



## PATIENT

Magie Greenhill

## SPECIES

Canine

## BREED

Rottweiler

## SEX

Spayed female

## AGE

3 years

## WEIGHT

38.6 kgs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Cassidy Smith

## HOSPITAL NAME

Viking VH

## REFERRING VET

Dr. Reynolds

## INVOICE

74395

## DATE

4/13/26

## PRESENTING CLINICAL SIGNS

History: persistent episodes of vomiting. Vomiting has gone on for about a month but has been more consistent over the last 2 wks. O feels that water(or any kind of liquid) is the trigger for vomiting. P will eat and be just fine, but will drink water and then vomit very shortly after. Confirmed with O vomit vs. regurg.

Normal PE. Radiographs and bloodwork @ rDVM unremarkable

## 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 6.7 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. Normal color flow pattern is evident in both kidneys.

### *Adrenal Glands*

The left adrenal gland is normal in shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.45 and 0.53 cm. The right adrenal gland was 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.

### *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.



## PATIENT

Magie Greenhill

## SPECIES

Canine

## BREED

Rottweiler

## SEX

Spayed female

## AGE

3 years

## WEIGHT

38.6 kgs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Cassidy Smith

## HOSPITAL NAME

Viking VH

## REFERRING VET

Dr. Reynolds

## INVOICE

74395

## DATE

4/13/26

## *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. A moderate amount of fluid is present in the stomach.

## *Pancreas*

The pancreas is not clearly visualized, but the visible sections of the pancreas are of normal size and echogenic appearance. 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.

Although the GI tract appears ultrasonographically normal, the presenting clinical signs, an underlying gastroenteropathy such as chronic gastritis, Helicobacter gastritis, parasitic gastroenteritis, dietary hypersensitivity and 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.

Symptomatic management that could be considered would be feeding small frequent meals of a novel protein/hypoallergenic diet, course of Fenbendazole, cobalamin supplementation and if there is not a satisfactory improvement then triple therapy for Helicobacter gastritis is recommended and if there is still not a satisfactory improvement then a course of Prednisolone would then be indicated.



**PATIENT**

Magie Greenhill

**SPECIES**

Canine

**BREED**

Rottweiler

**SEX**

Spayed female

**AGE**

3 years

**WEIGHT**

38.6 kgs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Cassidy Smith

**HOSPITAL NAME**

Viking VH

**REFERRING VET**

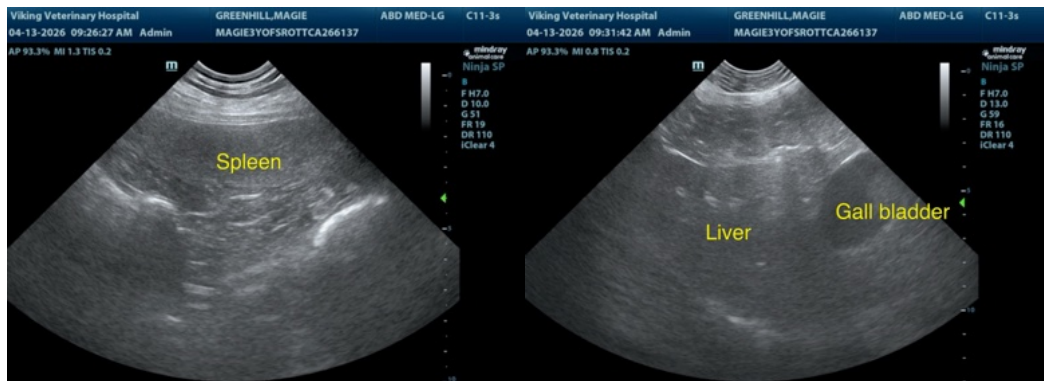
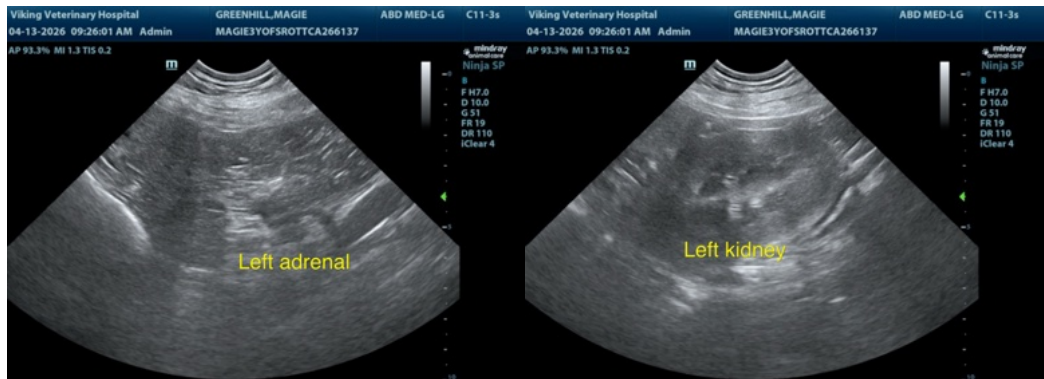
Dr. Reynolds

**INVOICE**

74395

**DATE**

4/13/26



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](mailto:info@sonopath.com)