



PATIENT

Dexter Winter

SPECIES

Canine

BREED

Boxer

SEX

Neutered male

AGE

7 years

WEIGHT

72 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Devon Papa, CVT

HOSPITAL NAME

Valley VS

REFERRING VET

Dr. Riddlebaugh

INVOICE

74396

DATE

4/13/26

PRESENTING CLINICAL SIGNS

History: Intermittent bloody stools and AG abscesses since October 2025. Switched to GI Biome and started probiotics. AG abscesses treated with ABX.

Started vomiting w/ anorexia February 2026. Significantly high QPL, dewormed and treated pancreatitis. QPL improving but still having intermittent symptoms.

Tested negative for ova and giardia in September and December 2025.
Treated for corneal ulcer from 12/30/25 to 2/3/26.

Abnormal PE/Chem/CBC/UA Results: 12/16/25: HBG 20.7 (13.1-20.5) QPL 267 (0-200) 2/25/26: QPL 1316 (0-200) 3/18/26: QPL 258 (0-200)

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 6.1 cm, right measured 6.5 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

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.57 cm in width. The right adrenal gland measured 0.52 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 1.7 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.

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 and breed of dog, granulomatous colitis would be an important consideration.

Differential diagnosis would be idiopathic colitis, dietary hypersensitivity and inflammatory bowel disease with neoplasia a less likely differential diagnosis.

Further assessment would be rectal cytobrush cytology and colonoscopy with biopsies.

Specific therapy would be dependent on an etiological diagnosis.



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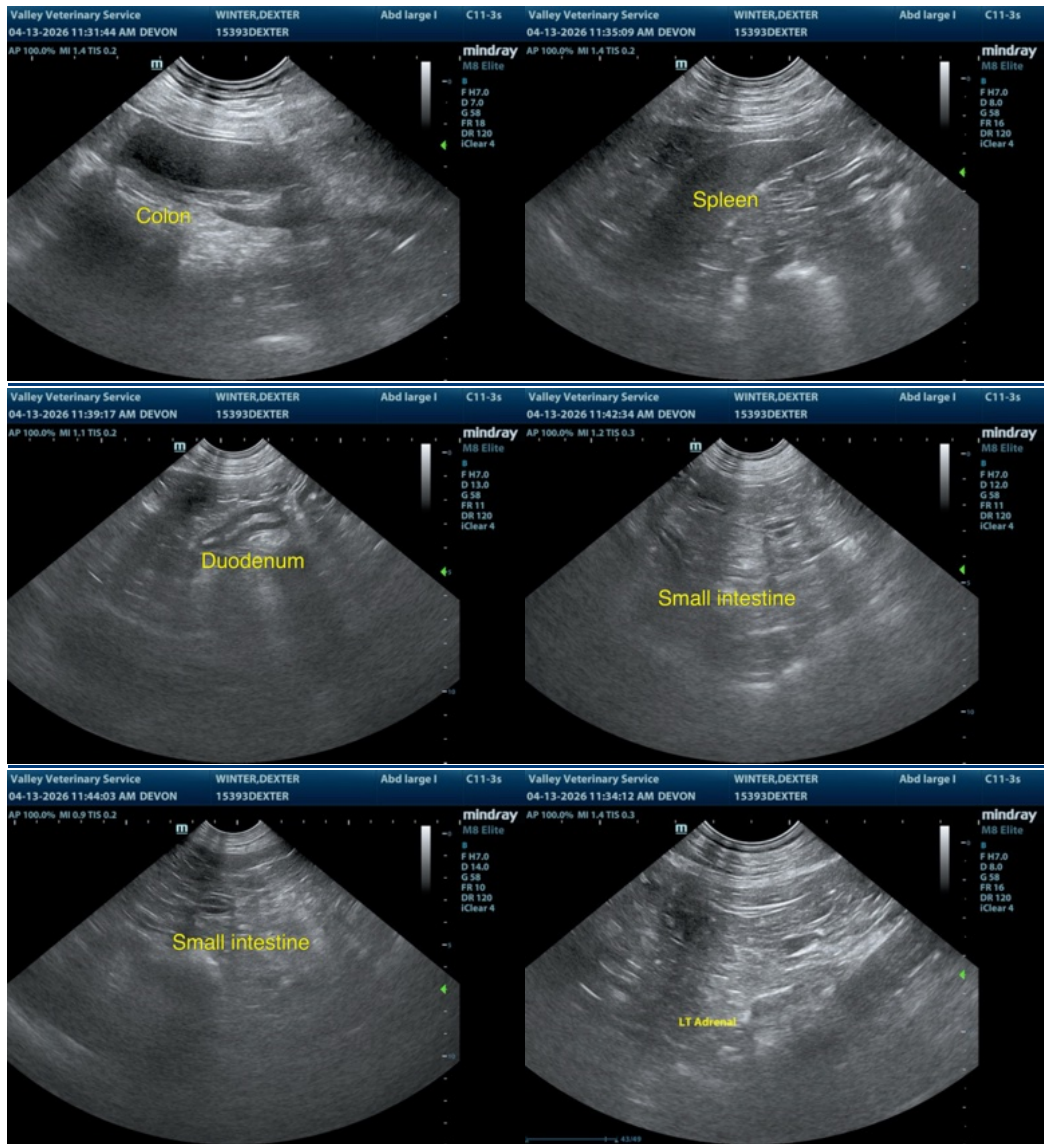
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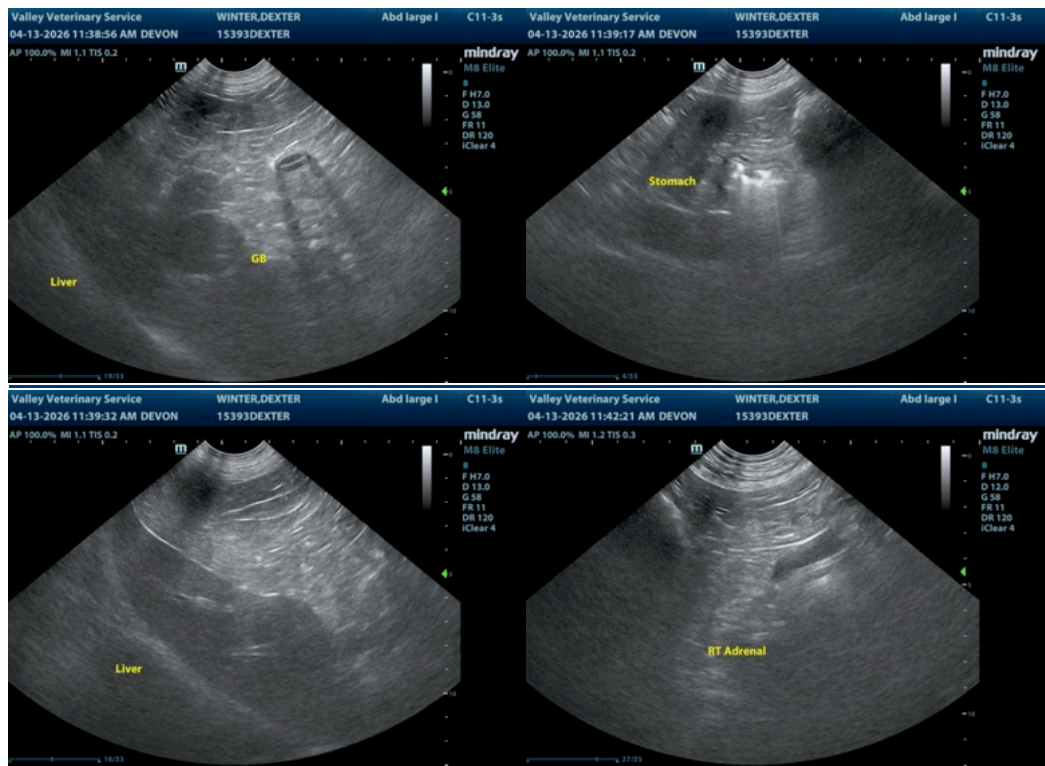
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com