



PATIENT

Smudge Perra

SPECIES

Canine

BREED

Toy Poodle

SEX

Neutered Male

AGE

3 Years

WEIGHT

6.05 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Patrick Hennigan,
DVM

HOSPITAL NAME

Mattydale Animal
Hospital

REFERRING VET

Patrick Hennigan,
DVM

INVOICE

74557

DATE

4/17/26

PRESENTING CLINICAL SIGNS

Chronic hx of off and on vomiting and diarrhea throughout life. Had negative abdominal explore in 2023 that revealed a suspected narrowed pylorus. GI panel in 2023 was normal. Recent vomiting and diarrhea this past weekend and resolving with supportive care.

Abnormal PE/Chem/CBC/UA Results: ALT (130), ALP (360) TT4-wnl Resting cortisol - 7.8 Fecal (negative)

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 3.5 cm. Right kidney measures 3.9 cm.

Reproductive System

Small, hypoechogenic prostate measuring 0.60 cm in width.

Adrenal Glands

The left adrenal gland presents normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left measures 0.40 cm and 0.36 cm in width.

The right adrenal gland is not visualized.

Spleen

Normal size (1.2 cm in width) 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

Full containing a moderate amount of non-adhered hyperechogenic sediment. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.



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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

Visible sections present 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

- Gallbladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

In essence, this is a normal ultrasound examination of the abdomen, as the gallbladder sediment can be considered an incidental finding.

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

Further assessment would include 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, cobalamin supplementation, and if there is still not a satisfactory improvement, then a course of Prednisolone would then be indicated.





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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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