



PATIENT

Brady Patterson

SPECIES

Canine

BREED

American Eskimo

SEX

Neutered Male

AGE

4 Years

WEIGHT

22 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Allison Maxey

HOSPITAL NAME

Evergreen AH

REFERRING VET

Dr. Allison Maxey

INVOICE

35083

DATE

12/26/25

PRESENTING CLINICAL SIGNS

History: 2-3-month history of change in eating behavior. Pet used to eat all food offered to him in one sitting, now will often not eat breakfast for several hours and sometimes when they go to feed him at night there is still food in the bowl. Also has intermittent vomiting. Sometimes will vomit several times per week, other times will go 2-3 weeks without a vomiting episode. No diarrhea. Had recommended famotidine trial of 10mg q 12hrs, owner said that after starting that he vomited daily.

Abnormal PE/Chem/CBC/UA Results: CBC unremarkable Chem 10/electrolytes - very mild hyperproteinemia (7.7g/dl), otherwise unremarkable Fecal negative Cobalamin/folate/cortisol - pending w/idexx.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full 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.

Small hypoechogenic prostate, measuring 0.6 cm in width.

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. The left kidney measured 3.8 cm. The right kidney measured 4.4 cm. Normal color flow pattern was evident in both kidneys.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. The left adrenal gland measured 0.39 cm and 0.48 cm in width. The right adrenal gland measured 0.51 cm in width.

Spleen

Normal size (0.9 cm in width) 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.

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

Small gallbladder, containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

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

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.

ULTRASONOGRAPHIC FINDINGS

- Normal ultrasound examination of the abdomen

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

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Although the GI tract appears ultrasonographically normal, with the presenting clinical signs, an underlying gastropathy, such as helicobacter gastritis, chronic gastritis, dietary hypersensitivity, and inflammatory bowel disease, should still be considered.

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Further assessment and therapy needs to be based on the pending results but could include endoscopy of the upper GI tract with biopsies.

Specific therapy would be dependent on an etiological diagnosis.

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Initial symptomatic management that could be considered would be feeding small frequent meals of a novel protein/hypoallergenic diet and cobalamin supplementation (if indicated). If there is not a satisfactory improvement, then triple therapy for helicobacter gastritis should be considered, and if there's still not a satisfactory improvement, then a course of prednisolone would then be indicated.

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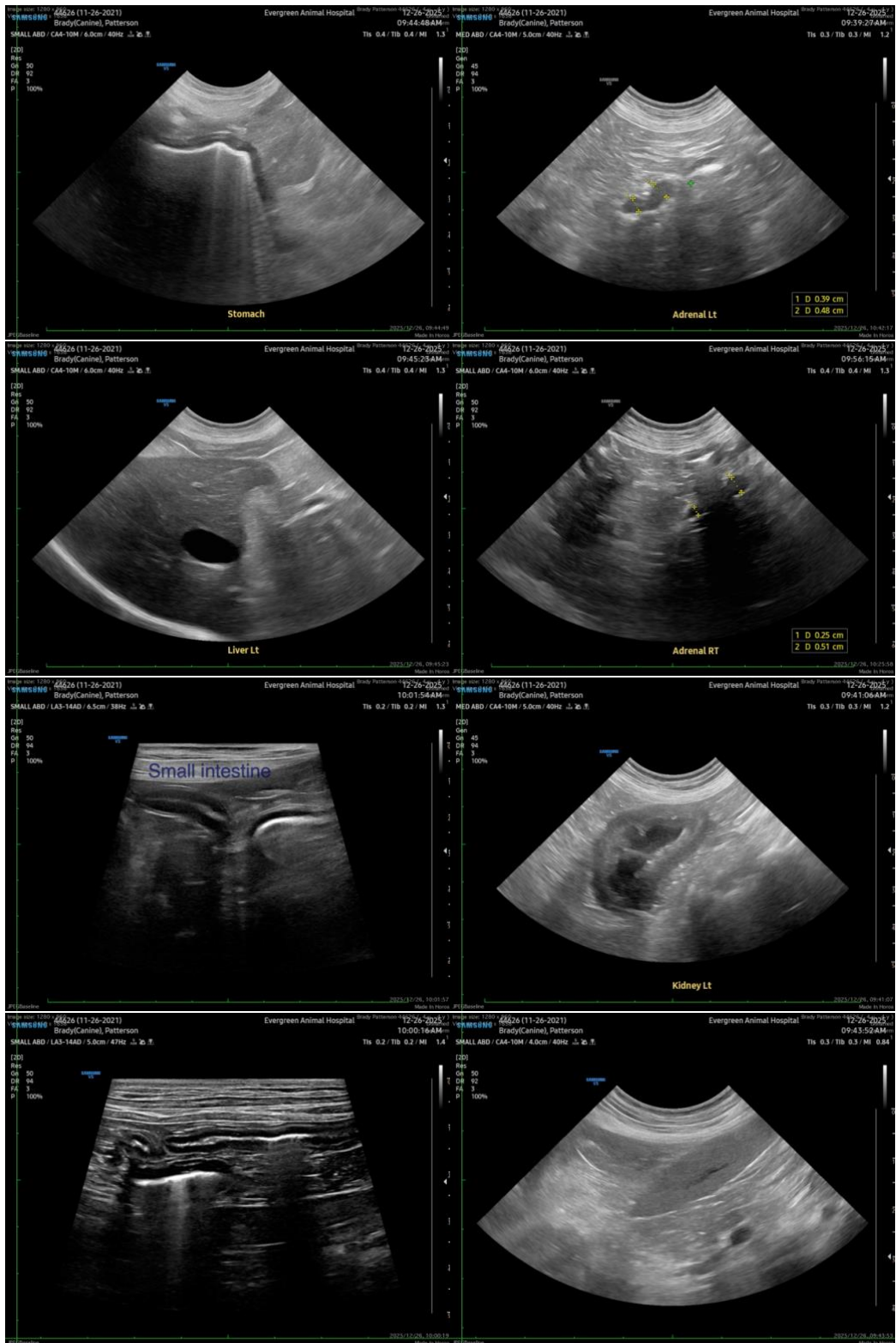
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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