



## PATIENT

Cooper Vanacore

## SPECIES

Canine

## BREED

Yorkshire Terrier

## SEX

MN

## AGE

4 years

## WEIGHT

6.7 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Danielle Shemanski

## HOSPITAL NAME

Western New York  
Veterinary Services

## REFERRING VET

Dr. Hannah Kinsella

## INVOICE

11959

## DATE

5/14/2026

## PRESENTING CLINICAL SIGNS

Several months of bloody diarrhea. Diarrhea seems to be related to stress according to the owner. Mild elevation in ALT and neutrophilia. Anaplasma positive on 4DX.

**HISTORY:** Cooper presents with intermittent "red velvet" mucousy diarrhea that began several months ago, coinciding with a housemate's CHF diagnosis. While previous episodes typically resolved with a 24-hour fast, the most recent lasted from Friday to Sunday. His history includes constipation, defecation-related anxiety, and a previous diagnosis of stress colitis at Storybook Vet. Although recently diagnosed with Anaplasmosis following a tick bite, his appetite has returned to normal and there is no vomiting. Environmental factors include recent household food changes, Cooper accessing the other dog's food, and his habit of swallowing rawhide bone ends. The owner confirms he does not ingest non-food items or rabbit feces and is never unsupervised or boarded.

**CLINICAL SIGNS:** Chronic bloody diarrhea (~2 months), anorexia.

**MEDICATIONS:** Simparica trio monthly, P was given Butorphanol 0.08 mL IM for mild sedation.

**Abnormal PE/Chem/CBC/UA Results:** May 11, 2026 Blood chem ALT 412 U/L HIGH (all other liver values within normal limits) CBC WBC 19.49 HIGH Neu 16.33 HIGH

## 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.

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 3.2 cm and the right kidney measures 3.3 cm.

### Reproductive System

Small, hypoechoic prostate measuring 0.6 cm in width.

### Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal measures 1.43 cm in length x 0.43 cm and 0.33 cm in width. Right adrenal measures 1.18 cm in length x 0.46 cm and 0.48 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 measures 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

Full containing small amount of non-adhered, hyperechogenic sediment. 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. Small amount of ingesta present within the stomach. Fecal material present within the colon. The colon wall measures 0.13 cm.

## Pancreas

Normal size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

## Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

## Thorax

Normal appearance of the heart. No pleural or pericardial effusion evident.

## ULTRASONOGRAPHIC FINDINGS

- Gallbladder sediment.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

In essence, a normal ultrasound examination of the abdomen as the gallbladder sediment can be considered an incidental finding. On this ultrasound there is no obvious etiology for the presenting clinical signs. With the presenting clinical signs, etiologies to be considered would be atypical Addison's disease, stress induced colitis, idiopathic colitis, parasitic disease, dietary indiscretion, and dietary hypersensitivity.

Further assessment would be fecal analysis, basal cortisol, rectal cytobrush cytology, and possibly colonoscopy with biopsies.

Specific therapy would be dependent on an etiological diagnosis.



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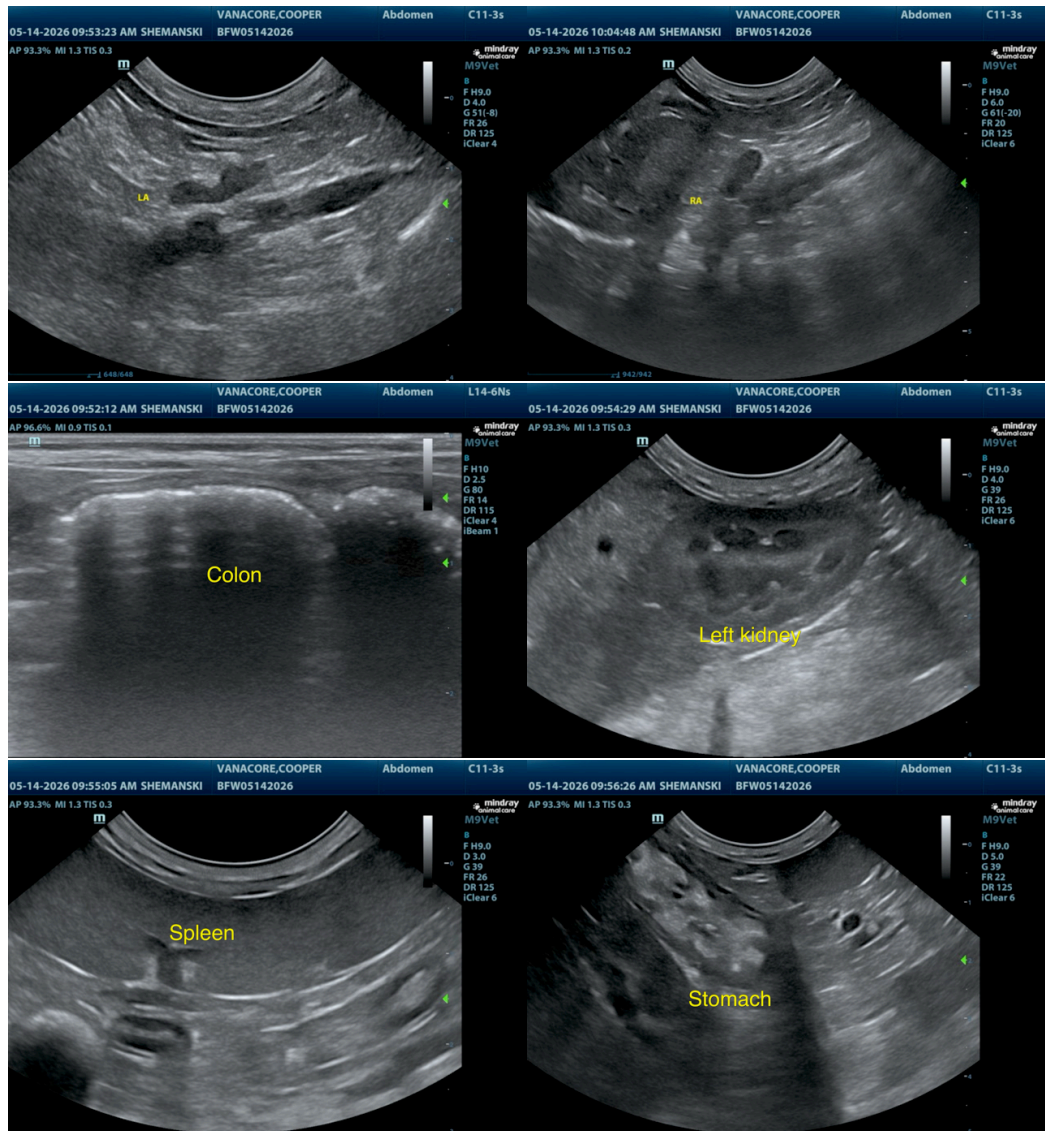
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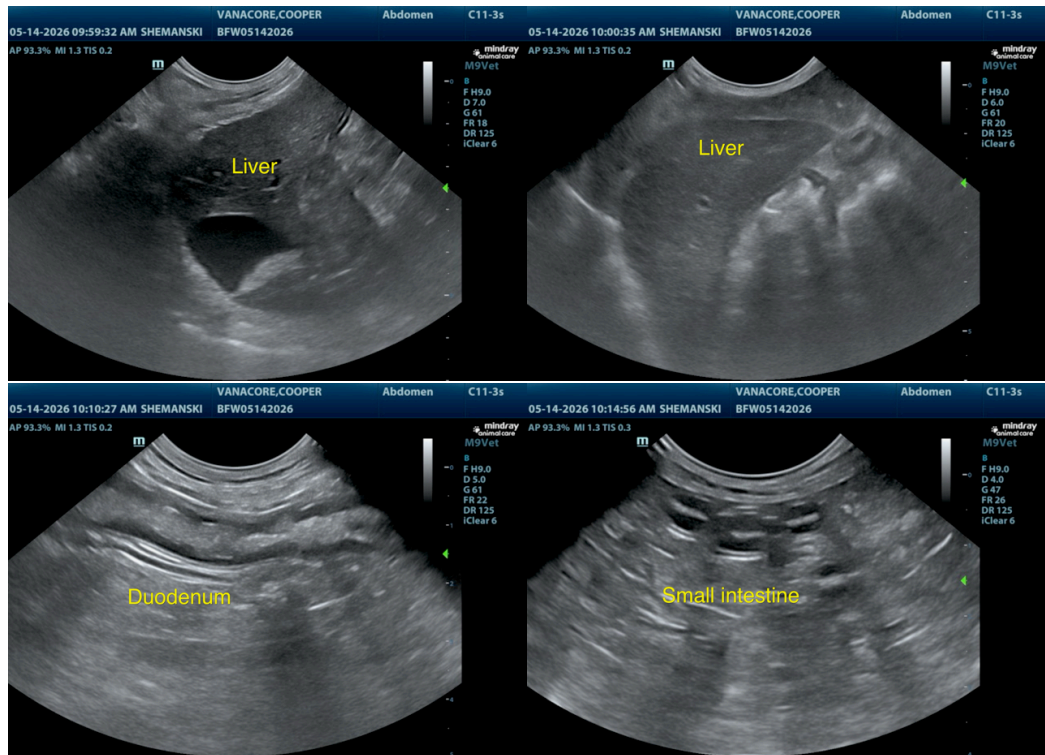
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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