



PATIENT

Zeke Barton

SPECIES

Canine

BREED

Mixed

SEX

Neutered Male

AGE

4 Years 2 Months

WEIGHT

56.9 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Lucas Budden

HOSPITAL NAME

Frontier Veterinary
Hospital

REFERRING VET

Dr. Lucas Budden

INVOICE

73183

DATE

2/22/26

PRESENTING CLINICAL SIGNS

Clinical signs: Fever, vomiting, diarrhea, lethargy, hyporexia, increased thirst/urination. History of cyclical episodes of fever, elevated white blood cells, and increased thirst/urination over the past few year. Today fever is 105F. Vomited yesterday morning. Diarrhea yesterday, but has not defecated yet today. Yesterday was burping repeatedly as if had acid reflux. Today is eating very little.

Current medications: Omeprazole, Provable, Home cooked diet with Honest Kitchen. Butorphanol to facilitate imaging.

Abnormal PE/Chem/CBC/UA Results: Physical exam: 105F rectal temp, left prescapular LN slightly prominent, abdomen only slightly tense on palpation, potential petechia vs abnormal pattern of gingivitis on right side of gums, normal exam otherwise Lab work: Cbc/chem in house today White blood cell high 36.49: infection vs immune mediated vs neoplasia vs other Monocytes high 2.17 Neutrophils high 31.97 Albumin low 2.3: loss vs lack of production vs secondary to high globulins vs other Amylase high 2665 Total protein high 7.7 Globulins high 5.4 cPL SNAP today: abnormal Fever of unknown origin panel to Idexx pending UA to Antech pending

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, an example measured 0.40 cm in width. 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 measured 7.3 cm. Right kidney measured 6.4 cm.

Reproductive System

Small, hypoechogenic prostate.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left measured 0.50 cm and 0.49 cm in width. Right measured 0.48 cm and 0.53 cm in width.

Spleen

Normal size (2.2 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.



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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 distension of the lumen. Stomach wall measures 0.40 cm. Small intestinal wall measures up to 0.43 cm. Colon wall measures 0.19 cm. Fecal material is present within the colon.

Pancreas

Normal size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas. Left pancreas measures 1.1 cm in width. Right pancreas measures 1.2 cm in width. Body of the pancreas measures 2.0 cm in width.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

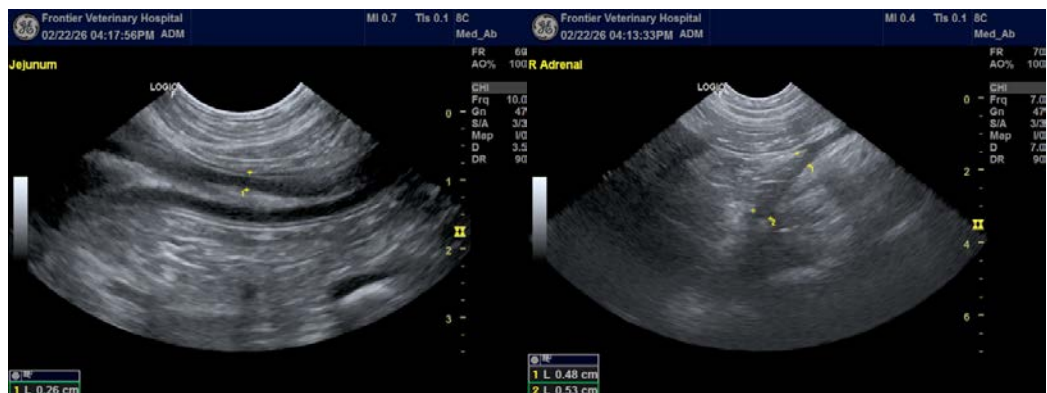
ULTRASONOGRAPHIC FINDINGS

- 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. Further assessment needs to be based on the pending results, but could include survey thoracic radiographs, echocardiography to evaluate the heart valves, and possibly cPL/PSL assay.

Specific therapy would be dependent on an etiological diagnosis.





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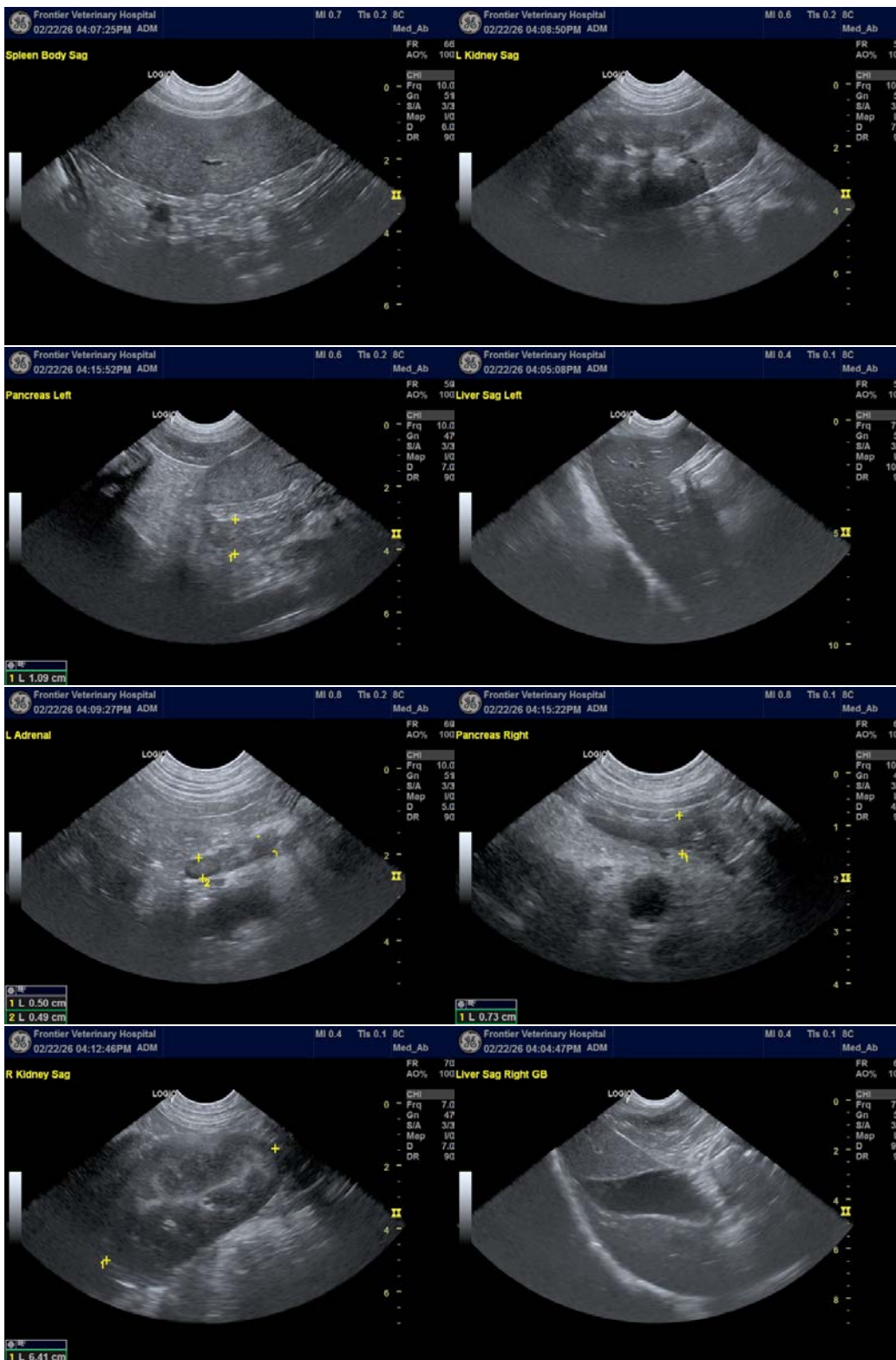
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com