



PATIENT

Fifi Hinckley Relkin

SPECIES

Canine

BREED

Rat Terrie Mix

SEX

Spayed female

AGE

8 years

WEIGHT

32.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Danielle Shemanski,
DVM, MA

HOSPITAL NAME

Western New York
Veterinary Service

REFERRING VET

Dr. Brenda Buck

INVOICE

73570

DATE

3/18/26

PRESENTING CLINICAL SIGNS

- Fifi was referred for an abdominal ultrasound after a six-week history of recurrent GI signs (vomiting and bloody diarrhea) approximately every two weeks. Episodes temporarily improved with a bland diet but relapsed on returning to her regular food.
- Initially, she presented to the ER with vomiting and bloody diarrhea and was started on Clavamox, which the regular veterinarian discontinued due to a normal CBC. Vomiting resolved with a bland diet; however, diarrhea returned when owners were away.
- While dietary indiscretion is possible (she occasionally destroys cat toys and is unwitnessed off-leash), owners now monitor her closely, and her diet/routine is unchanged. Fifi has a long history of anxiety and is reported to be very nervous. A fecal parasite test has not yet been performed.
- MEDICATIONS/DIET: Flea/tick/HW prevention only
- She is currently on a bland diet and Provable.
- Normal food is Wegmans brand dry and wet food, which she has been on for 2-3 years.
- She drinks from puddles in the backyard, which the owner describes as "swampy."
- CBC and chemistry normal per RDVM.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is small 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 5.3 cm, right measured 5.5 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. Normal color flow pattern is evident in both kidneys.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 2.08 cm in length x 0.52 cm and 0.55 cm in width. The right adrenal gland measured 2.49 cm in length x 0.68 cm and 0.7 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 2.1 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 thickness of the gastric wall with no loss of layering and maintaining a normal muscularis to mucosa ratio. A few, small air bubbles are present within the wall. A small amount of fluid is present in the lumen. Normal appearance of the 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 are of normal size and echogenic appearance with a regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Thorax

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

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Gastric ulceration.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although the rest of the GI tract appears ultrasonographically normal, with the presenting clinical signs, an underlying enteropathy such as parasitic enteritis, dietary hypersensitivity and inflammatory bowel disease should still be considered.



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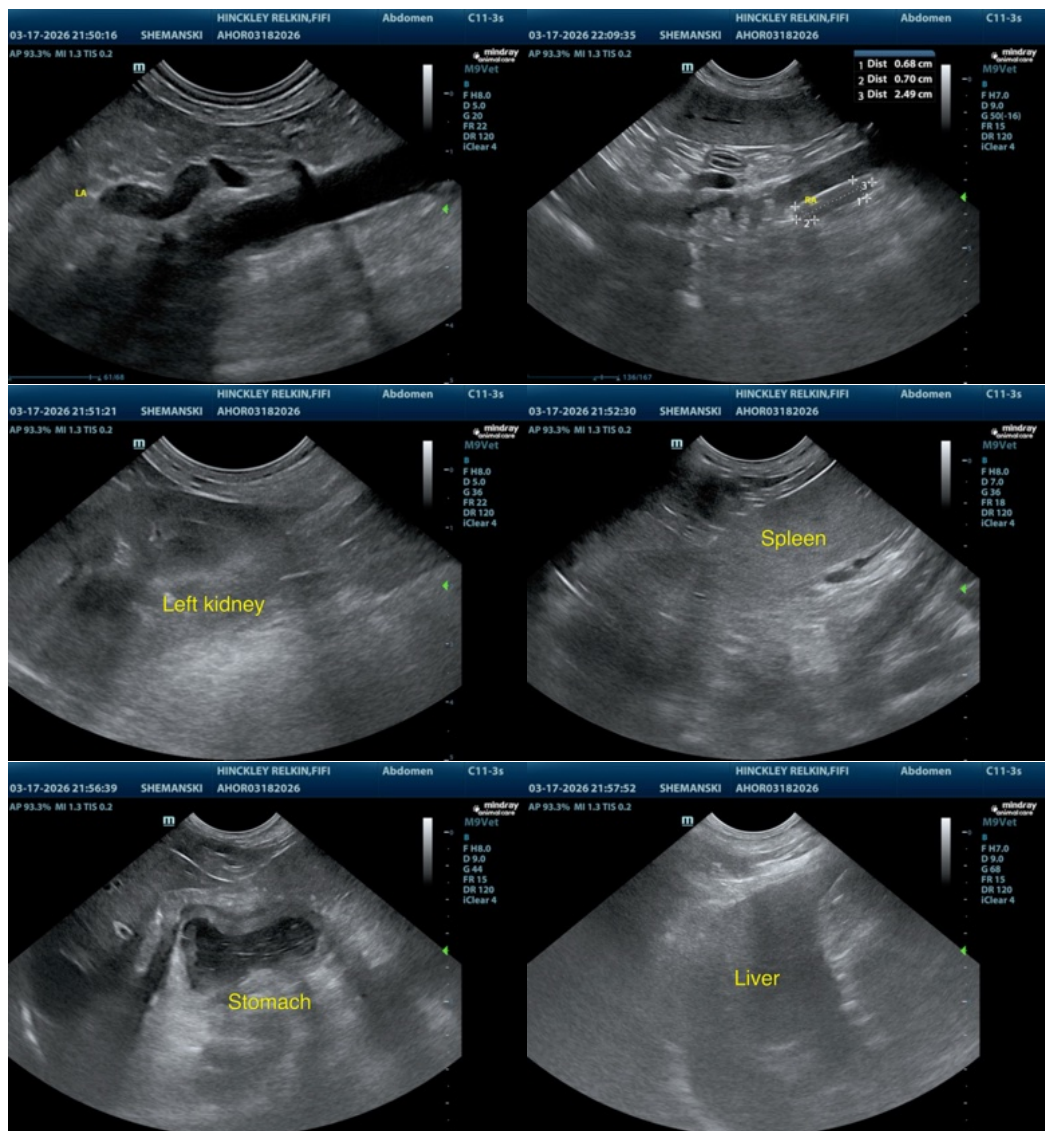
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Further assessment would be fecal analysis, cobalamin and folate assay and endoscopy of the upper GI tract with biopsies.

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, course of Fenbendazole, cobalamin supplementation and gastric protectants (Sucralfate, Omeprazole). If there is not a satisfactory improvement then a course of Prednisolone would then be indicated.





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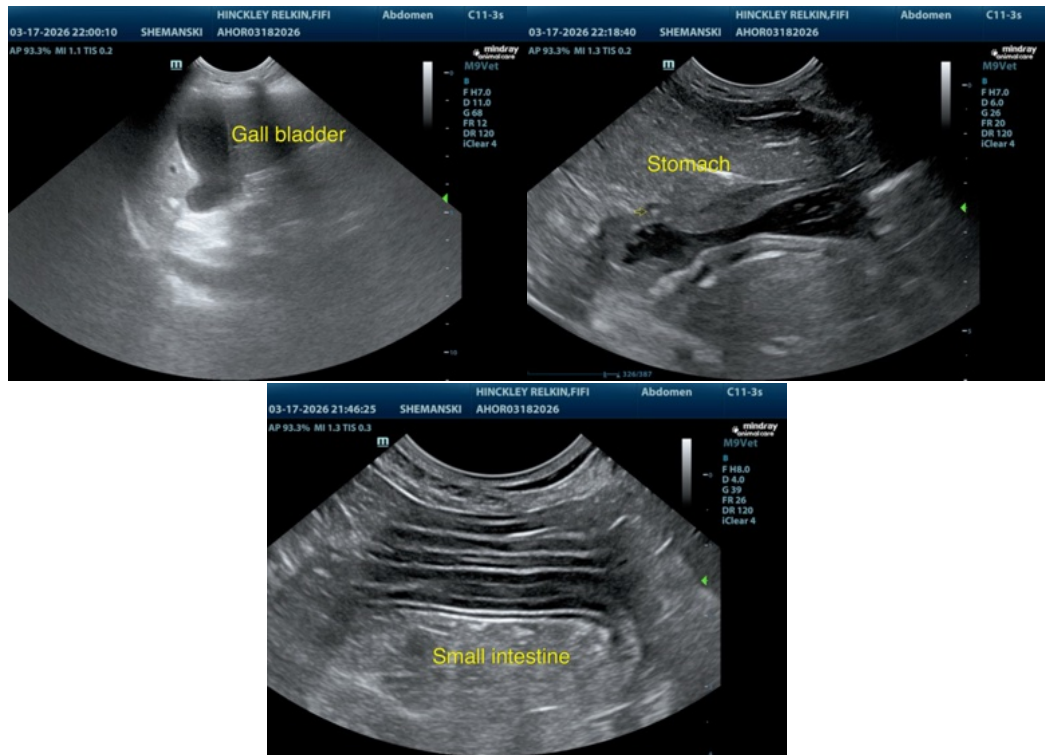
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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