



PATIENT

Ruby Kathrein

SPECIES

Canine

BREED

Cockapoo

SEX

Spayed Female

AGE

6 Years 1 Month

WEIGHT

15.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jessie Evoniuk

HOSPITAL NAME

State Avenue Vet Clinic

REFERRING VET

Dr. Jessie Evoniuk

INVOICE

75237

DATE

5/18/26

PRESENTING CLINICAL SIGNS

Presents for vomiting and diarrhea. Vomiting began overnight 2026-05-10; diarrhea started next day. Initial episode: vomited once overnight, then developed diarrhea. Vomited yesterday at about 3:30pm, ate supper at about 6pm, vomited this morning around 2:15am and ate breakfast around 5:30am. Vomitus: initially food, most recently yellow liquid; occurs twice per episode. Diarrhea: liquid, no blood observed. Eating and drinking normally; good energy, playful. Increased lip licking noted. No coughing or sneezing. No known ingestion of foreign material; no new food or treats. Weight stable per client. Last dental: May 2025. Historically on tacrolimus ophthalmic. No current medications.

Abnormal PE/Chem/CBC/UA Results: Very nervous, apprehensive, tense, administered butorphanol, maropitant inj and ondansetron inj in the clinic NEU 12.37, RBC 8.81, HGB 22.1, HCT 59.49, MCH 25.1, ALP 10, Total bilirubin 0.7, Glucose 118

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 measured 4.0 cm. Right kidney measured 3.9 cm. Normal color flow pattern evident in both kidneys.

Adrenal Glands

The left adrenal gland presents normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left measures 0.38 cm in width.

The right adrenal gland was not visualized.

Spleen

Normal size (1.1 cm in width) 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.

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 normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.



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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. Moderate amount of ingesta present within the stomach, compatible with recent meal.

Pancreas

Visible sections present 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.

ULTRASONOGRAPHIC FINDINGS

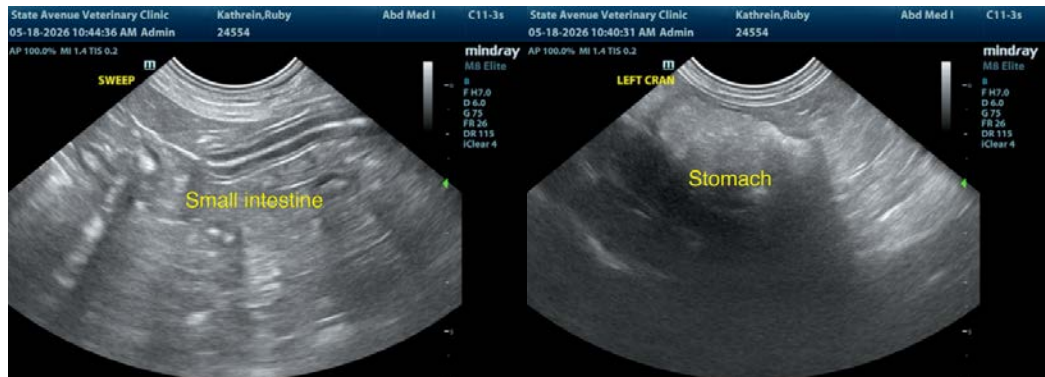
- Normal ultrasound examination of the abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

On this ultrasound there is no obvious etiology for the present clinical signs. The most likely etiology for the presenting clinical signs would be non-specific gastroenteritis such as dietary indiscretion, toxins, and viral. Parasitic gastroenteritis would be a possible differential diagnosis.

Further assessment would be fecal analysis.

Symptomatic management (if not already done) would be feeding small, frequent meals of a low-fat intestinal type diet, antiemetics, and intestinal absorbents/protectants.





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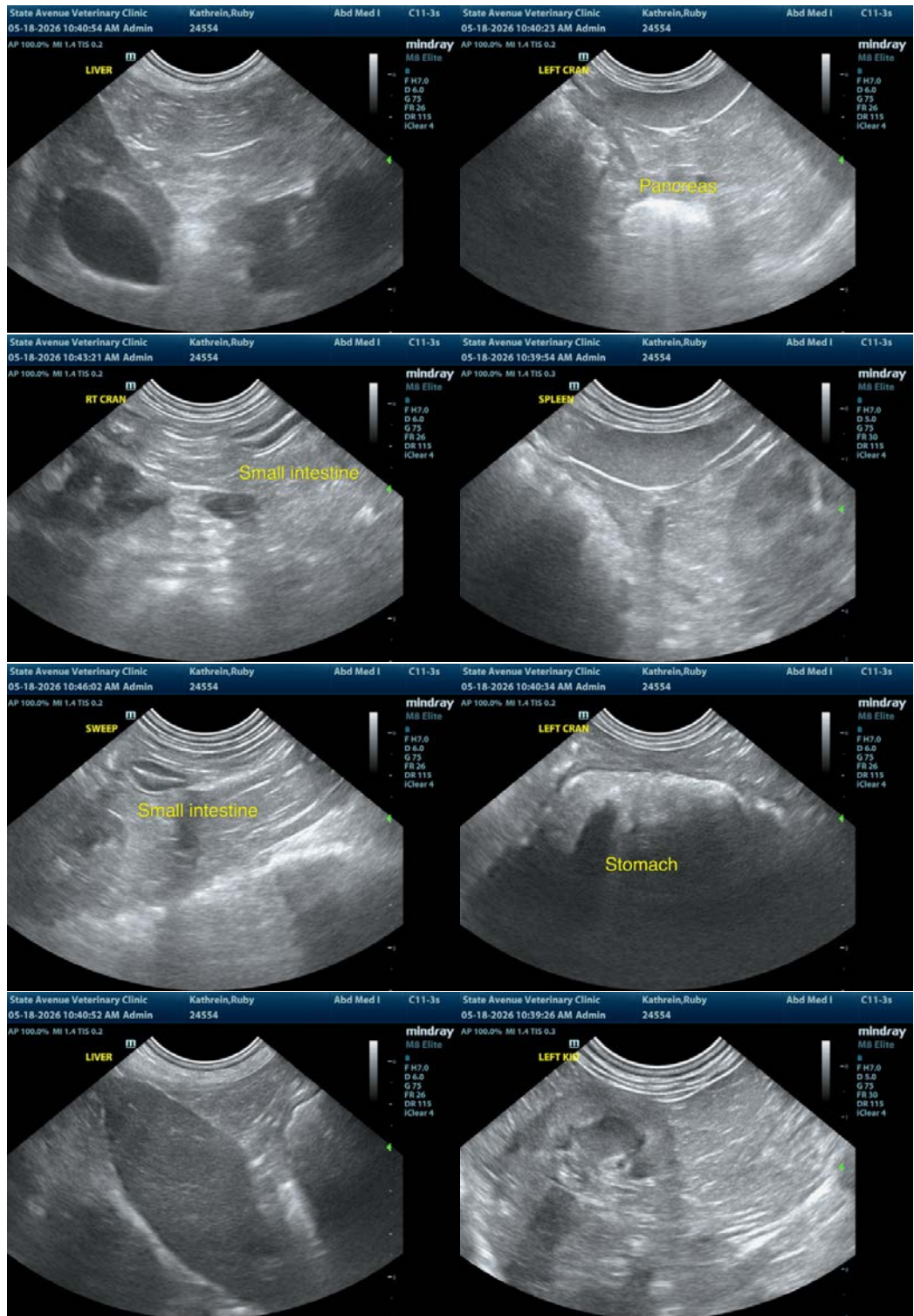
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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