



PATIENT

Roscoe D'Abate

SPECIES

Canine

BREED

Boxer mix

SEX

Male

AGE

12 years

WEIGHT

41 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Heather Cochran

HOSPITAL NAME

Millis AH

REFERRING VET

Dr. Cochran

INVOICE

77629

DATE

5/18/26

PRESENTING CLINICAL SIGNS

History: chronic daily vomiting after eats for past month, more lethargic- reluctant to get out of bed, not coming for treats which is very unusual, no reported PUPD, 2 lb weight loss, soft stool, owner reports increased appetite/asking for food more recently, hx of high liver enzymes
Abnormal PE/Chem/CBC/UA Results: hepatomegaly, nuclear sclerosis, dental tartar, muscle atrophy, decrease rom hips increased ALT 251, ALP 1838 (302 and 1825 last year), mild increase Ca 11.9, iCa wnl, sp grav 1.018, inactive sediment, 1 + protein UPC 0.6

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 5.4 cm, right measured 5.6 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.

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 0.46 cm and 0.53 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 2.0 cm in width.

Liver

Normal size with a diffuse, increased echogenic and coarse appearance, normal portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.



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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

Segmental thickening of the gastric wall (up to 0.9 cm) with a hypoechoic appearance, but with no loss of layering and maintained a 1:3 muscularis to mucosa ratio. Normal peristaltic activity is evident. Normal appearance of the 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

- Gastric thickening.
- Hepatopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the gastric thickening would be chronic gastritis, Helicobacter gastritis, ulcerative disease, parasitic gastritis, inflammatory bowel disease and possibly emerging neoplasia.

Etiologies for the hepatopathy would be reactive hyperplasia, early nodular hyperplasia, vacuolar and metabolic with hepatitis and infiltrative neoplasia highly unlikely differential diagnosis.

Further assessment would be fecal analysis, endoscopy of the upper GI tract with biopsies and FNA cytology of the liver.

A tru cut or wedge biopsy of the liver may be required for a final etiological diagnosis.

Specific therapy would be dependent on an etiological diagnosis.

Symptomatic management that could be considered for the gastric thickening would be feeding small frequent meals of a novel protein/hypoallergenic diet, course of Fenbendazole, gastric protectants



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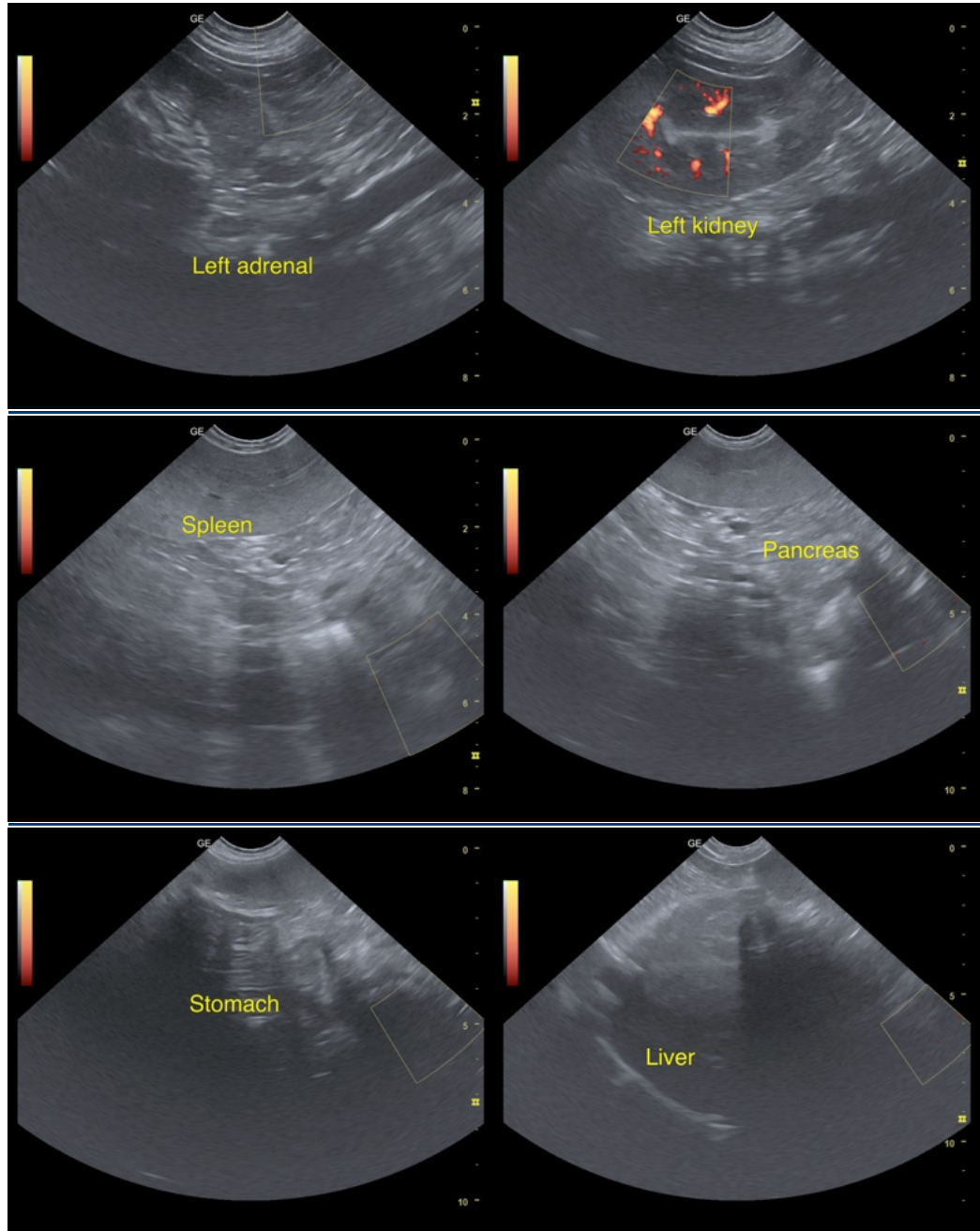
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(Omeprazole, Sucralfate) and if there is still not a satisfactory improvement then triple therapy for Helicobacter gastric and if there is still not a satisfactory improvement then a course of Prednisolone would then be indicated.

Symptomatic management of the hepatopathy would be the use of Ursodiol with regular monitoring of liver enzyme activity.





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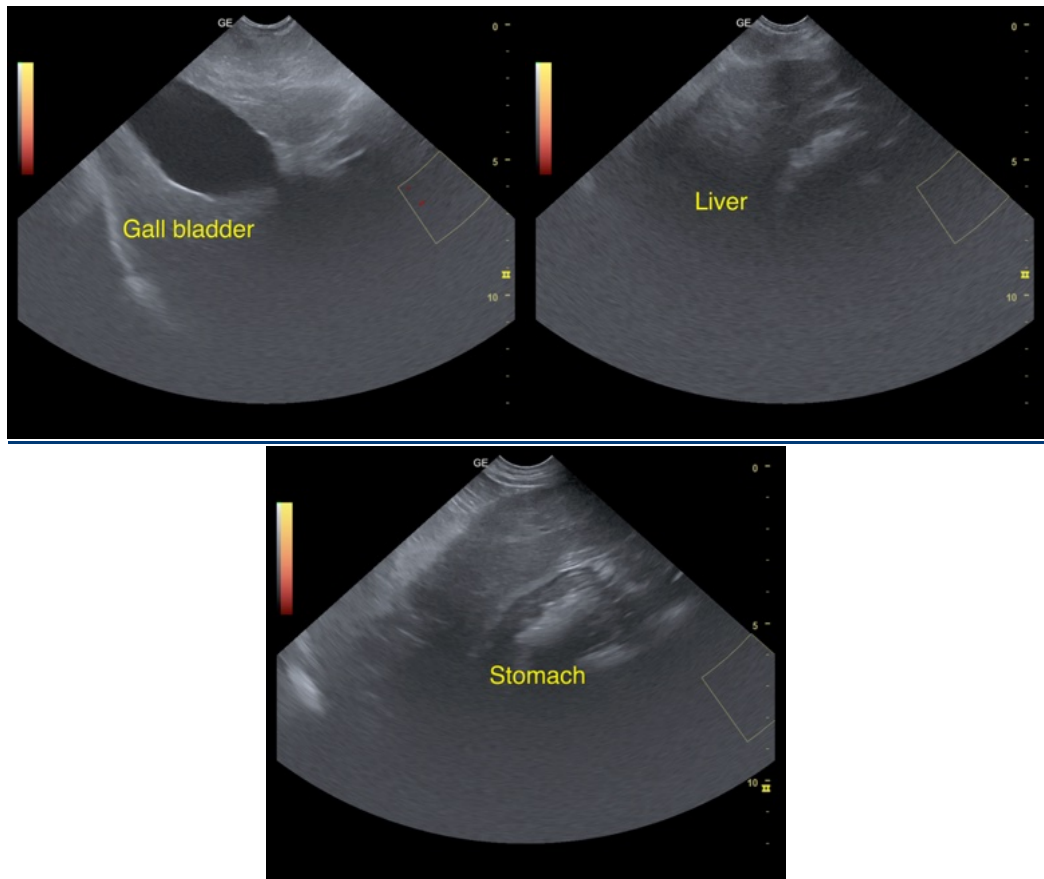
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com