



## PATIENT

Dozer Barker

## SPECIES

Canine

## BREED

German Shepherd

## SEX

Neutered male

## AGE

11 years

## WEIGHT

89.6 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Danielle Shemanski,  
DVM, MA

## HOSPITAL NAME

Western New York  
Veterinary Service

## REFERRING VET

Dr. Yanik

## INVOICE

74506

## DATE

4/15/26

## PRESENTING CLINICAL SIGNS

History: P has had reduced appetite for weeks and is not eating meals for days. Previously diagnosed with an ulcer (2024) and currently on sucralfate, mirtazapine, and gabapentin, with poor response. Not on metronidazole. Energy level is appropriate for an elderly dog. Will eat treats but refuses meals. Multiple diet trials (dry food, chicken, fruits, oats, steak juice) unsuccessful. Minimal weight loss despite low intake. No vomiting or diarrhea. No known foreign body ingestion (possible rabbit feces). Often approaches food, sniffs, may take a small bite, then walks away.

CLINICAL SIGNS: Inappetence

MEDICATIONS: Sucralfate 1g 1 PO BID, Mirtazapine 15 mg 1 PO BID, Metronidazole 500 mg 1 PO BID - discontinued per o, Gabapentin 300 mg 1-3 TID

Elevated GGT at 18 U/L. Other liver values are within range. - Elevated platelet count. - Elevated reticulocytes at 168,000/uL. - Hematocrit 54.7%. - Potassium 5.3 mmol/L. - Sodium 150 mmol/L. - Sodium:Potassium ratio low normal at 28. - Chloride 107 mmol/L. - Anion gap elevated at 27 mmol/L. - Total protein 8.1 g/dL (elevated). - Albumin 3.8 g/dL (normal). - Globulin 4.3 g/dL (elevated). - GGT elevated at 18 U/L. - Urine specific gravity 1.016. - Inactive sediment.

## 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 7.8 cm, right measured 8.3 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.

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 2.86 cm in length x 0.92 cm and 0.72 cm in width. The right adrenal gland measured 2.72 cm in length x 0.8 cm and 0.74 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 2.3 cm in width.



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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 small 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.

Small, mesenteric cyst in the caudal abdomen measuring 1.2 x 1.6 cm in size.

## Thorax

Normal appearance of the heart. No pericardial or pleural effusion evident.

## ULTRASONOGRAPHIC FINDINGS

- Mesenteric cyst, which can be considered an incidental finding.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

On this ultrasound there is no obvious etiology for the presenting clinical signs.

With the presenting clinical signs, etiologies to consider would be chronic gastritis, Helicobacter gastritis, hypothyroidism, atypical Addison's disease and possibly intracranial disease.



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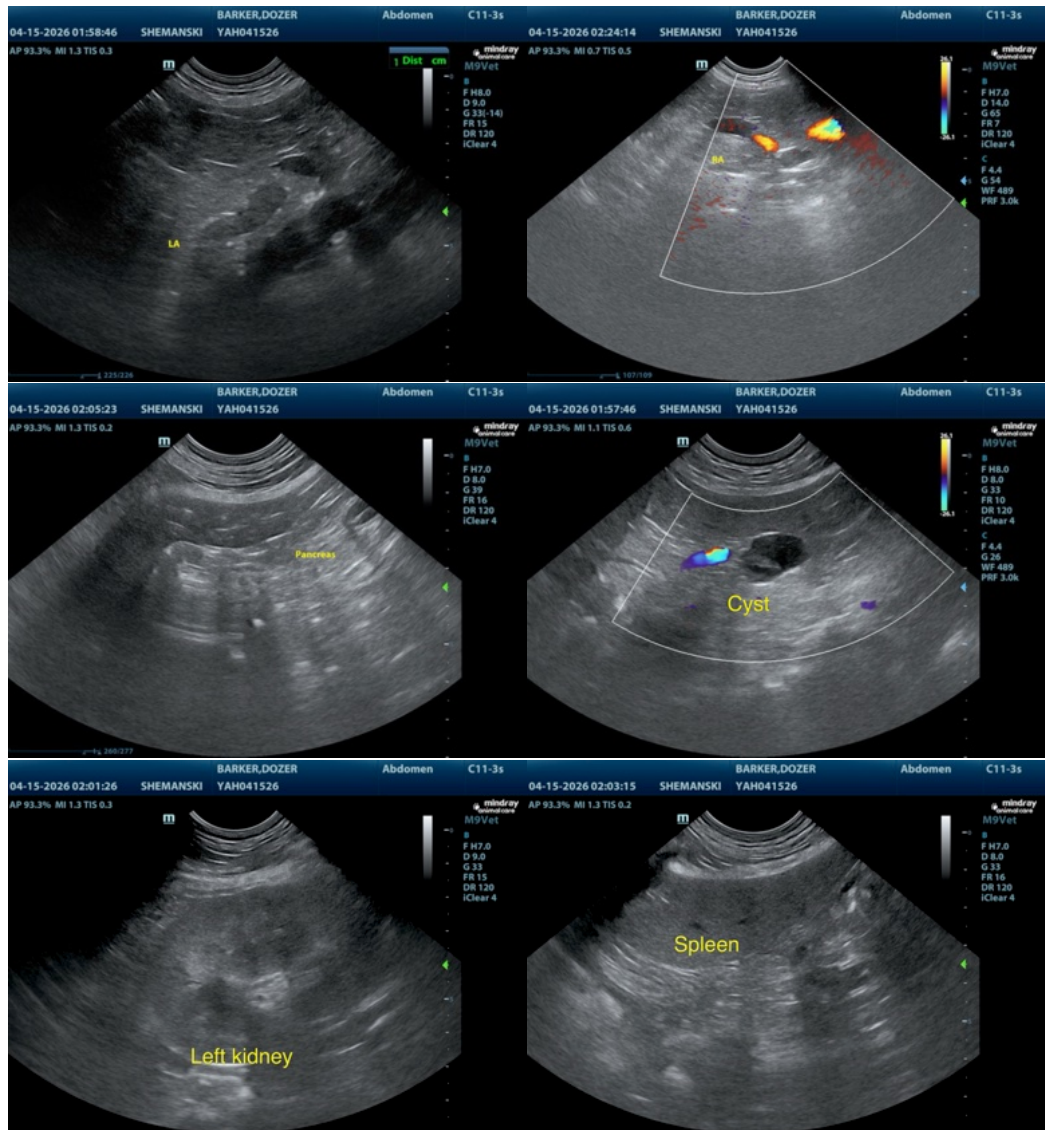
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Further assessment that can be considered would be basal cortisol and/or an ACTH stimulation test, T4 and TSH assay, full neurological examination and endoscopy of the upper GI tract with biopsies.

Specific therapy would be dependent on an etiological diagnosis.





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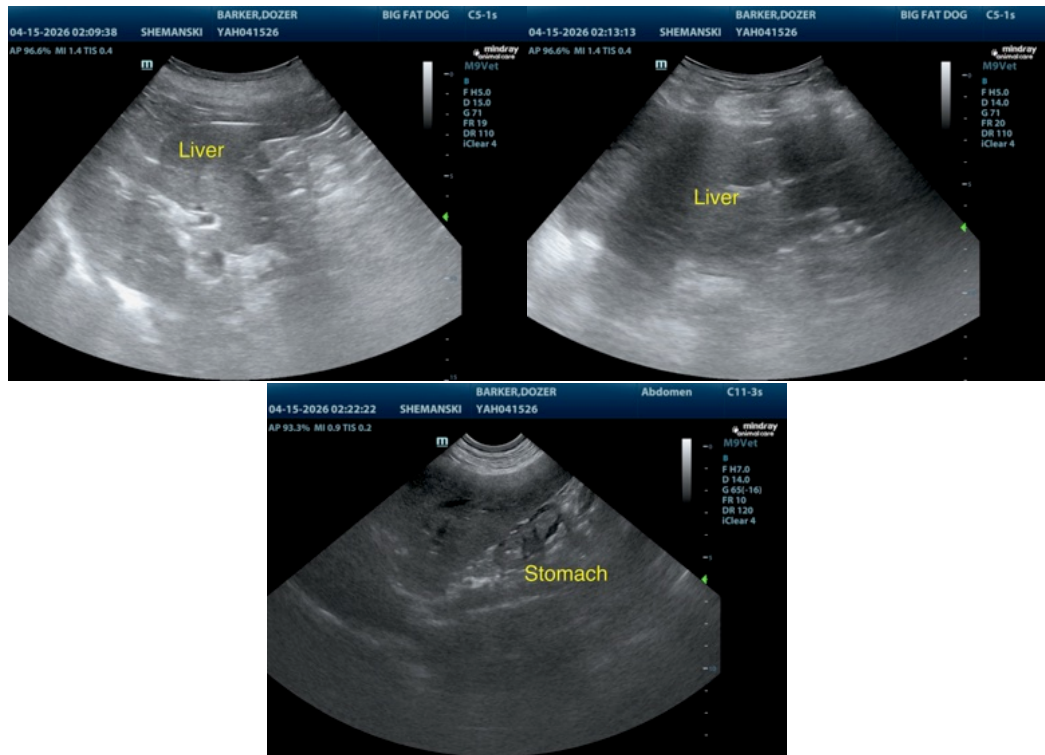
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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