



PATIENT

Buster Martin

SPECIES

Canine

BREED

Labrador Retriever

SEX

Neutered Male

AGE

10 Years

WEIGHT

28.8 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Melissa Randolph

HOSPITAL NAME

Shores Veterinary
Emergency Center

REFERRING VET

Dr. Sol Sath

INVOICE

16032

DATE

05/10/26

PRESENTING CLINICAL SIGNS

*5/9 history: P had recently started new medication amantidine then started having diarrhea - d/c med in case that was the cause, but also had new treats from company at house. O gave leftover metronidazole and fortiflora and it resolved. yesterday ate breakfast then drank excessive amt of water and vomited water, breakfast, and all his AM meds whole. O redosed novox and fluoxetine w/ rice and i/d. went to rehab appt. vomited again in the car on the way home. when got home, P was lethargic. at bedtime was restless. this AM no interest in breakfast and wanted to guzzle more water but O has been limiting amt of water at a time so he can't drink too much and vomit. no vomiting today. P treated for acute gastritis. P given emeprev sq. rx'd sucralfate. 5/10 recheck: P is not eating. P is restless. P was asking to go outside frequently, every hour. P increased urination. Owner notes nausea and drooling. In lobby P regurgitated moderate amount of clear fluid. Owner has been offering small amounts of water every few hours. P is readily drinking water. P is having diarrhea. *concern for acute deterioration with nausea and anorexia - r/o neoplasia, gastrointestinal obstruction, ileus, pancreatitis, systemic illness, other

PE: mild pain 2/4; soft on abdominal palpation; muscle atrophy 5/9 liver panel: unremarkable; epoc: potassium 3.4 L, ica ++ 1.59 H 5/10 cbc: lym 0.51 L, eos 0.03 L, plt 119,000; epoc: potassium 3.2 L, ica ++ 1.46 H, lactate 6.22 H; cpL 94.4 normal 5/9 rads: no chest abnormalities; no foreign objects or signs of obstruction

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.

Small hypoechogenic prostate.

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. The left kidney measured 7.1 cm in length. The right kidney measured 6.0 cm in length. Normal color flow pattern is evident in both kidneys.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. The left adrenal gland measured 0.56 cm in width. The right adrenal gland is not clearly visualized but appears to be of normal shape, hypoechogenic 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 2.5 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

Full gallbladder 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 moderate amount of ingesta and fluid present within the stomach.

Pancreas

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 or the elevated ionized calcium. With the presenting clinical signs, the most likely diagnosis would be non-specific gastroenteritis, such as dietary indiscretion, toxins, and viral.

Initial management would be fluid therapy, correction of the hypokalemia, antiemetics, possibly opioid analgesics, intestinal absorbents/protectants, and feeding small frequent meals of a low fat intestinal type diet.

Further assessment of the hypercalcemia would be a hypercalcemia malignancy panel with further specific therapy dependent on an etiological diagnosis.



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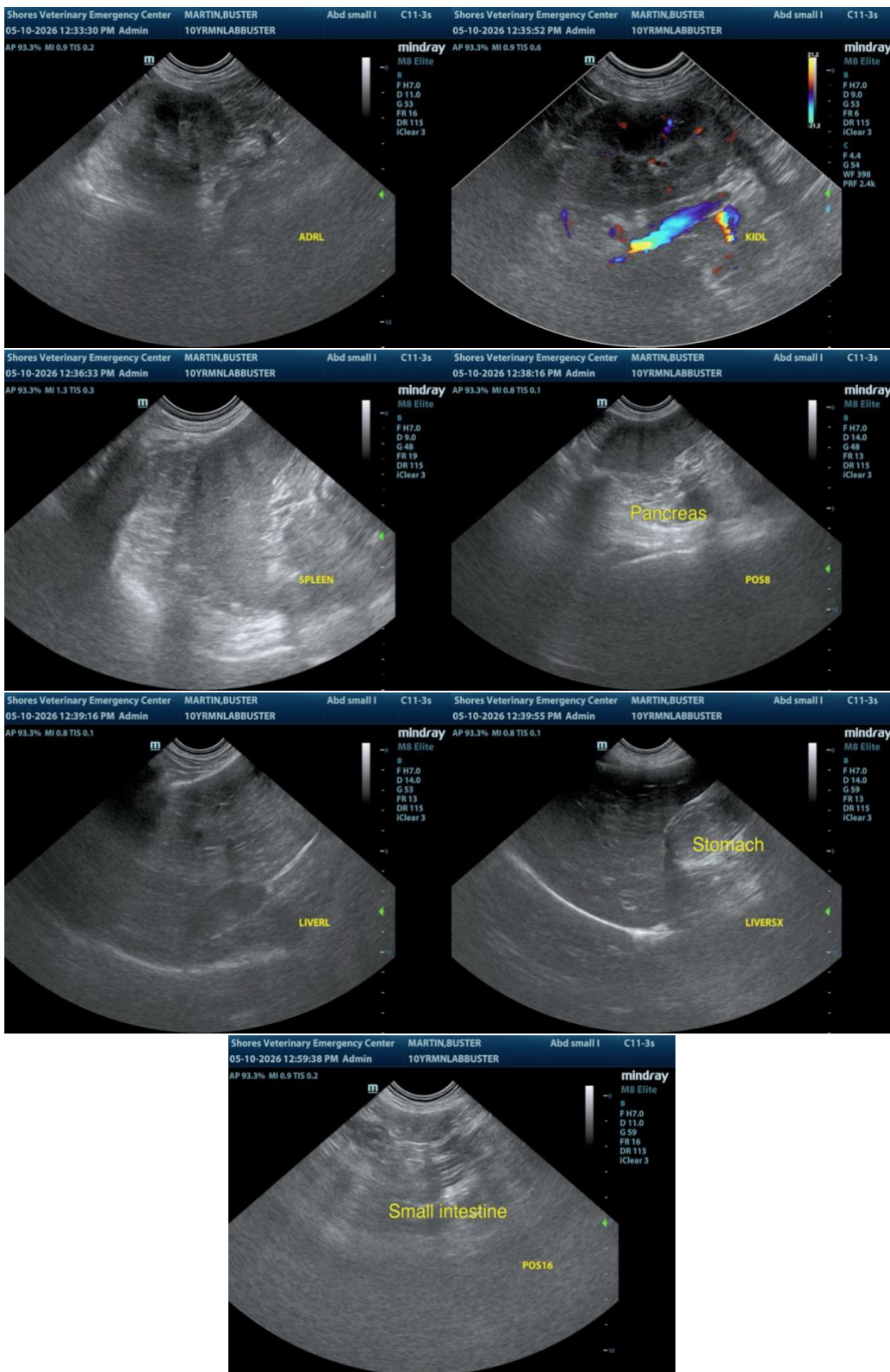
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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