

PATIENT

Hazel Christensen

SPECIES

Canine

BREED

German Shepherd

SEX

Spayed female

AGE

12 years

WEIGHT

40 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Cameron Johnson,
DVM

HOSPITAL NAME

Craig Road AH

REFERRING VET

Dr. Johnson

INVOICE

72267

DATE

3/5/26

PRESENTING CLINICAL SIGNS

- Hazel is a 13 year old FS mixed breed dog that presented for hematemesis and diarrhea. She has had waxing/waning GI signs for several months. Previously tested positive for possible pancreatitis. Today's vomit had large amounts of blood. She also vomited Monday and Tuesday. No known dietary indiscretion.

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 5.1 cm, right measured 5.0 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.

Adrenal Glands

The adrenal glands were not clearly visualized, but appear 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 2.2 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.

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.



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Gastrointestinal

Thickening of the gastric wall (up to 0.8 cm) with no loss of layering and maintaining a 1:3 muscularis to mucosa ratio. Normal thickness of the duodenum (0.47 cm) and small intestine (0.43 cm) with no loss of layering, but an increase in the muscularis to mucosa ratio (worse in the small intestine than in the duodenum), normal peristaltic activity and no distension of the lumen. The ileocecal junction and colon were normal in thickness with a normal 1:3 muscularis to mucosa ratio and normal wall layering.

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

- Gastroenteropathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the gastroenteropathy would be parasitic gastroenteritis, dietary hypersensitivity and inflammatory bowel disease. Ulcerative disease and emerging lymphoma would be a less likely differential diagnosis.

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 can be considered would be feeding small frequent meals of a novel protein/hypoallergenic diet, course of Fenbendazole, cobalamin supplementation and a course of gastroprotectants (Sucralfate and Omeprazole). If there is still not a satisfactory improvement then a course of Prednisolone would then be indicated.



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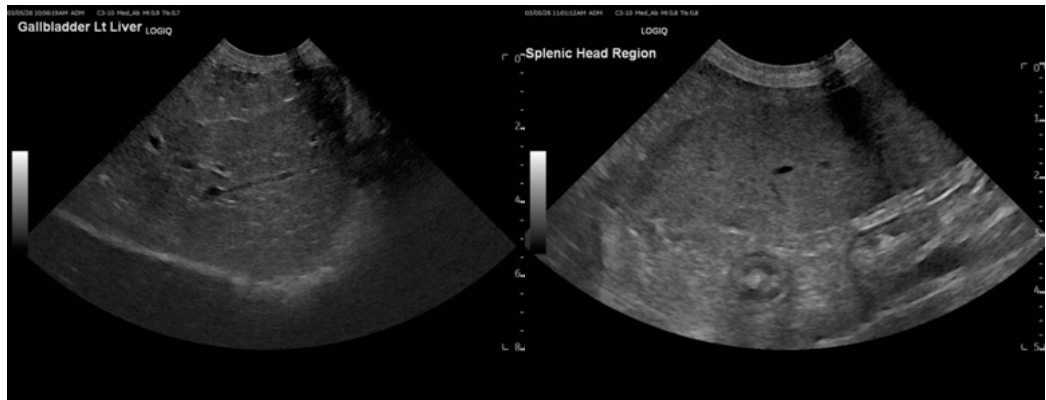
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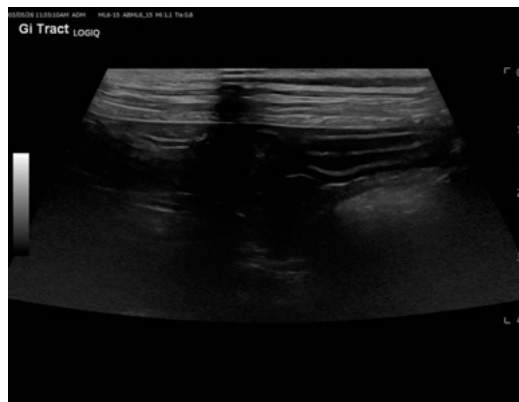
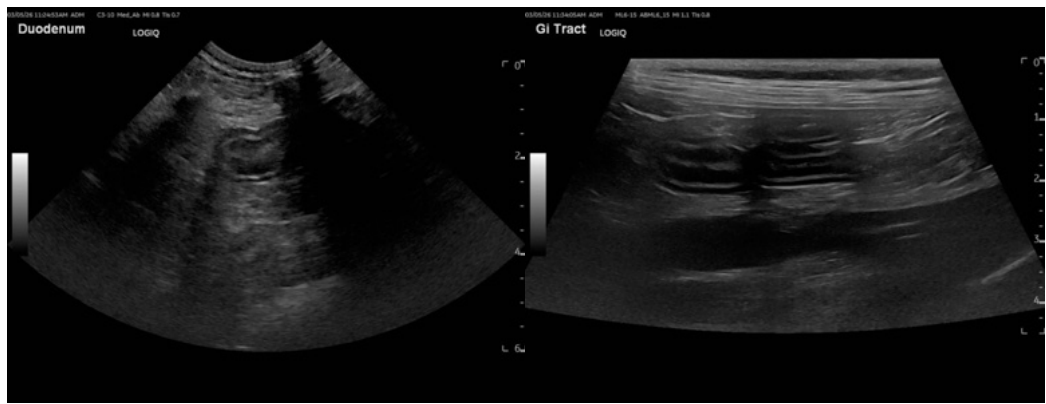
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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