



## PATIENT

Rocky Holmes

## SPECIES

Canine

## BREED

Hound Pit Mix

## SEX

Neutered male

## AGE

2 years

## WEIGHT

20.8 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Ryan Bergner, LVT

## HOSPITAL NAME

Waterville VC

## REFERRING VET

Dr. Gilchrist

## INVOICE

74631

## DATE

4/20/26

## PRESENTING CLINICAL SIGNS

History: Presented 4/13 for chronic gastroenteritis. History of cyclical episodes of severe, watery diarrhea, lethargy, and emaciation since adoption approximately one year ago. Symptoms improved when Rocky's diet was changed to cooked turkey, rice and vegetables. Owner has twice observed what appeared to be intestinal tissue passing in the feces. Chronic, episodic diarrhea and occasional vomiting (> 1 year since adoption). Failure to gain weight despite eating  
BW normal, fecal neg. Urine: 2+ bilirubin, Parvo neg

## 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 5.1 cm, right measured 6.1 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*

The adrenal glands were not clearly visualized, but appears to be of normal shape, echogenic appearance and size.

### *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.



## PATIENT

Rocky Holmes

## SPECIES

Canine

## BREED

Hound Pit Mix

## SEX

Neutered male

## AGE

2 years

## WEIGHT

20.8 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Ryan Bergner, LVT

## HOSPITAL NAME

Waterville VC

## REFERRING VET

Dr. Gilchrist

## INVOICE

74631

## DATE

4/20/26

## ***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. Fecal material was present in the colon.

## ***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.

Although the GI tract appears ultrasonographically normal, with the presenting clinical signs, an underlying enteropathy such as dietary hypersensitivity and inflammatory bowel disease as well as exocrine pancreatic insufficiency should still be considered.

Further assessment would be cobalamin, folate and TLI 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.



**PATIENT**

Rocky Holmes

**SPECIES**

Canine

**BREED**

Hound Pit Mix

**SEX**

Neutered male

**AGE**

2 years

**WEIGHT**

20.8 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Ryan Bergner, LVT

**HOSPITAL NAME**

Waterville VC

**REFERRING VET**

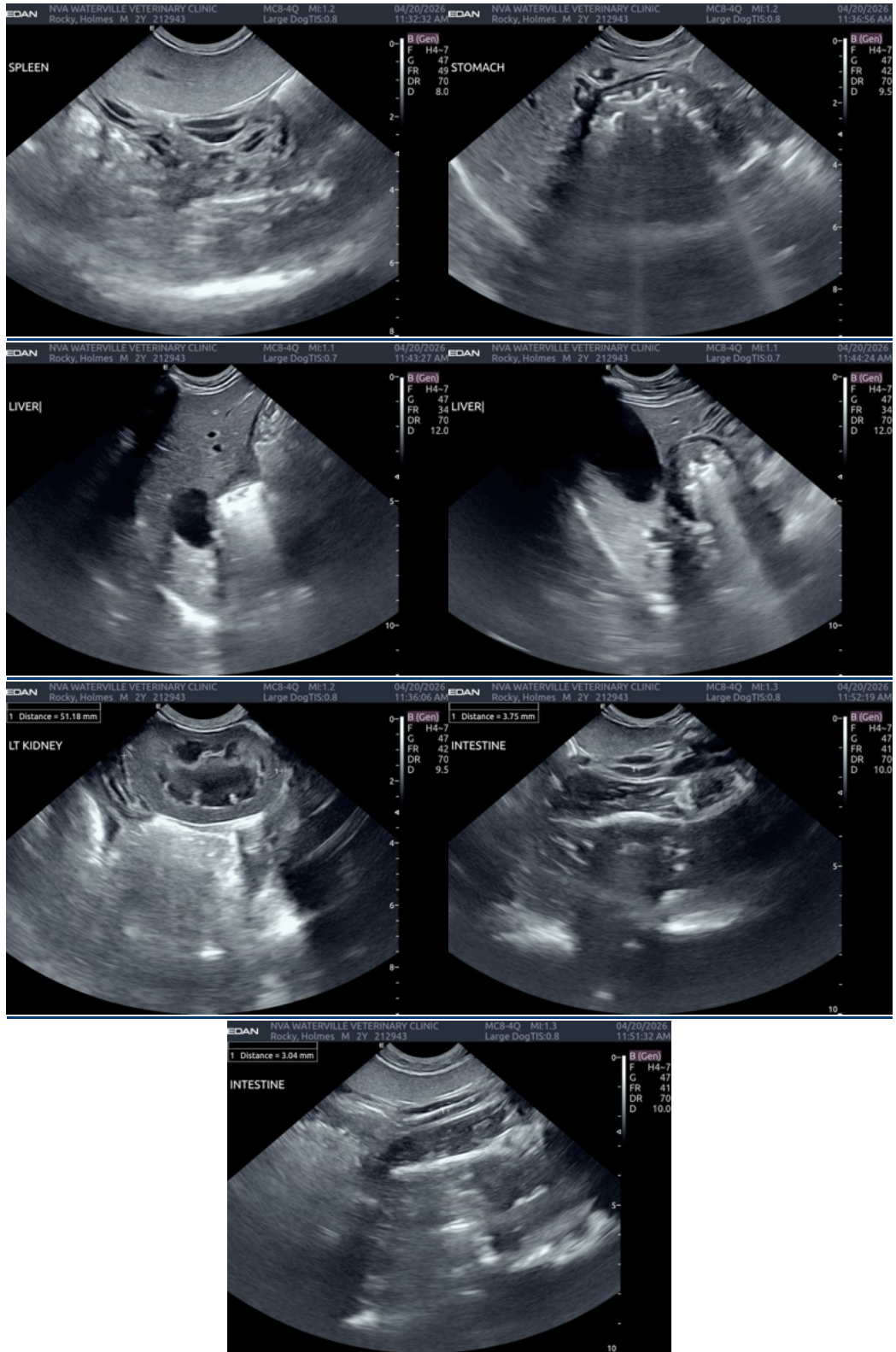
Dr. Gilchrist

**INVOICE**

74631

**DATE**

4/20/26





## PATIENT

Rocky Holmes

## SPECIES

Canine

## BREED

Hound Pit Mix

## SEX

Neutered male

## AGE

2 years

## WEIGHT

20.8 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Ryan Bergner, LVT

## HOSPITAL NAME

Waterville VC

## REFERRING VET

Dr. Gilchrist

## INVOICE

74631

## DATE

4/20/26

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)