



PATIENT

Copito Cruz

SPECIES

Canine

BREED

Norfolk Mix

SEX

Neutered male

AGE

7 years

WEIGHT

18 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Tessa Fiamengo

HOSPITAL NAME

Slade VH

REFERRING VET

Dr. Fiamengo

INVOICE

73824

DATE

3/27/26

PRESENTING CLINICAL SIGNS

- Copito is an 8-year, 8-month-old male castrated Tibetan Terrier. He initially presented to Thrive Pet Care on March 10th for an acute onset of coughing and minor nasal discharge, which began approximately one week after a grooming appointment. On examination, a tracheal pinch was positive, and he was started on doxycycline for a suspected kennel cough. The nasal discharge resolved within 3 days. The owner returned to the primary veterinarian on March 16th due to perceived lethargy and a worsening cough. The first episode of vomiting, described as bilious, occurred on March 16th, six days into the doxycycline course. The owner reports that vomiting episodes tend to occur in the morning on an empty stomach, and providing a small meal at 4:00 AM has helped prevent them. The patient has not vomited in the 3 days prior to this appointment. Due to elevated liver enzymes found on blood work, an abdominal ultrasound was recommended. The owner elected to pursue the procedure at this hospital due to the cost estimate provided by a specialty hospital.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full 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 4.3 cm, right measured 4.7 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.

The prostate is small and hypoechogenic.

Adrenal Glands

The left adrenal gland is normal in shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.4 cm and 0.43 cm in width. The right adrenal gland was not clearly visualized, but appears to be of normal shape, echogenic appearance and size.

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 1.2 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 a small amount of non-adhered, hyperechogenic sediment. 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.

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.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Gallbladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

In essence a normal ultrasound examination of the abdomen as the gallbladder sediment can be considered an incidental finding.

On this ultrasound there is no obvious etiology for the presenting clinical signs or the elevated liver enzyme activity. As the patient is being treated Doxycycline, it is highly likely that both the presenting clinical signs and the elevated liver enzyme activity can be attributed to the doxycycline therapy.

However, if there is not a satisfactory resolution once the Doxycycline therapy has been completed further assessment of the elevated liver enzyme activity would be pre and post prandial bile acids and FNA cytology of the liver.



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Further assessment of the vomiting would be endoscopy of the upper GI tract with biopsies.

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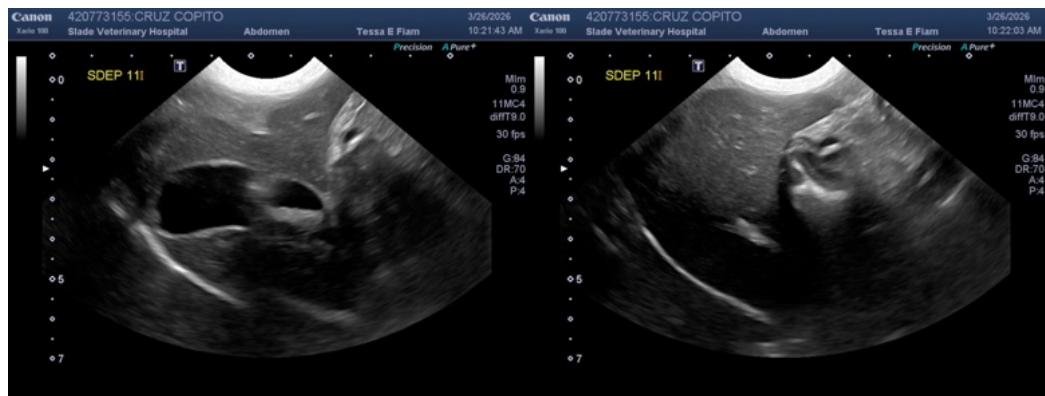
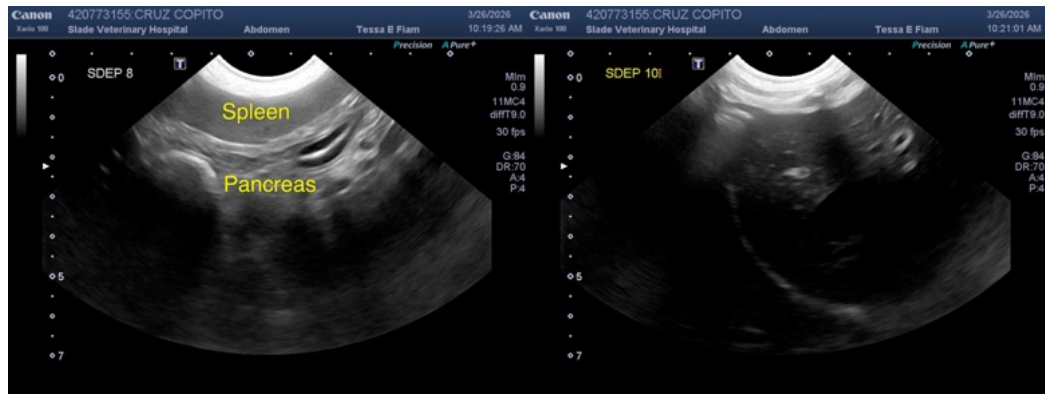
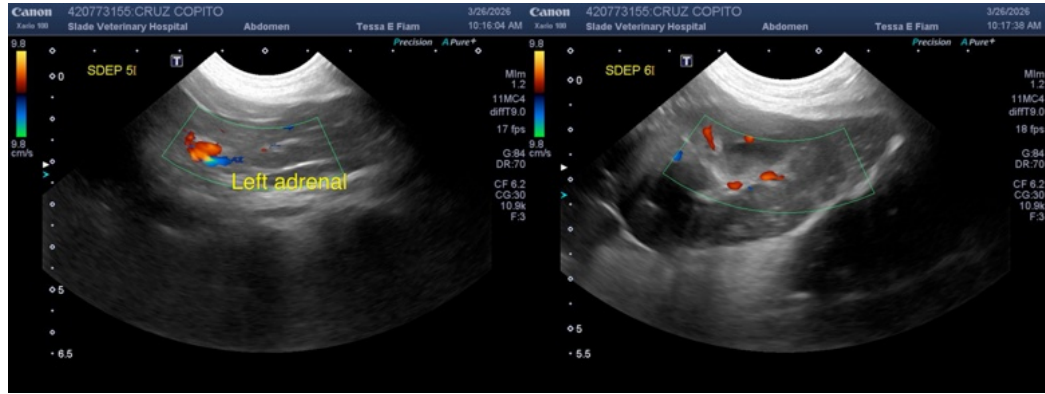
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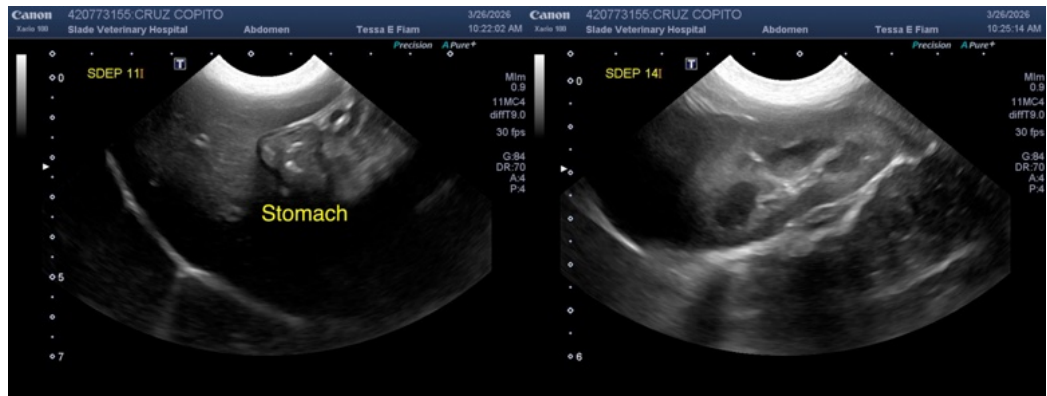
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com