



## PATIENT

Perez Susy

## SPECIES

Canine

## BREED

Husky

## SEX

FS

## AGE

1 year

## WEIGHT

42.5 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Mayra Sanchez

## HOSPITAL NAME

Sunset Animal Hospital

## REFERRING VET

Dr. Mayra Sanchez

## INVOICE

11691

## DATE

4/10/2026

## PRESENTING CLINICAL SIGNS

History of intermittent chronic vomiting. New onset of seizures in Feb 2026, started on Keppra. Vomiting still occurring despite treatment with GI diet, GI protectants (Cerenia, Omeprazole.)

Abnormal PE/Chem/CBC/UA Results: PE: NAF CBC: NAF Chem: CRE 1.5 USG: > 1.050 Fecal scan: NPS

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

Full 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 5.6 cm, and the right kidney measures 6.3 cm.

### Adrenal Glands

The adrenal glands are not clearly visualized but they both appear to be of normal size, shape, and echogenic appearance.

### 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 2.1 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

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



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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.

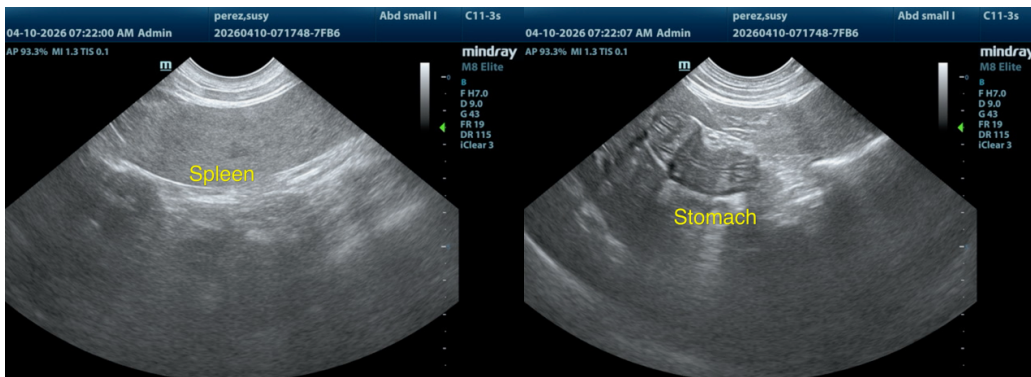
### INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

On this ultrasound there is no obvious etiology for the chronic intermittent vomiting. Although the GI tract appears ultrasonographically normal with the presenting clinical signs, an underlying gastroenteropathy such as chronic gastritis, helicobacter gastritis, dietary hypersensitivity, and inflammatory bowel disease should still be considered.

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

Specific therapy would be dependent on an etiological diagnosis.

Symptomatic management would be feeding small frequent meals of a novel protein/hypoallergenic diet, cobalamin supplementation, and if it's still not a satisfactory improvement then triple therapy for helicobacter gastritis, and if there's still not a satisfactory improvement then a course of prednisolone would then be indicated.





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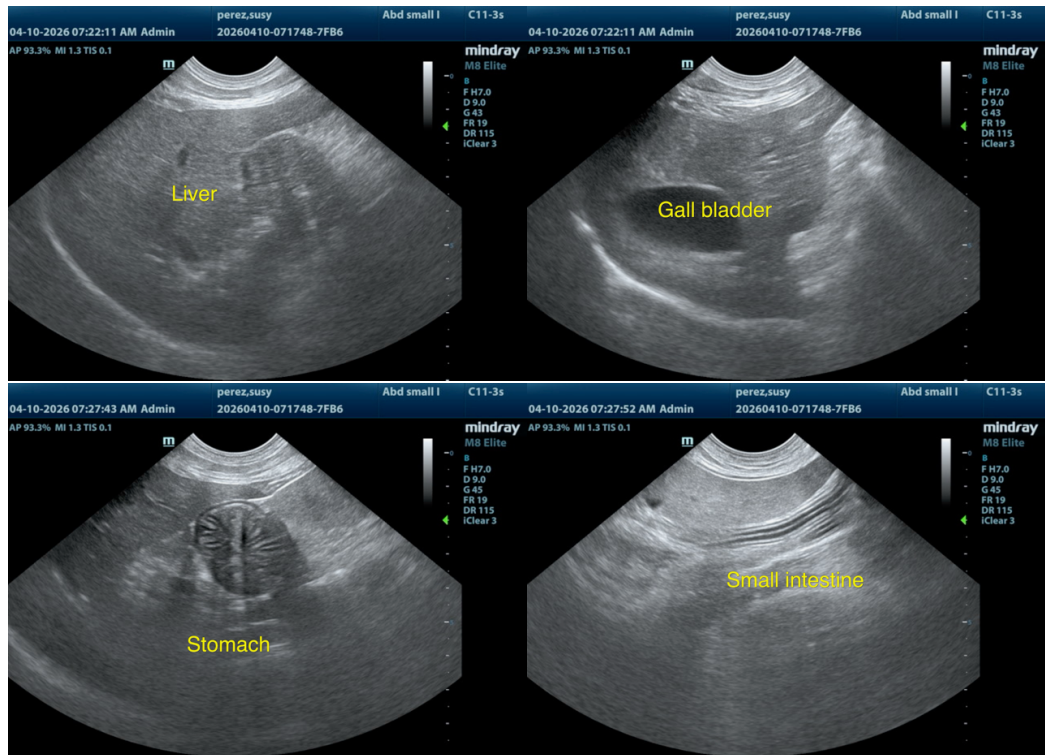
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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