



PATIENT

Winnie Smith

SPECIES

Canine

BREED

Corgi x

SEX

Spayed Female

AGE

10 Years 11 Months

WEIGHT

29 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Heather Platzer

HOSPITAL NAME

Hershire Animal
Hospital

REFERRING VET

Erika Gallisdorfer,
DVM

INVOICE

74548

DATE

4/17/26

PRESENTING CLINICAL SIGNS

Pt has had history of intermittent vomiting and diarrhea over last 5 months - most responsive to metronidazole and pro-pectin paste - last give 3 weeks ago. Current Diet - Farmina Lamb - has been on for multiple years now. PE - unremarkable; BCS 5/9. Lab Work done in March 2026. fecal - neg for parasites. CBC - nsf. Chem - nsf

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 4.5 cm. Right kidney measures 4.8 cm. Normal color flow pattern evident in both kidneys.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left measures 0.42 cm and 0.45 cm in width. Right measures 0.55 cm in width.

Spleen

Normal size (1.5 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 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

Visible sections present normal size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.



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Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Normal ultrasound examination of the abdomen.

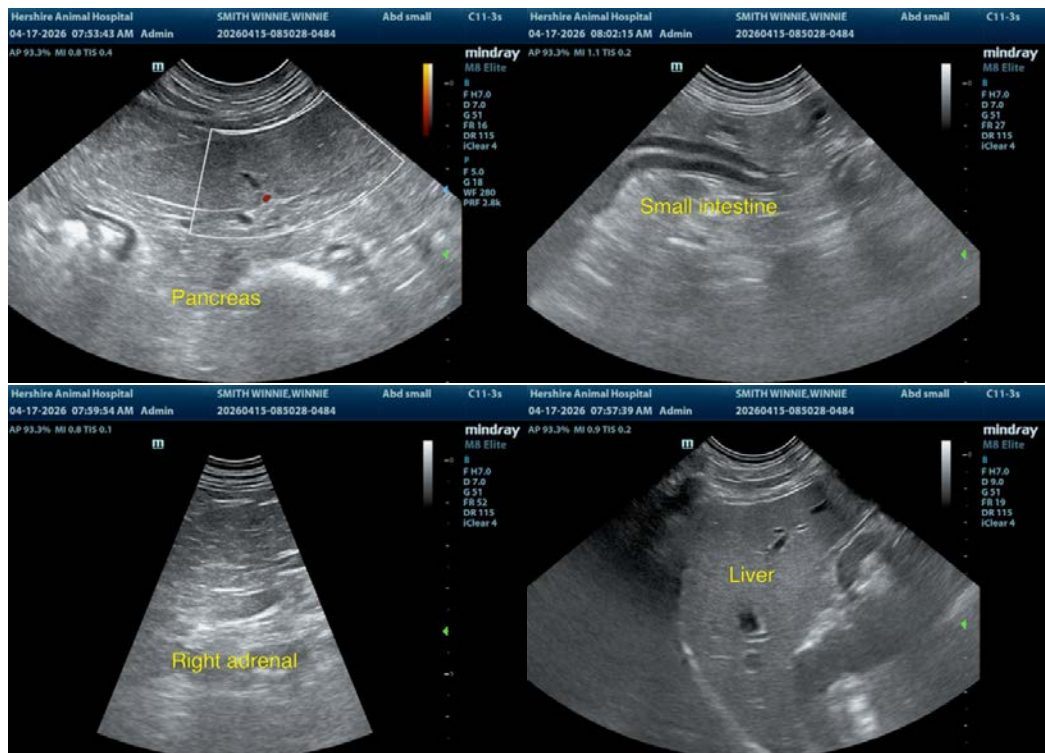
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

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

Specific therapy would be dependent on an etiological diagnosis.

Symptomatic management would be initially feeding an intestinal biome type diet, cobalamin supplementation, and if there is not a satisfactory improvement, then changing the diet to a novel protein/hypoallergenic diet (both diets being fed in small, frequent intervals). If there is still not a satisfactory improvement, then a course of Prednisolone would then be indicated.





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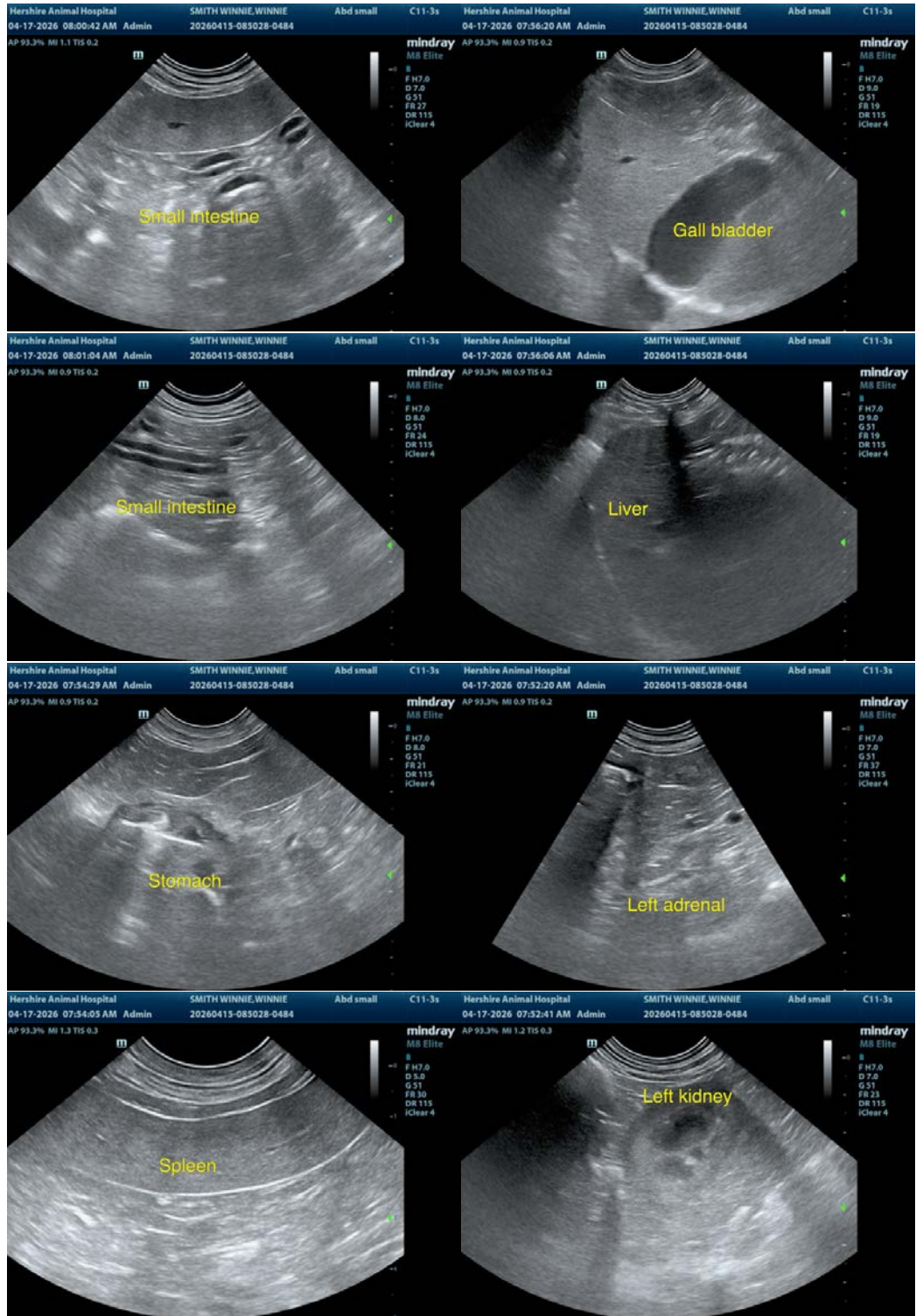
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com