



## PATIENT

Archer Wolf

## SPECIES

Canine

## BREED

Miniature Poodle

## SEX

Neutered Male

## AGE

14 Years

## WEIGHT

9.8 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Melissa Randolph

## HOSPITAL NAME

Shores Veterinary  
Emergency Center

## REFERRING VET

Dr. Logan Law

## INVOICE

73898

## DATE

3/22/26

## PRESENTING CLINICAL SIGNS

P recent history of eye issues being treated for approximately 2 weeks. Client found massive pile of tarry black liquid stool late morning on 3/21 with patient appearing very down. Patient has been coughing and vomited usual food. Client stopped carprofen 2 days ago when patient started acting off, also discontinued doxycycline and eye drops. New eye drops were ordered but not yet started. P lethargic. Prior history of heart murmur and bilateral corneal ulcers. Vetmedin (started 10 days ago). Recently discontinued: carprofen (stopped 2 days ago), doxycycline, eye drops. admitted for supportive care: iv fluids, cerenia, pantoprazole, unasyn, sucralfate, buprenorphine. no vomiting or melena since admitted. P did receive a PRBC transfusion morning of 3/22.

Concern for suspected carprofen-induced gastrointestinal bleeding with resulting severe anemia; Hypoalbuminemia secondary to GI loss or decreased production; other

Abnormal PE/Chem/CBC/UA Results: PE: rectal PE- black, tarry stool on glove rdvm 3/13: Flex 4 neg; Fecal negative; HCT 44%, BUN 37 H, ALP 1,041 H, TP 7.0 normal; proBNP 761 normal; u/a: protein 3+, usg 1.035, casts occ fine granular 0-1/LPF Shores 3/21 Chem ALP 185 H, ALT 52 WNL, Alb 1.6 L, TP 3.7 L, Phos 5.8 H, BUN 76.6 H, calcium 8.4 L CBC: wbc 26.99 H, neu 23.32 H, mono 2.40 H, HCT 22%, hgb 7.4 L, rbc 3.47 L, retic 2.15% H, RHE 18.9 L epoc: ica++ 1.31 normal pt: 14.4, aptt 107.3 (both WNL) 3/22 2 am: albumin 1.6 L; manual hct 20% L -Radiographs: GI tract gassy and unhappy appearing; no obvious masses, lung fields clear

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

Full 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 kidney measures 4.5 cm. Right kidney measures 4.8 cm. Normal color flow pattern evident in both kidneys.

### Reproductive System

Small, hypoechogenic prostate.

### Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left measured 0.48 cm and 0.52 cm in width. Right measures 0.44 cm and 0.46 cm in width.

### Spleen

Normal size (1.4 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.



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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 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. Fecal material present within the colon.

**Pancreas**

Visible sections present 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.

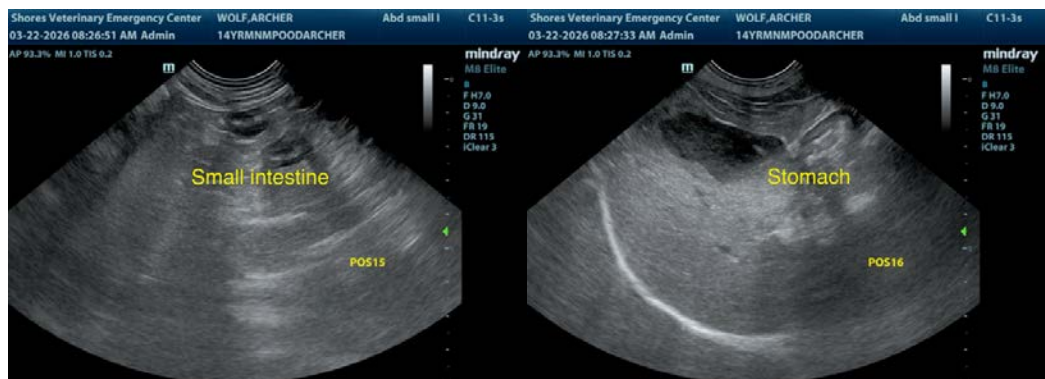
**ULTRASONOGRAPHIC FINDINGS**

- 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. With the patient's presenting clinical signs, patient's history, and laboratory changes, the most likely diagnosis would be NSAID induced gastric ulceration.

Management would be to continue with the current therapy.





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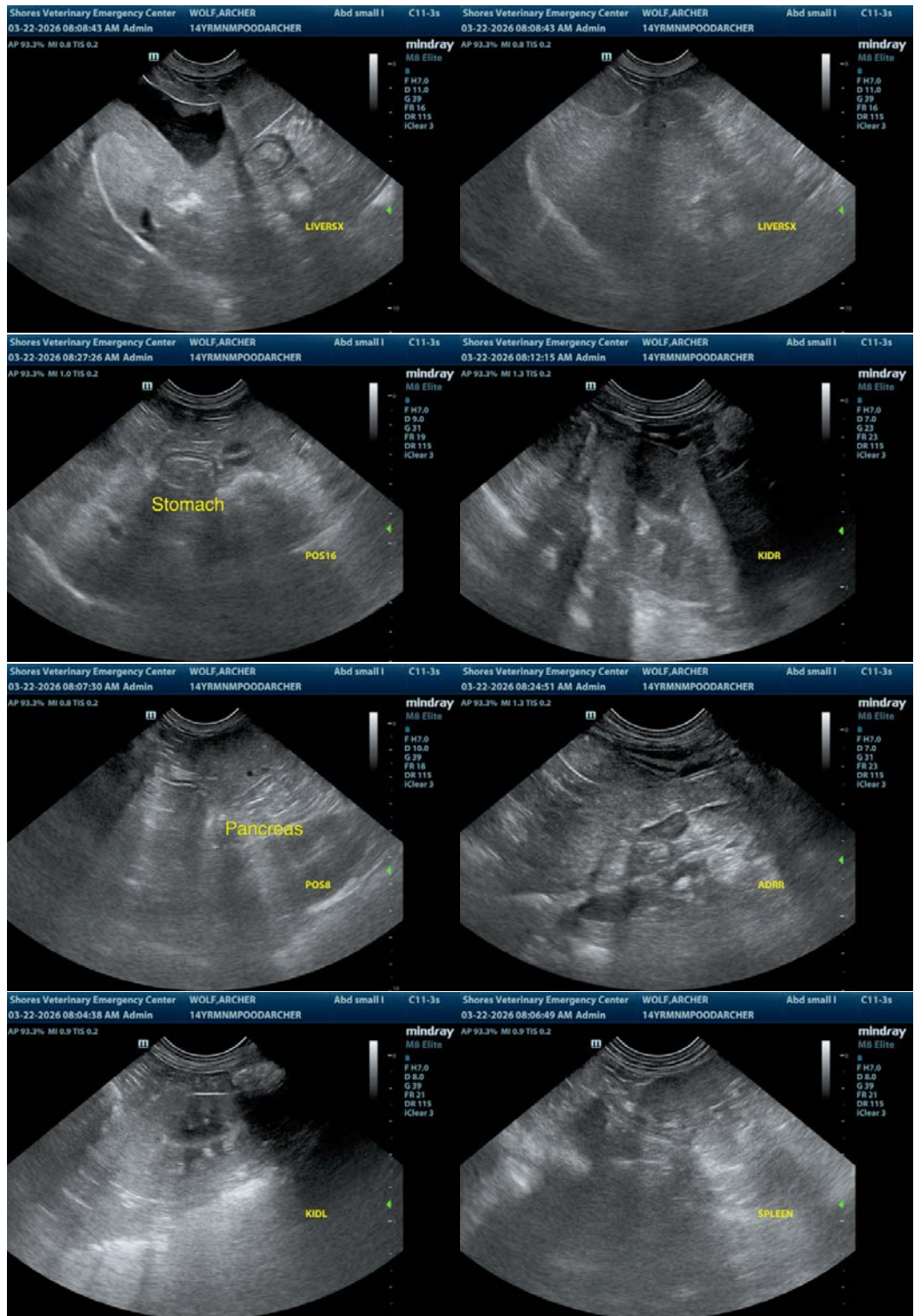
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

[info@sonopath.com](mailto:info@sonopath.com)