



PATIENT

Jackson Pearson

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered Male

AGE

11 Years 3 Months

WEIGHT

97 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Animal Hospital of
 Boone

REFERRING VET

Dr. Shutt

INVOICE

73659

DATE

3/13/26

PRESENTING CLINICAL SIGNS

P presented for US due to several week history of intermittent vomiting. P sedated with Dex and Torb

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. Left measures 8.2 cm. Right measures 8.4 cm. Normal color flow pattern evidence in both kidneys. Small incidental cortical cyst present in the cranial pole of the left kidney measuring approximately 0.80 cm x 1.2 cm in width. Small cortical cyst present in the right kidney measuring approximately 0.40 cm in size.

Reproductive System

Small, hypoechogenic prostate measuring 1.0 cm in width.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left measures 2.86 cm in length x 0.55 cm and 0.45 cm in width. Right measures 2.75 cm in length x 0.51 cm and 0.47 cm in width.

Spleen

Normal size (1.6 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

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. Small amount of ingesta present within the stomach compatible with a recent meal.



PATIENT

Jackson Pearson

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered Male

AGE

11 Years 3 Months

WEIGHT

97 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Animal Hospital of
 Boone

REFERRING VET

Dr. Shutt

INVOICE

73659

DATE

3/13/26

Pancreas

Normal size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas. Left pancreas measured 0.70 cm in width.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

Thorax

Normal appearance of the heart. No pleural or pericardial effusion evident.

ULTRASONOGRAPHIC FINDINGS

- Normal ultrasound examination of the abdomen.

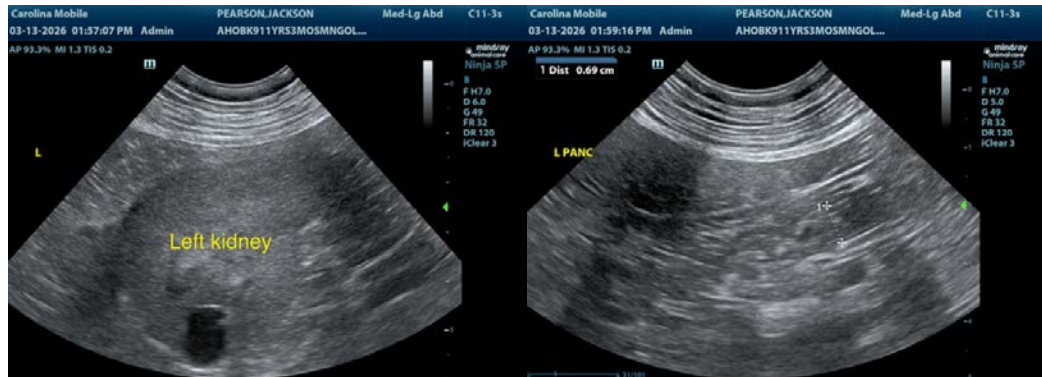
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

On this ultrasound, there is no obvious etiology for the presenting clinical signs. Although the GI tract appears ultrasonographically normal, with the presenting clinical signs an underlying gastroenteropathy such as parasitic gastroenteritis, dietary hypersensitivity, inflammatory bowel disease, and helicobacter gastritis should still be considered. Atypical Addison's disease would be a possible differential diagnosis.

Further assessment would be fecal analysis, cobalamin, folate, and basal cortisol assay, possibly an ACTH stimulation test, and endoscopy of the upper GI tract with biopsies.

Specific therapy would be dependent on an etiological diagnosis.

Symptomatic management that could be considered would be feeding small, frequent meals of a novel protein/hypoallergenic diet, a course of Fenbendazole, cobalamin supplementation, and if there is not a satisfactory improvement, then triple therapy for helicobacter gastritis, and if there is still not a satisfactory improvement, then a course of Prednisolone would then be indicated.





PATIENT

Jackson Pearson

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered Male

AGE

11 Years 3 Months

WEIGHT

97 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Animal Hospital of
 Boone

REFERRING VET

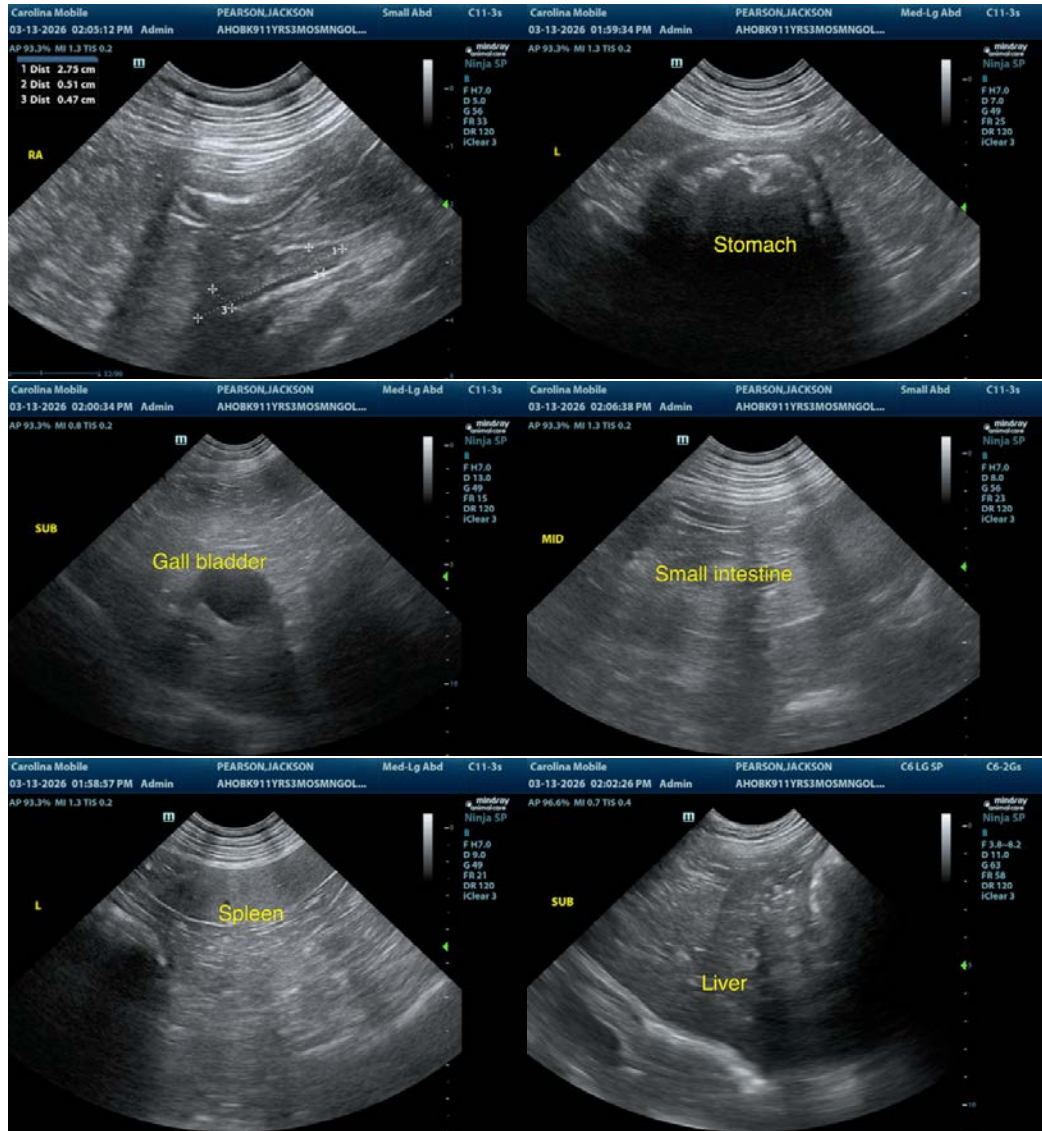
Dr. Shutt

INVOICE

73659

DATE

3/13/26





PATIENT

Jackson Pearson

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered Male

AGE

11 Years 3 Months

WEIGHT

97 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Animal Hospital of
 Boone

REFERRING VET

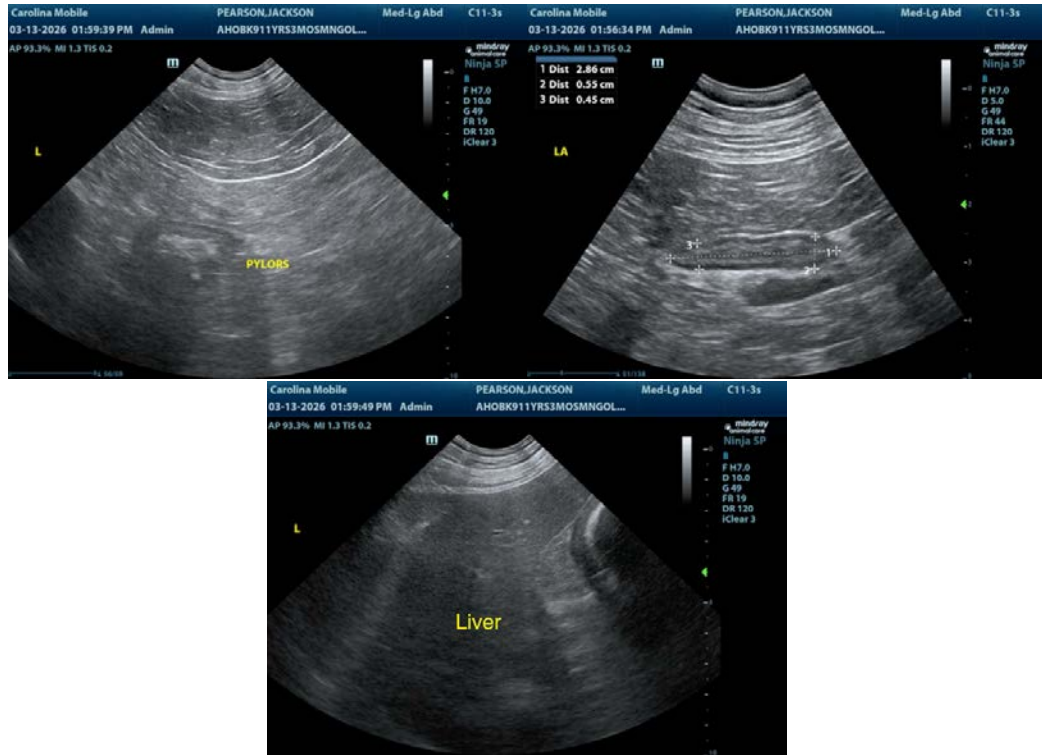
Dr. Shutt

INVOICE

73659

DATE

3/13/26



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