



## PATIENT

Roxie Santamore

## SPECIES

Canine

## BREED

Cane Corso

## SEX

Spayed female

## AGE

5 years

## WEIGHT

100 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Alison Cornwall

## HOSPITAL NAME

Onion River AH

## REFERRING VET

Dr. Cornwall

## INVOICE

72106

## DATE

3/3/26

## PRESENTING CLINICAL SIGNS

- Ate garbage 7 days ago, since then ADR, a few bouts of vomiting, generalized anorexia, no feces seen.
- Seen on emergency at referral and rads no GIFB/Obs seen. Concern for generalized enteritis with inflammation or pancreatitis.
- Some improvement in appetite and attitude yesterday.
- 3/01 initial diagnostics Urine 1.008 initially, now first morning urine 1.020. UA NSF otherwise CBC/Chem: CBC - PLT 129k, clumping on MPC PCV/TS - 51/7.8 - sample hemolyzed Chem - Na 141 (SI L), K 2.7 (L), Cl 97 (L), T bili 1 (SI H, sample hemolyzed) 03/03 USG 1.020 CPL pending

## 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 5.3 cm, right measured 7.9 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 1.88 cm in length x 0.41 cm and 0.4 cm in width. The right adrenal gland measured 0.69 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 2.0 cm in width.

### Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.



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## ***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 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. A large amount of fluid and ingesta is present in the stomach with no obvious pyloric or duodenal obstruction.

## ***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**

- Fluid/ingesta filled stomach.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Etiologies for the appearance of the stomach would be a recent meal, gastric hypomotility, and possibly a small, gastric foreign body.

Initial management would be fluid therapy, correction of electrolyte anomalies, antiemetics and feeding small frequent meals of a low fat intestinal type diet.

Repeating the ultrasound after 18-24 hours would be recommended and if there is no change in the appearance of the stomach or any clinical improvement then a laparotomy should be considered.



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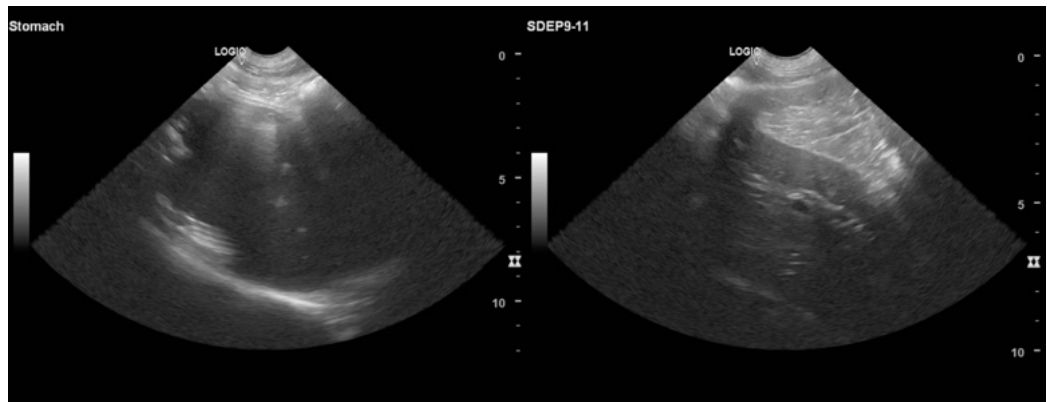
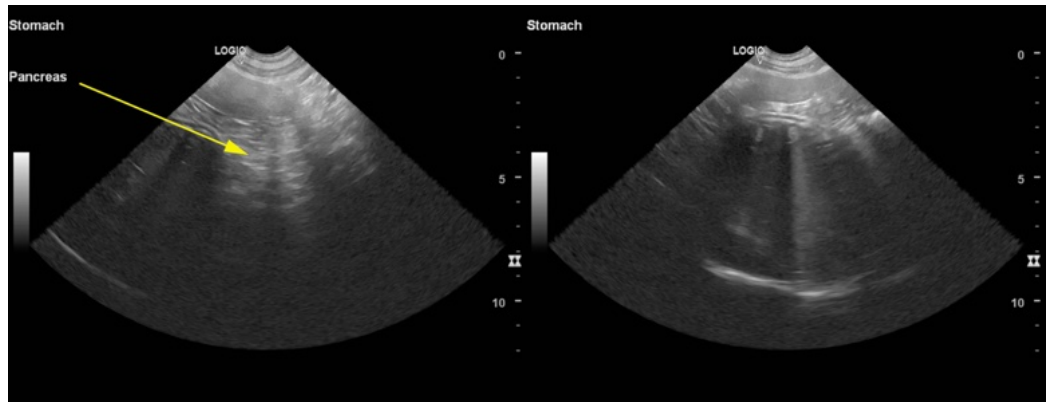
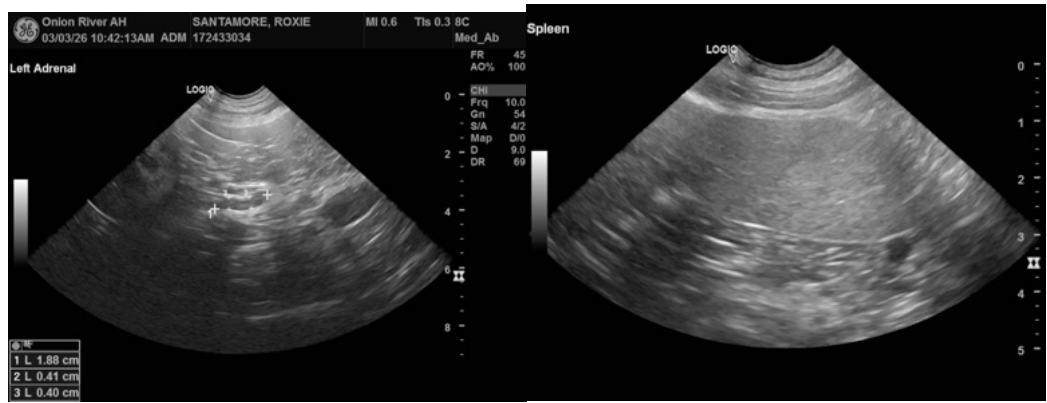
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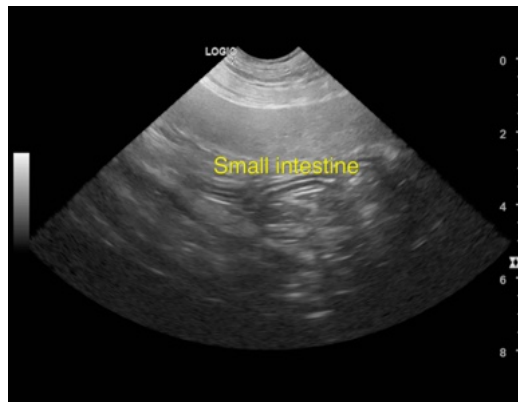
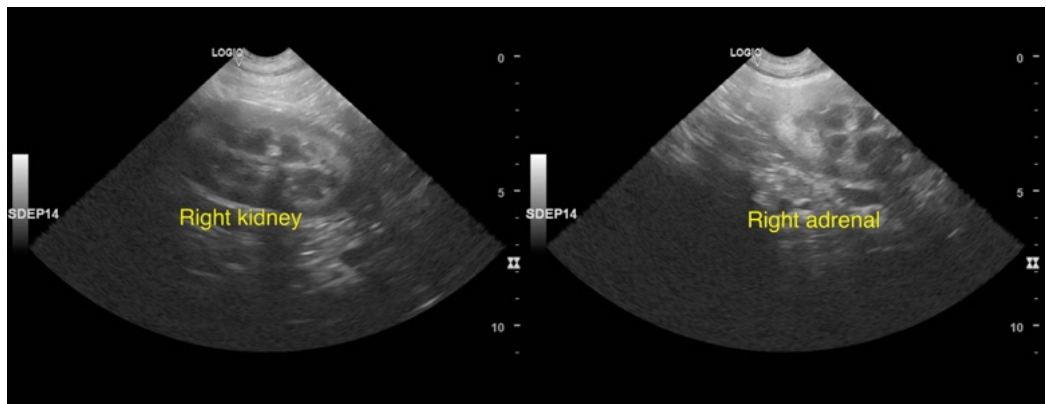
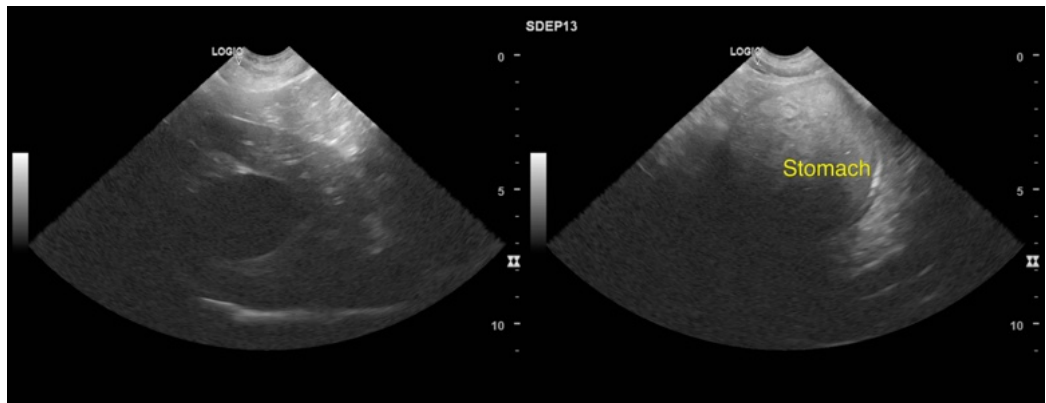
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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