



## PATIENT

Gaffigan Harvey

## SPECIES

Canine

## BREED

Bulldog Mix

## SEX

Neutered male

## AGE

9 years

## WEIGHT

33.7 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Myers

## HOSPITAL NAME

Hershey Animal  
Emergency Center

## REFERRING VET

Dr. Sinopoli

## INVOICE

74705

## DATE

4/22/26

## PRESENTING CLINICAL SIGNS

History: Gaffigan originally presented to HAEC on 4/20/26 for vomiting and diarrhea. He was diagnosed with gastroenteritis and treatment with support care on outpatient. He returned to HAEC on 4/21/26 for persistent diarrhea and decreased appetite despite supportive care. He has a history of Addison's disease and receives Prednisone 1.5mg SID and Zycortal every 25-28 days.

Eyes: Nuclear sclerosis OU

Ears: No discharge or erythema; patient deaf

Oral Cavity: Mucous membranes pink/moist, CRT <2s, moderate tartar/gingival erythema, severe underbite, 304 pink/grey discoloration (non-viable)

Cardiovascular: Grade 2/6 left systolic murmur

Abdominal: Mild discomfort on deep cranial abdominal palpation, diarrhea staining at anus

Integument: Small dermal growth dorsal head,

HAEC 4/21/26: CBC: Neut 12.5 (H), Lym 0.92 (L), Eos 0.02 (L) Chem15: Unremarkable EPOC:

Unremarkable xrays: Conclusions: No evidence of gastric or small intestinal foreign material or

associated obstruction. Continuing diarrhea HAEC 4/22/26: PCV/TP: 35%/6.8/clear EPOC: pO2 63.3, cSO2 91.5, BE -7.0 cPL: 732 (H)

## 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 5.9 cm, right measured 7.3 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

The adrenal glands are bilaterally small in size and dorsoventrally flattened, but maintained a normal echogenic appearance, position and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.26 cm in width. The right adrenal gland measured 0.3 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 2.1cm 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.

## ULTRASONOGRAPHIC FINDINGS

- Bilaterally small adrenal glands.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the adrenal glands is consistent with Addison's disease as per the patient's history.

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

Although the visible sections of pancreas appears ultrasonographically normal, with the elevated CPL, pancreatitis should still be considered.

Differential diagnosis would be non-specific gastroenteritis such as dietary indiscretion, toxins and viral.

Management of the non-specific gastroenteritis and pancreatitis would be fluid therapy as needed, antiemetics, analgesics, intestinal absorbents/protectants and feeding small frequent meals of a low-fat intestinal type diet.



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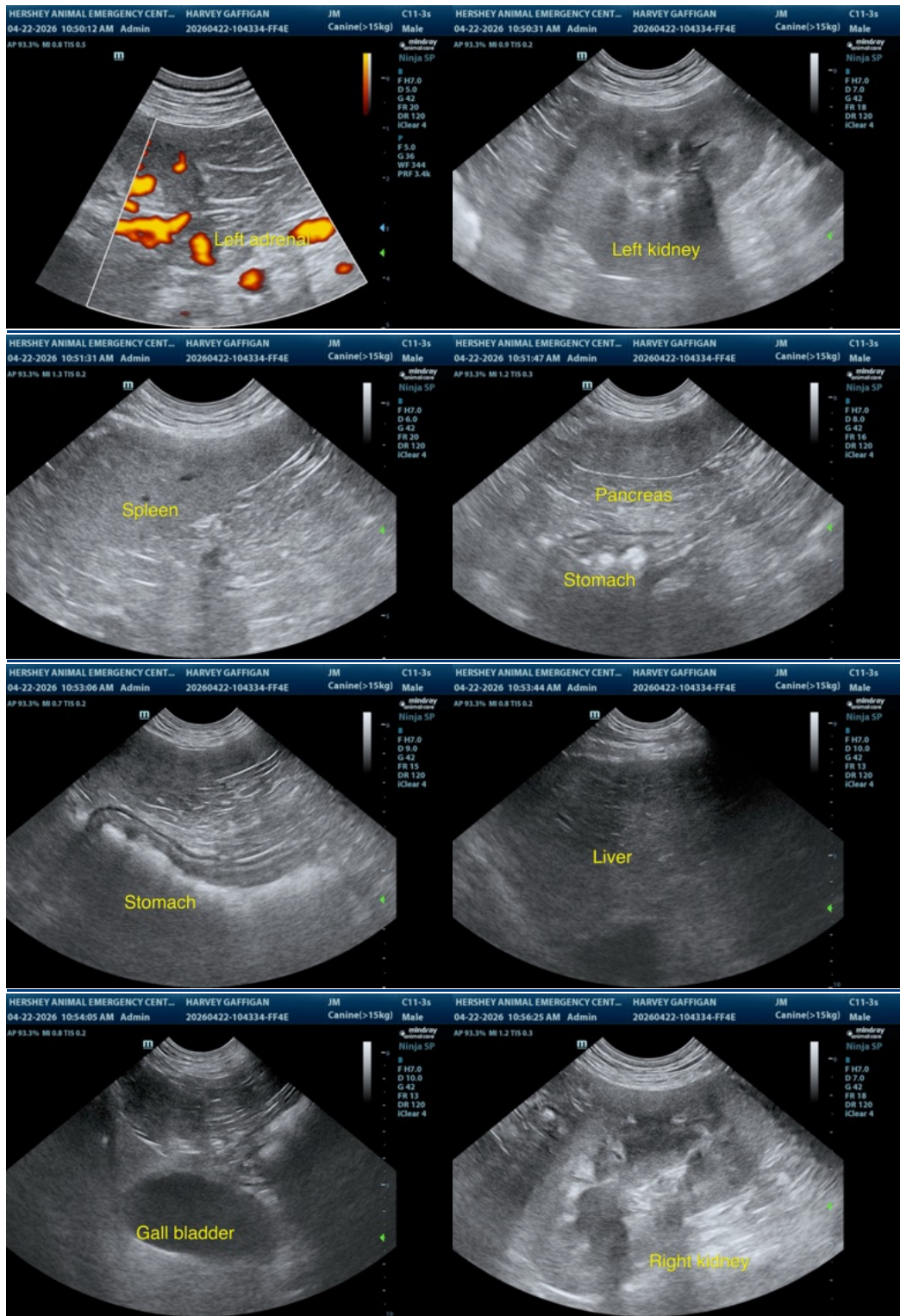
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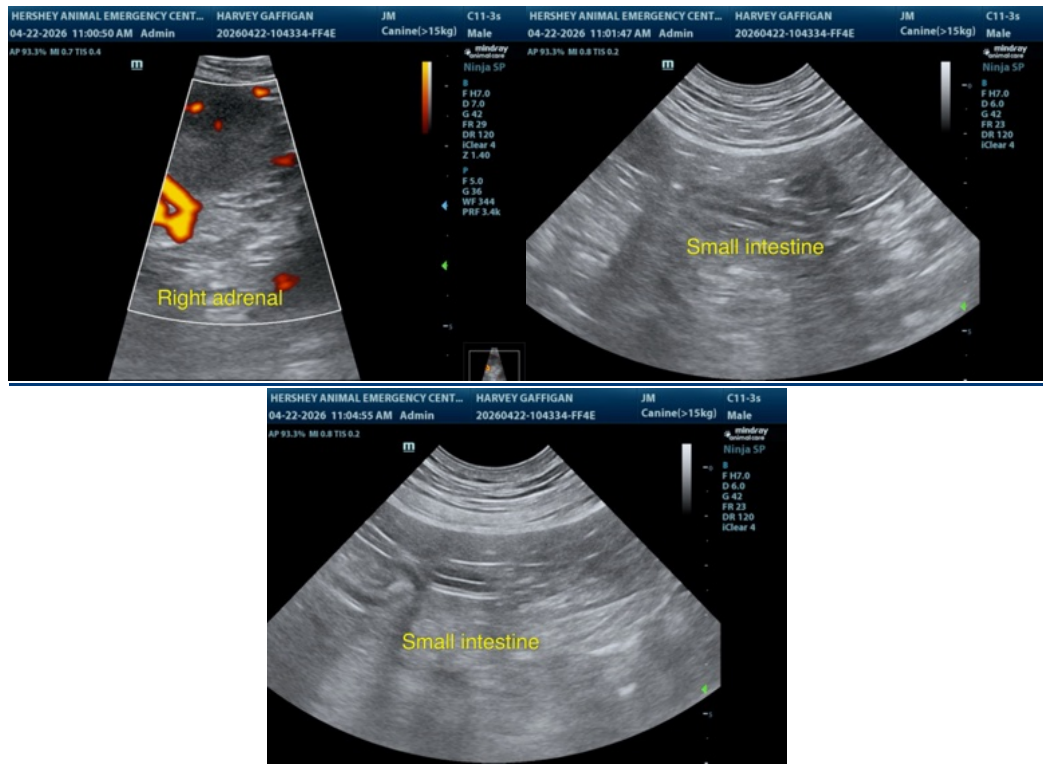
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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