



PATIENT

Murphy Talbot

SPECIES

Canine

BREED

Bernese Mountain Dog

SEX

Neutered male

AGE

3 years

WEIGHT

46.5 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Morgan RVT

HOSPITAL NAME

Oxford County VC

REFERRING VET

Dr. Lynes

INVOICE

72302

DATE

3/6/26

PRESENTING CLINICAL SIGNS

- 2/26/26: presented for inappetence ongoing since February 7th. Owners away on vacation 7-15th and not abnormal to not eat then, but did not begin eating since owners returned home. Drinking water, urinating normally. No vomiting. 1 bout of very liquid diarrhea. Sent with low fat canned food, maropitant injection, and metronidazole.
- 3/3/26: still not eating much. No more diarrhea, still no vomiting, still drinking normally. Did eat RC gastro low fat canned at first but since stopped. BAR on exam and ate benny bullies in room. Added in gabapentin and oral maropitant and RC Gastro low fat kibble.
- 3/5/26: called owner for update; hardly eating despite trying broth, rice, chicken, kibble/canned gastro low fat. Owner worried as this has been going on almost a month now. Recommended abdominal ultrasound as next step - reason for elevated ALT? Pancreatitis ongoing issue or something else contributing?
- Abnormal PE/Chem/CBC/UA Results: 2/26/26: Rectal temp 39.5, otherwise BAR on PE. CBC reticulocytes incr (185.8; high end normal 110). Chem ALT incr 436 (high end normal 110). CPL incr 331 (high end normal 200).
- 3/3/26: Rectal temp 38.6, otherwise BAR. No further diagnostics performed.

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 7.5 cm, right measured 7.4 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.

The prostate is small and hypoechogenic.

Adrenal Glands

The adrenal glands are not visualized.

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 2.6 cm.



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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 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.

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

- 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 presenting clinical signs, elevated reticulocytes and CPL in the gray zone, an underlying gastroenteropathy such as ulcerative disease, parasitic gastroenteritis, Helicobacter gastritis and possibly dietary hypersensitivity and emerging inflammatory bowel disease should still be considered.

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.



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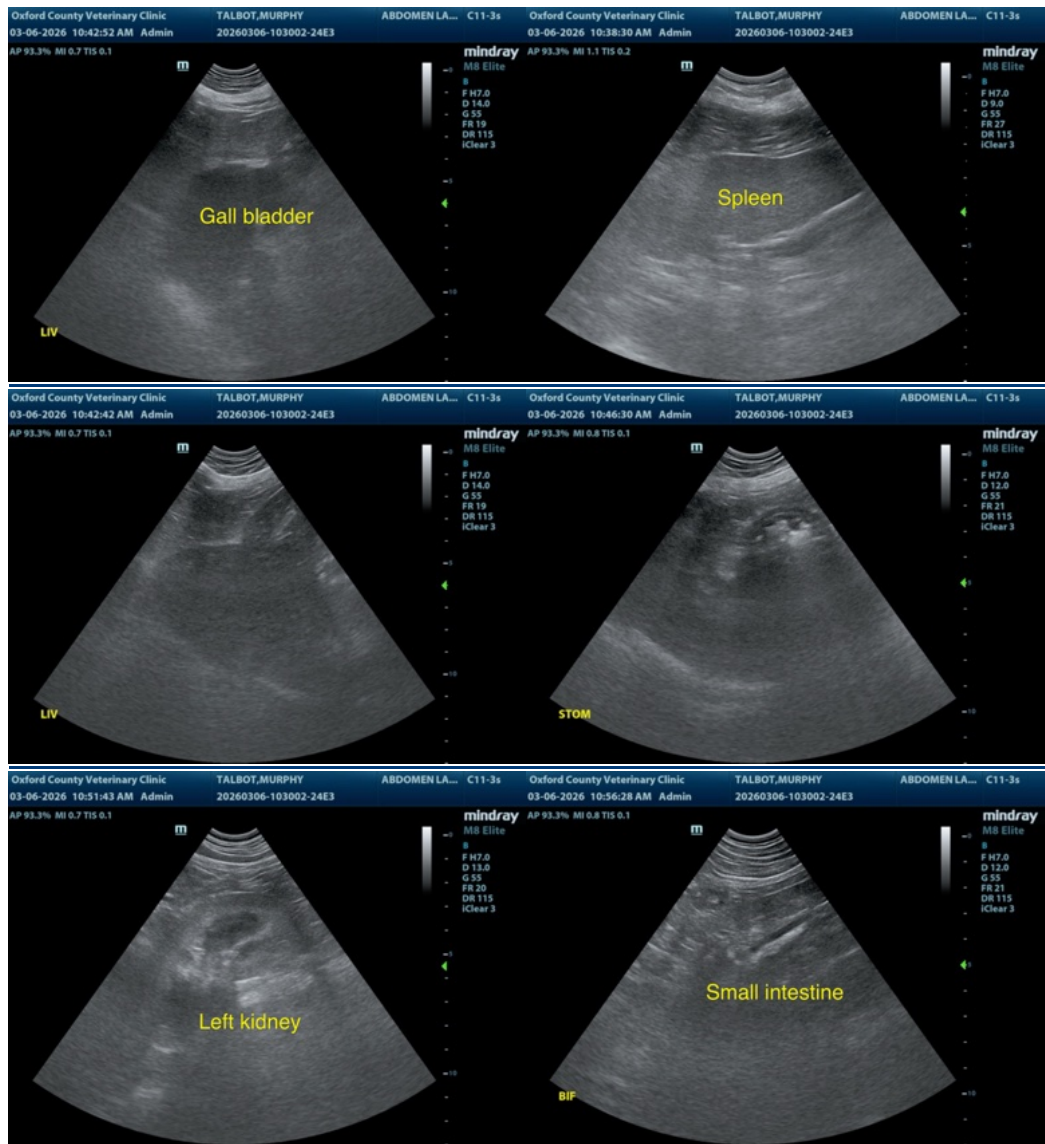
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Additional symptomatic management that could be considered would be a course of Fenbendazole, cobalamin supplementation and gastric protectants (Sucralfate, Omeprazole).



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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