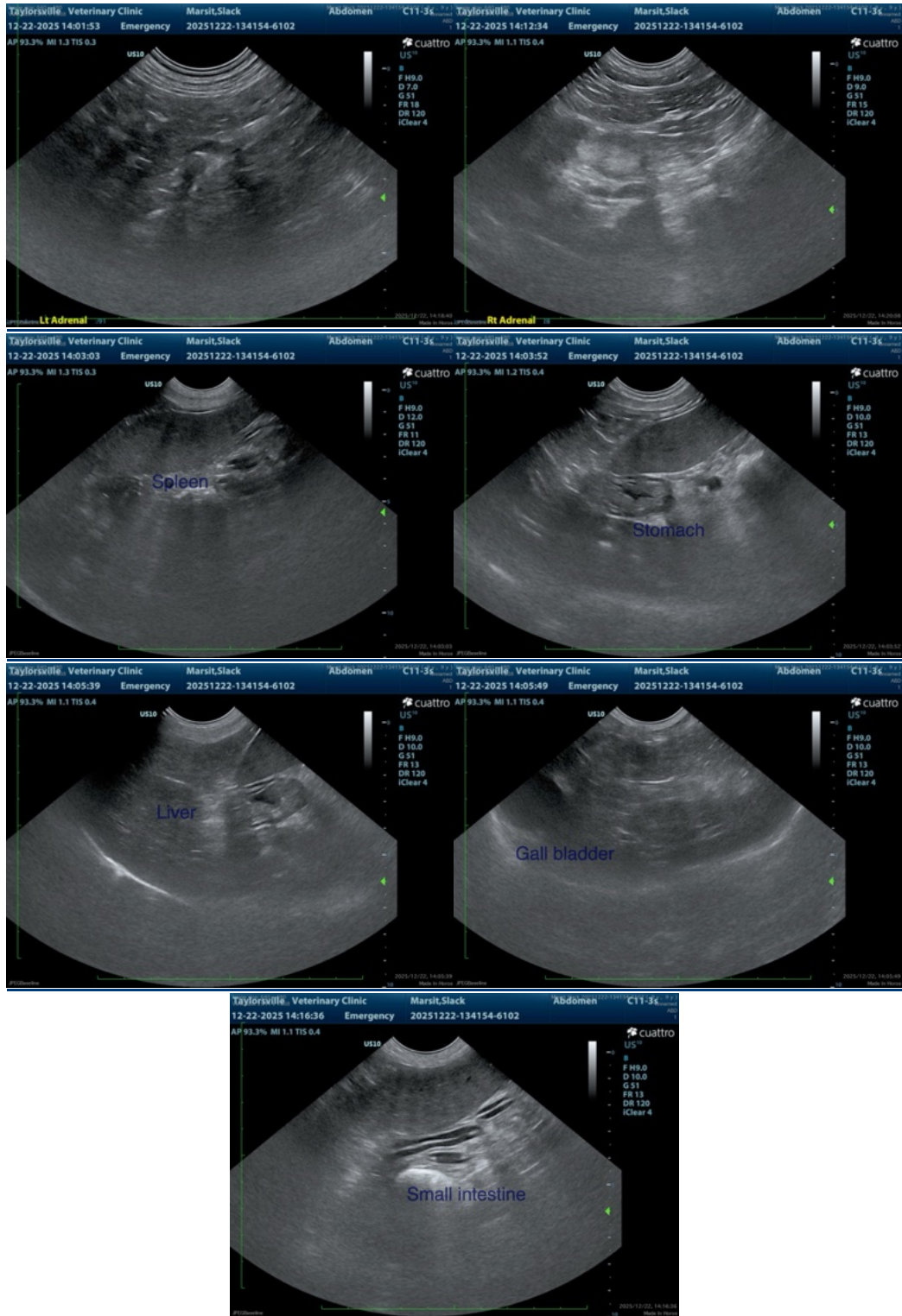
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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