



PATIENT

Billie Warren

SPECIES

Canine

BREED

Boxer

SEX

SF

AGE

5 years 2 months

WEIGHT

54 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Cory Bassett

HOSPITAL NAME

All Creatures Small
Animal Hospital

REFERRING VET

Dr. Cory Bassett

INVOICE

11680

DATE

4/10/2026

PRESENTING CLINICAL SIGNS

Given Acepromazine and Butorphanol for sedation. HX of Gi upset off and on since 2022, on RC HP dry diet and famotidine 10mg daily. Giardiasis and Pancreatitis episode (PL 230) 6/12/25, Giardia Neg 6/20/25. Mild Pancreatitis 2/21/26 PL (382) Giardia Neg. Last 10 days vomiting and lethargic, decreased appetite, Treated yesterday with SQ fluids ~400mL LRS, and Maropitant inj, did eat a small amount last night, fasted for US this AM.

Abnormal PE/Chem/CBC/UA Results: Recently only PL elevations as listed, Full Chemistry 6/2025 WNL otherwise ACTH WNL 6/2023 Jan 2023: TLI >50 (5-35ug/L) cPL 464 (0-200ug/L), cobalimine, folate, and cortisol WNL.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Small 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, and the right kidney measures 5.0 cm.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal measures 0.44 cm in width, and the right adrenal measures 0.45 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 measures 2.4 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

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



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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

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

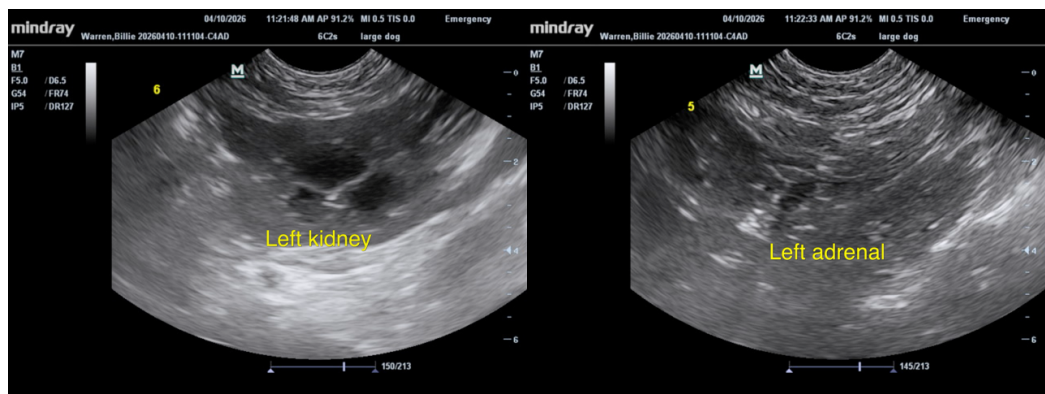
On this ultrasound, there's no obvious etiology for the presenting clinical signs. Although the visible section of the pancreas, and the GI tract appear ultrasonographically normal, underlying chronic pancreatitis and/or enteropathy such as parasitic enteritis, dietary hypersensitivity and inflammatory bowel disease should still be considered.

The mildly elevated cPL activity could be indicative of other chronic pancreatitis or an enteropathy.

Further assessment would be fecal analysis, cobalamin and folate assay, and possibly endoscopy of the upper GI tract with biopsies.

Specific therapy would be dependent on an etiological diagnosis.

Symptomatic management would be to continue feeding the current diet but at small frequent intervals, cobalamin supplementation, course of fenbendazole and if there's still not a satisfactory improvement then a course of prednisolone would then be indicated.





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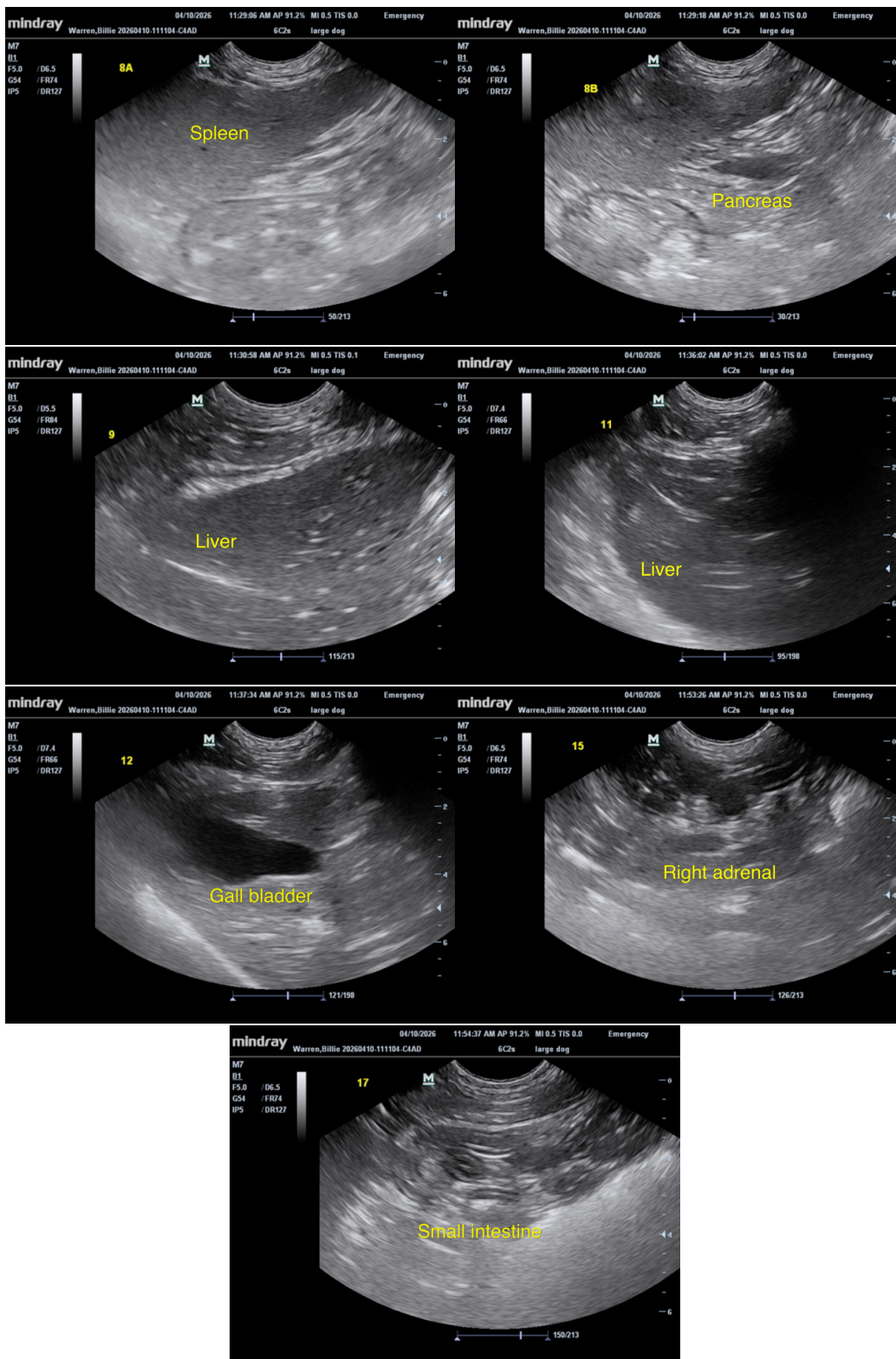
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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