

PATIENT

Rex Ford

SPECIES

Canine

BREED

Pitbull Mix

SEX

Male Neutered

AGE

11y

WEIGHT

78 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Danni Shemanski,
DVM,

HOSPITAL NAME

Western NY VS

REFERRING VET

Bryce Hauschildt,
DVM

INVOICE

13268

DATE

3/10/26

PRESENTING CLINICAL SIGNS

History:

- Suspicious area in abdomen shown on radiographs.
- Patient has been slowly declining over the past year. He started having trouble walking and soreness last spring. He was started on Deramaxx as needed. Patient still seems to not be doing well. He was started on monthly Librela injections in December. Patient seemed to do very well after the first injection, but pain seemed to come back shortly after. He was given a second injection in February because the pain was returning, and the patient has seemed to decline more this past week. Patient has no appetite, is very lethargic, and has an overall weakness.
- He lost almost 10 pounds since May when he was 86 pounds. Blood work was normal. Radiographs were taken yesterday, and his abdomen looked weird. He is sore in his hind end.
- In May, he had a tumor on his scrotal sac. It was removed and neutered him and removed it. We did not do pathology on it.
- Yesterday, he was given fluids, Cerenia, and Mirtazapine. He ate a little bit on his own.
- MEDICATIONS: Cerenia injectable 3/9/26, Deramaxx 75mg PR, Librela (discontinued)

Abnormal PE/Chem/CBC/UA Results: Blood work from yesterday was reviewed. - Chemistry: Within normal limits. Creatinine was a tiny bit low. - CBC: No stress leukogram. Non-regenerative anemia Hematocrit is 34%. RBC 5.23 M/ μ L (5.65-8.87) LOW HCT 34.7% (37.3-61.7) LOW HGB 13.0 g/dL (13.1-20.5) LOW WBC 4.93 K/ μ L (5.05-16.76) LOW PDW 7.8 fL (9.1-19.4) LOW BUN 6mg/dL (7-27) LOW CI 109 mmol/L (109-122) Low normal

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.

Small, hypoechoic prostate measuring 1.8 cm width.

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 6.8 cm. The right kidney measured 7.3 cm.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. The left adrenal gland measured 2.36 cm length x 0.61 cm and 0.64 cm width. The right adrenal gland measured 3.36 cm length x 0.42 cm and 0.55 cm width.



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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 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.

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

The visible sections of the pancreas exhibited 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

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.

Thorax

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

ULTRASONOGRAPHIC FINDINGS

- Normal ultrasound examination of the abdomen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

On this ultrasound there's no obvious etiology for the presenting clinical signs. With the presenting clinical signs and CBC abnormalities, low-grade gastric ulceration and atypical Addison's disease should still be considered with drug reaction a possible differential diagnosis.

Further assessment would be basal cortisol and/or ACTH stimulation test and gastroscopy with biopsies. Specific therapy would be dependent on an etiological diagnosis. Symptomatic management that could be considered for possible gastric ulceration would be feeding small frequent meals of an intestinal type diet and the use of gastro protectants (Omeprazole, Sulforaphane).



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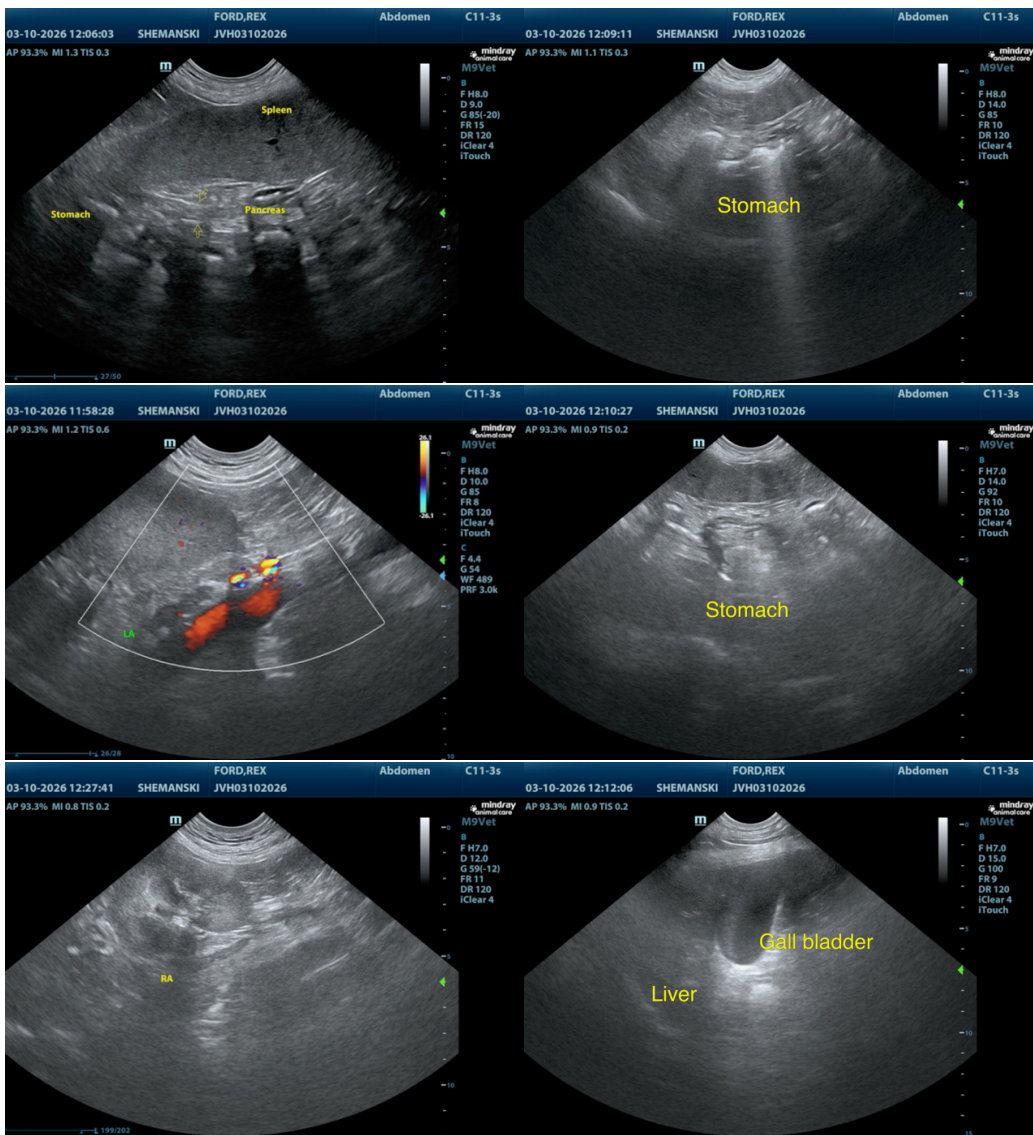
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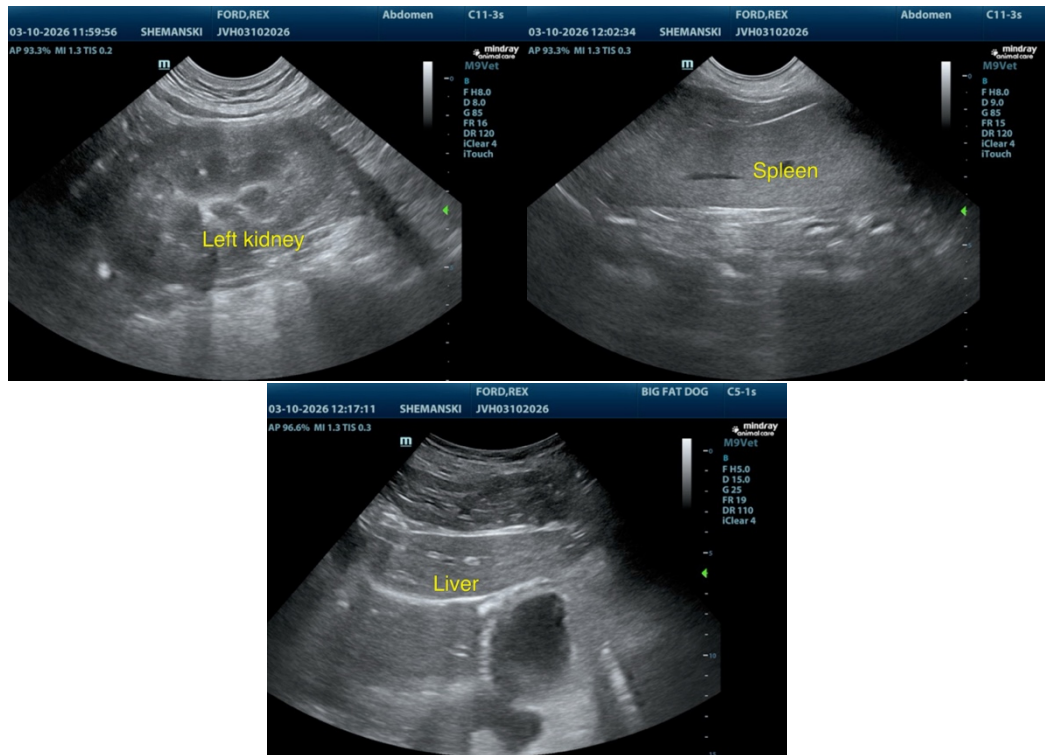
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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