



## PATIENT

Daisy Plourde

## SPECIES

Canine

## BREED

Pug

## SEX

Spayed female

## AGE

5 years

## WEIGHT

23.78 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Celia Galanti

## HOSPITAL NAME

Craig Road AH

## REFERRING VET

Dr. DeJesus

## INVOICE

71263

## DATE

2/5/26

## PRESENTING CLINICAL SIGNS

- Patient presented on emergency for evaluation of unusual lethargy, refusal of food, and suspect vomiting. O reports P was fine last night, was double fed by accident but P ate all food offered. Around 3 am O heard P outside barking which is not like any of their dogs. This morning P was found laying down by a pile of brown liquid, unsure if vomit or diarrhea. O left for work, checked on her later and found her still laying down and not interested in moving.
- O reports P was updated on vaccines and cytopoint 3 weeks ago. P also had an ear infection which resolved. Owner reports no coughing, or sneezing.
- Patient is not on any medications or supplements. Patient has no recent travel history.
- Past pertinent medical history: none
- There are no known vaccine or medication allergies.
- Addendum 11pm- P began having severe hematochezia while in hospital
- CBC/Chem in house BUN 34.6 (9-29) Creatinine 1.5 (0.4-1.4) Phosphorus 8.7 (1.9-5.0) TP 5.1 (5.5-7.6) Glucose 64 (75-125) GGT 16 (0-14) Spot BG 47 Abdominal radiographs NSF, submitted to AIS

## 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 4.5 cm, right measured 4.2 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.

### *Adrenal Glands*

The adrenal glands are bilaterally small and dorsoventrally flattened, but maintained normal echogenic appearance, position and appearance of the visible peri-adrenal vasculature. The left adrenal gland measured 0.26 cm and 0.29 cm in width. The right adrenal gland measured 0.26 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 1.2 cm in width.



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### *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*

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. A small amount of fluid was present in loops of the small intestine.

### *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

- Bilaterally small adrenal glands.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

With the presenting clinical signs, the appearance of the adrenal glands would be indicative of Addison's disease. differential diagnosis would be pancreatitis (even though visible section of the pancreas appear ultrasonographically normal) and acute hemorrhagic diarrhea syndrome.

Further assessment would be basal cortisol and/or an ACTH stimulation test and CPL/PSL assay.

Specific therapy would be dependent on an etiological diagnosis.



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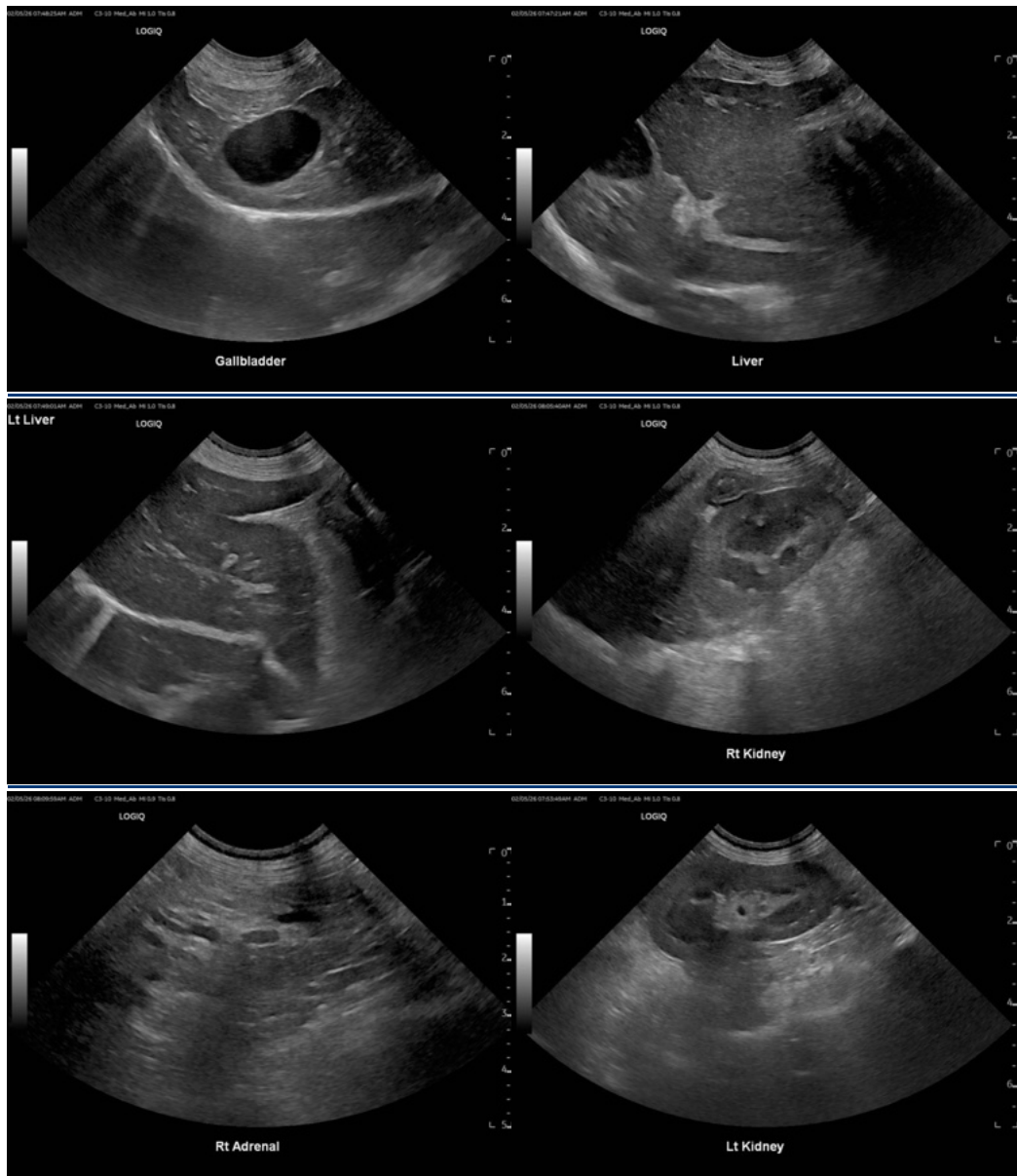
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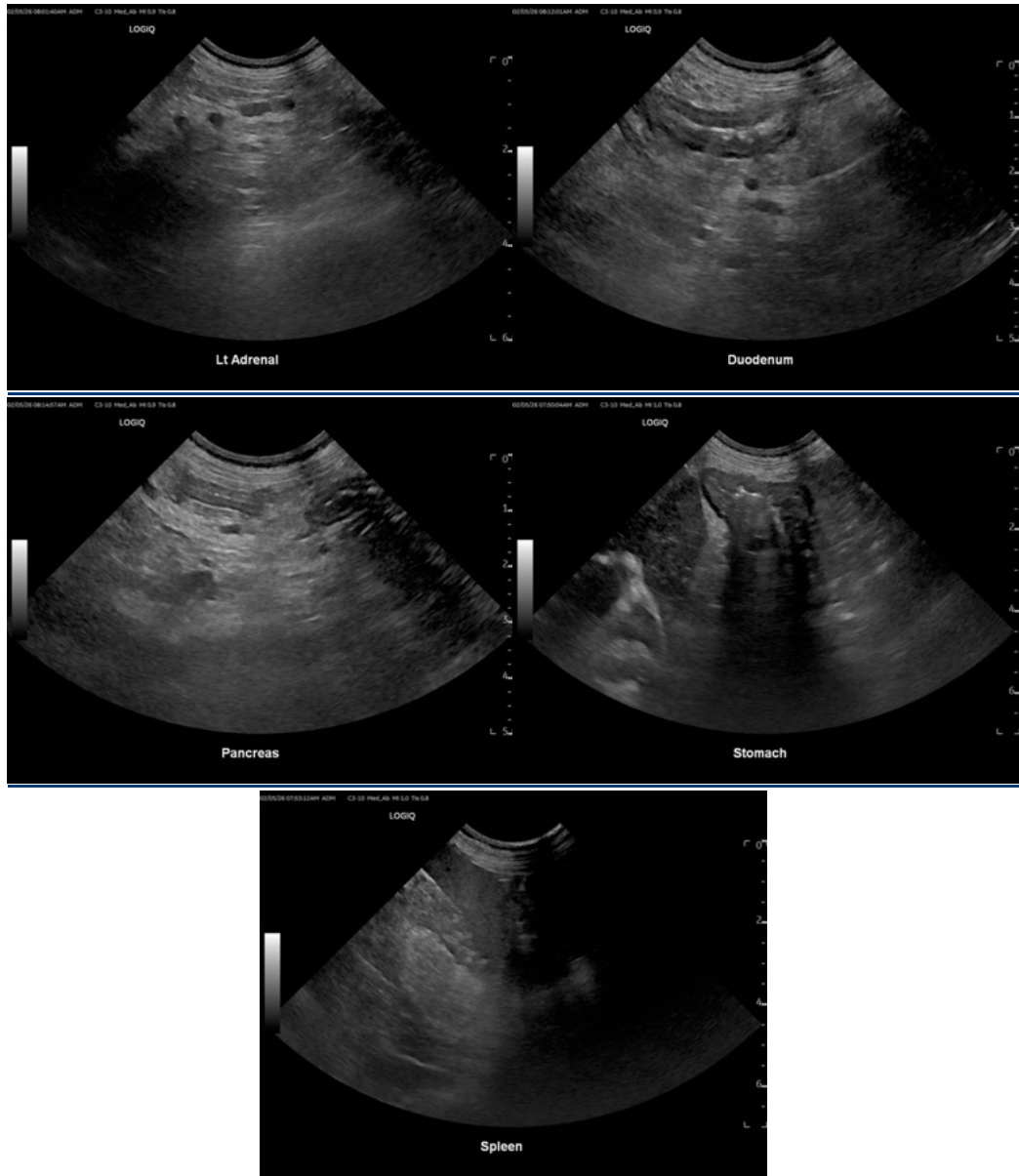
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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