



## PATIENT

Bingo Myers

## SPECIES

Canine

## BREED

Maltipoo

## SEX

Neutered male

## AGE

5 ½ years

## WEIGHT

12.74 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Cameron Johnson,  
DVM

## HOSPITAL NAME

Craig Road AH

## REFERRING VET

Dr. Johnson

## INVOICE

74252

## DATE

4/7/26

## PRESENTING CLINICAL SIGNS

- P presented for vomiting blood. O said P had an instance of vomiting blood this past Sunday and at that time, O noted a decrease in P's appetite. P seemed to do a little better this morning, but when O got home, they found an area of bloody vomitous so O brought P in on an emergency basis.
- Before these acute GI episodes, P had been otherwise doing fine with no other significant medical history. Drinking, defecating, and urinating within normal limits. No coughing, sneezing, or diarrhea noted by owner. No known allergies to vaccines/ medication. P has no recent travel history.
- P presented today for continued vomiting episodes after eating despite medical management

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder is full 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 3.3 cm, right measured 3.2 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.

The prostate is small and hypoechogenic.

### *Adrenal Glands*

The left adrenal gland is normal in shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 1.35 cm in length x 0.34 cm and 0.4 cm in width. The right adrenal gland was 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 1.0 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 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. A small amount of fluid and gas present within the stomach. Fecal material was present in the colon.

### *Pancreas*

The pancreas was not clearly visualized, but 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 vomiting.

Although the pancreas appears ultrasonographically normal, underlying pancreatitis should still be considered.

Further assessment would be CPL/PSL assay and gastroscopy with biopsies.

Specific therapy would be dependent on an etiological diagnosis. Symptomatic management would be to continue with the current therapy.



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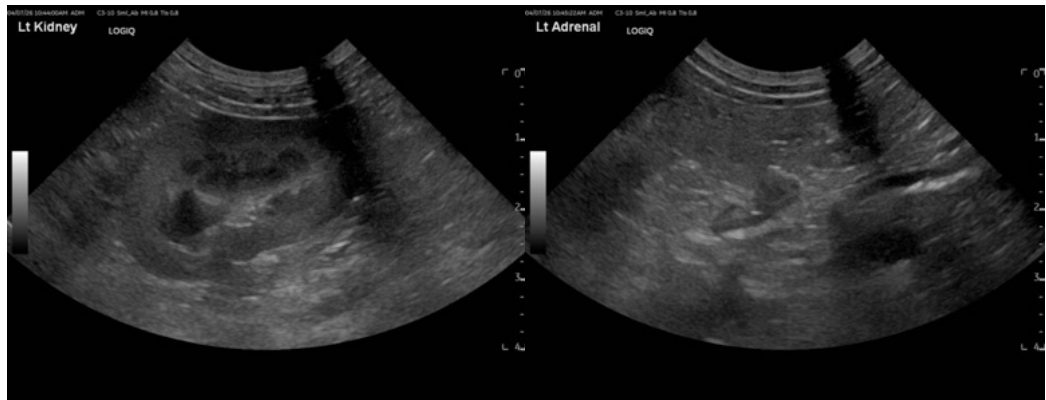
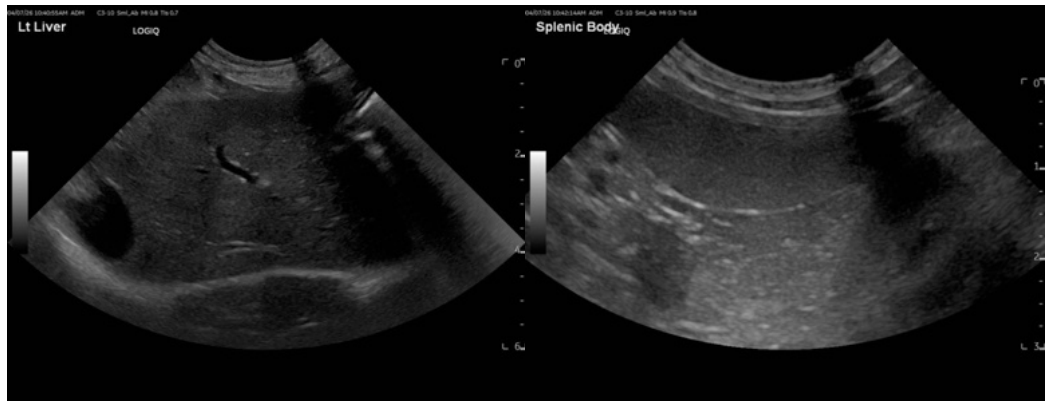
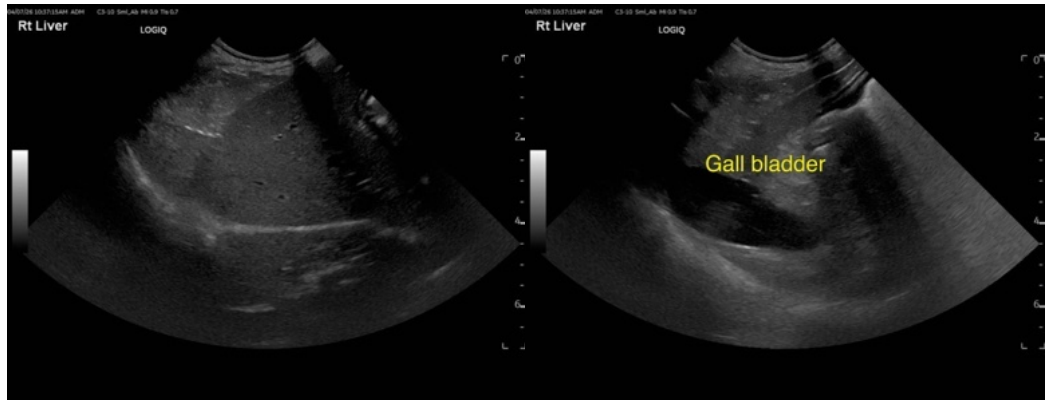
Dr. Johnson

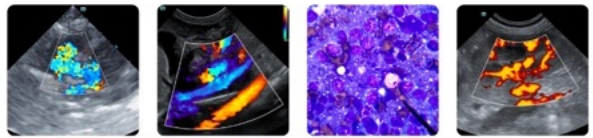
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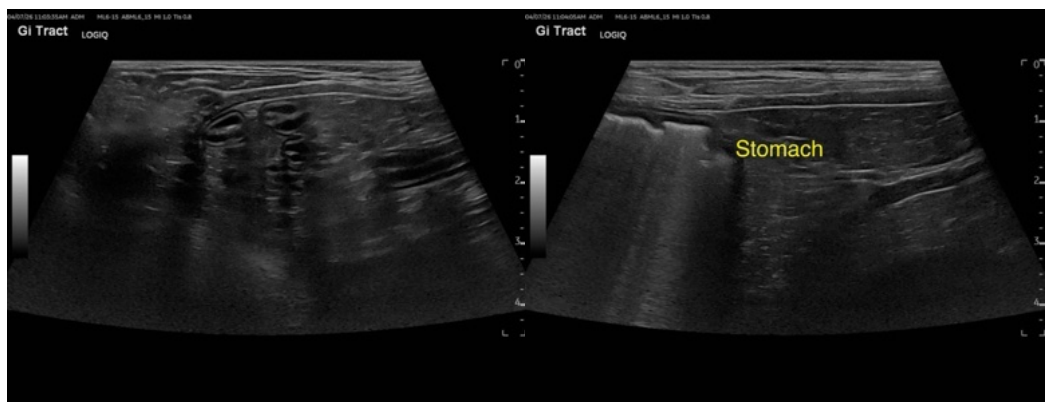
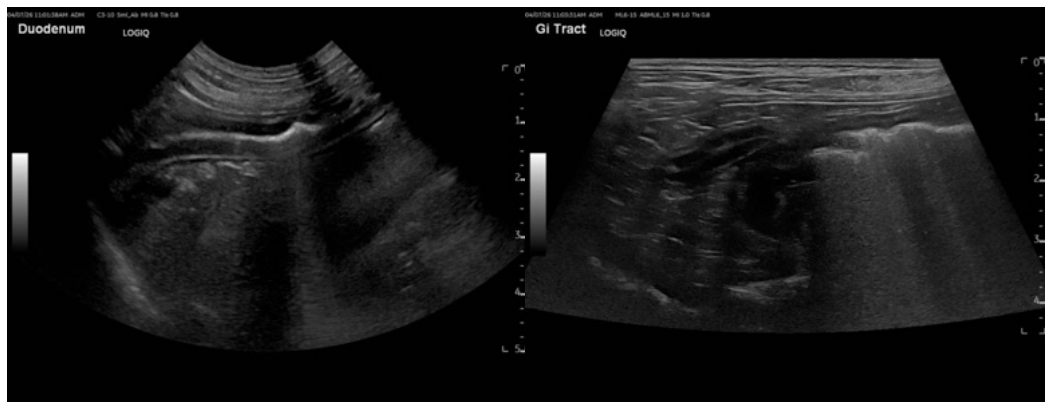
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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