



PATIENT

Danielle Bullen

SPECIES

Canine

BREED

Husky Mix

SEX

Female Spayed

AGE

8y

WEIGHT

51.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Danielle Shemanski,
DVM, MA

HOSPITAL NAME

Western NY VS

REFERRING VET

Kaye Morgan, DVM

INVOICE

13267

DATE

3/10/26

PRESENTING CLINICAL SIGNS

History:

- Seen last 10/2025 due to vomiting and acid reflux episodes. Now she is back for a recheck abdominal ultrasound due to continued episodes of gagging, but without vomiting.
- Previous Diagnoses: Marked gastritis, Suspected gastric ulceration, most significant at the gastroesophageal junction, Early gallbladder mucocele, Mild urinary bladder wall thickening
- Danielle continues to have episodes of gagging/retching, sometimes with vomiting. Last week, she was licking everything and retching without vomiting. Ten days ago, she vomited four times in one evening and received an anti-nausea injection (likely Cerenia/ondansetron) at her rDVM. Episodes begin with licking (floor, furniture, walls, people) and progress to hacking/retching.
- She has been exclusively on a Purina hydrolyzed diet and hypoallergenic treats for at least four months. Her stool was firm today but can be loose; she defecates 1-2 times daily.
- MEDICATIONS: Prilosec 20 mg SID, Sucralfate 1 g ½ tablet BID, Fortiflora
- A course of antibiotics was tried previously with no change in clinical signs.
- Sucralfate seems to help Danielle because her symptoms get worse when she skips a dose
- *P received 0.5 mL butorphanol IV for sedation

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. Normal color flow pattern evident in both kidneys. The left kidney measured 5.6 cm. The right kidney measured 6.7 cm.

Adrenal Glands

The left and right adrenal glands exhibited normal size with a flattened shape but maintaining a normal echogenic appearance, position and appearance of a visible perirenal vasculature. The left adrenal gland measured 2.53 cm in length x 0.59 cm and 0.62 cm in width. The right adrenal gland measured 2.56 cm in length x 0.61 cm and 0.58 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 2.6 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

Full containing a small amount of non-adhered hyperechogenic sediment. 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.

Pancreas

The visible sections of the pancreas exhibited normal 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.

Heart

Normal appearance of the heart with no pleural or pericardial effusion evident.

ULTRASONOGRAPHIC FINDINGS

- Gallbladder sediment
- Flattened adrenal glands?

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although the appearance of the adrenal glands may merely be an incidental finding with the patient's presenting clinical signs, atypical Addison's disease should still be considered. Gallbladder sediment can be an incidental finding. On this ultrasound, there's no obvious etiology for the presenting clinical signs. With the presenting clinical signs and although the stomach appears ultrasonographically normal, etiologies to be considered would be parasitic gastroenteritis, chronic gastritis, ulcerative disease and possibly helicobacter gastritis.

Further assessment would be basal cortisol and/or ACTH stimulation test, fecal analysis and endoscopy of the upper GI tract with biopsies. Specific therapy would be dependent on an etiological diagnosis.



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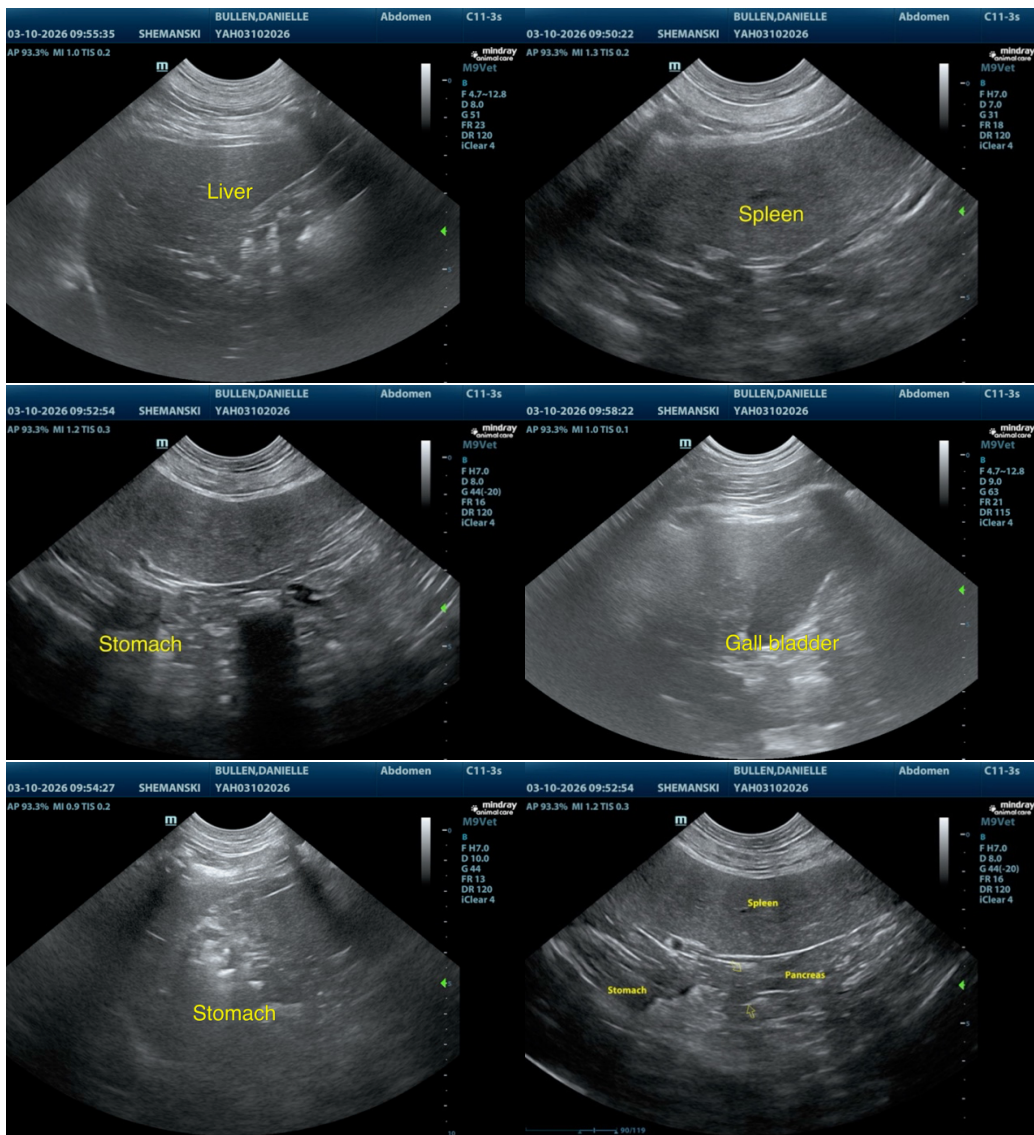
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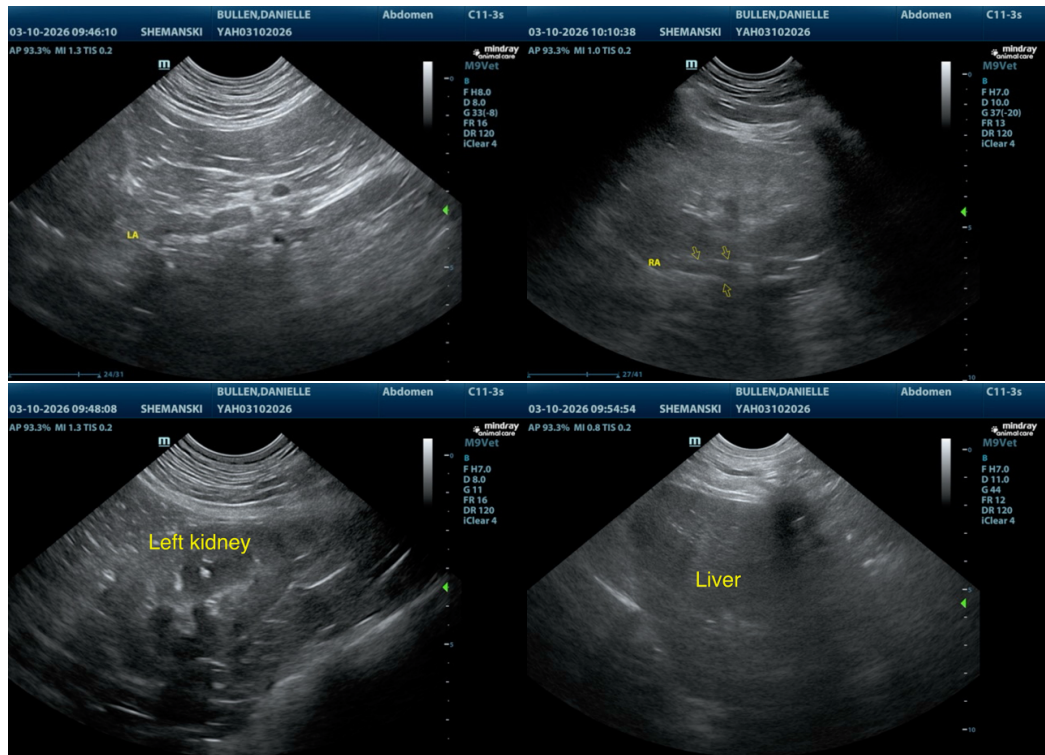
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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