



## PATIENT

Kodiak Wester

## SPECIES

Canine

## BREED

Husky Mix

## SEX

Neutered Male

## AGE

8.5 Years

## WEIGHT

71 Pounds

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Jessica Milligin, DVM

## HOSPITAL NAME

Dockside VI

## REFERRING VET

Allison McCourt, DVM

## INVOICE

36046

## DATE

3/2/26

## PRESENTING CLINICAL SIGNS

\*ER patient\* Acute onset of profuse liquid bloody diarrhea (hematochezia), lethargy, and discomfort. Recheck from a visit on 03/01/2026 for back pain and anal gland issues.

### Historical Conditions:

- Recurrently full anal glands requiring manual expression.
- Heart murmur diagnosed several years prior (grade III/VI today)
- Suspected back pain and spondylosis noted on radiographs from 03/01/2026.

### Diet/Appetite:

- Appetite has been decreased for the last few days. He was force-fed some canned I/D food today in order to administer medications. He was also given some pumpkin. He typically eats a mix of Just Food for Dogs, The Honest Kitchen, and kibble.

### Drinking/Urination:

- Owner reports he does not drink a lot of water.
- V/D/C/S:
- Acute onset of profuse, liquid, bloody diarrhea (hematochezia) this evening.
- Vomited twice last evening.
- No coughing or sneezing reported.

### Current Medications:

- Gabapentin: 4 tablets per dose; received one dose yesterday and two doses today.
- Carprofen: Received one dose yesterday and one dose today.

### Lifestyle Risk Factors:

- A new 4-month-old puppy was introduced to the home on 12/30/2025. The puppy was recently diagnosed and treated for coccidia, roundworms, and hookworms. Kodiak has had some exposure to the puppy.
- There is another husky in the home with a history of epilepsy.

Abnormal PE/Chem/CBC/UA Results: AFAST yesterday revealed small amount of abdominal FF. CBC shows hemoconcentration, otherwise recent labs attached to study (biochemistries WNL).



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## 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.

Small hypoechoic prostate was noted.

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. The left kidney measured 6.8 cm. The right kidney measured 6.3 cm. Normal colorflow pattern is evident in both kidneys.

### *Adrenal Glands*

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. The left adrenal gland measured 0.53 cm in width. The right adrenal gland measured 0.47 cm in width.

### *Spleen*

Normal size (1.9 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 gallbladder, containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

### *Gastrointestinal*

A moderate amount of ingesta was present within the stomach, compatible with a recent meal. Normal appearance of the stomach, duodenum, small intestine (up to 0.48 cm), ileo-cecal junction, and colon, with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness. Fecal material and gas were present within the colon.

### *Pancreas*

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.



**PATIENT**

No ascites evident.

Kodiak Wester

**ULTRASONOGRAPHIC FINDINGS**

**SPECIES**

- Normal ultrasound examination of the abdomen

Canine

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**BREED**

On this ultrasound, there's no obvious etiology for the presenting clinical signs. With the presenting clinical signs, likely etiologies would be acute hemorrhagic diarrhea syndrome and NSAID-induced colitis. Management would be fluid therapy, correction of any electrolyte anomalies, discontinuing the NSAID therapy and intestinal absorbents/protectants.

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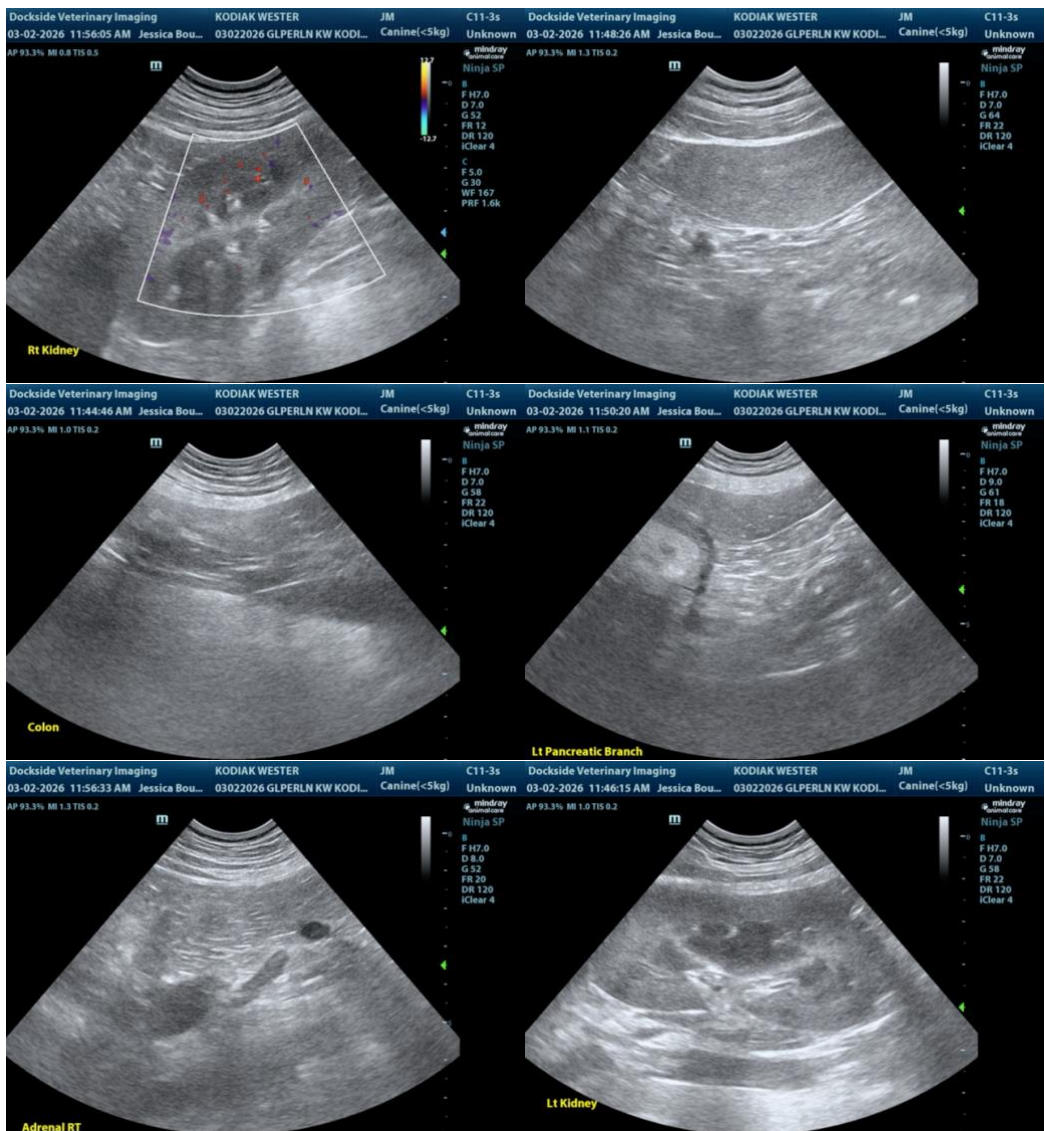
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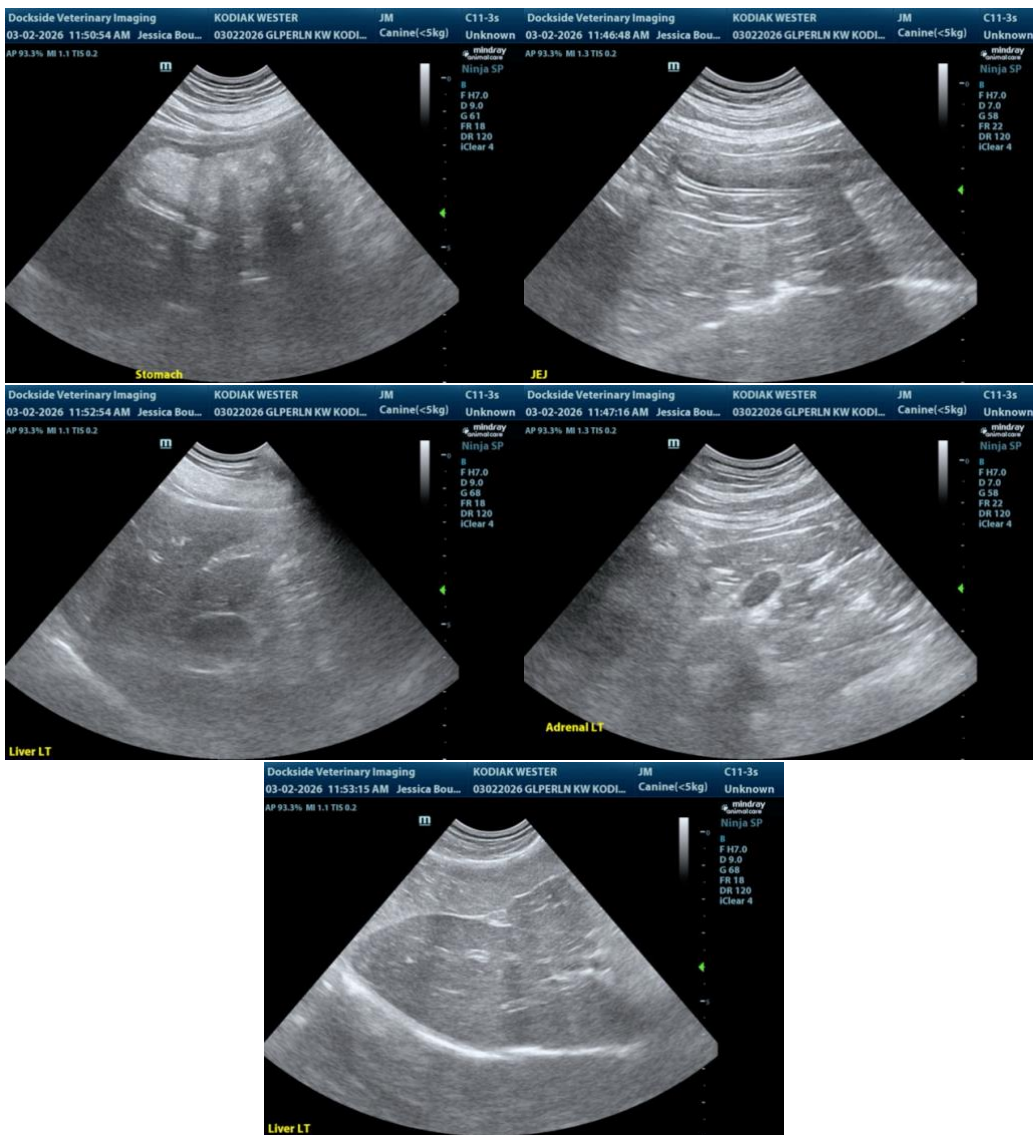
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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