



## PATIENT

Daphneigh Hanna

## SPECIES

Canine

## BREED

Shepard

## SEX

Spayed female

## AGE

6 years

## WEIGHT

88 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Danielle Shemanski,  
DVM, MA

## HOSPITAL NAME

Western New York  
Veterinary Service

## REFERRING VET

Dr. Brenda Buck

## INVOICE

77703

## DATE

5/19/26

## PRESENTING CLINICAL SIGNS

Progressively softening stool with hematochezia, vomiting, decreased activity, and possible need for sedation for further diagnostics/workup.

### CLINICAL SIGNS:

- Patient had a normal stool 5 days ago, with stools becoming progressively softer over the past several days.
- Fecal score today reported as 6-7/7.
- Owner noted blood in the stool this morning.
- History of eating deer/bunny feces; no other known dietary indiscretion reported.
- Patient ate 1/2 cup of dry food last night and vomited the food undigested later that night.
- This morning, patient was eating grass and subsequently vomited 3 times. First episode was bile, followed by foamy pink vomitus.
- Owner reports decreased activity/lethargy.
- Owner called back on 5/18 reporting recurrence of pink foamy vomiting.
- Patient may require sedation for diagnostics/procedures.

MEDICATIONS: Famotidine, Maropitant, Metronidazole, Provable

Administered 0.8ml of butorphanol for today's exam

Abnormal PE/Chem/CBC/UA Results: Chem panel normal Neu 6.56K/uL Lym 1.21 K/uL Mono 0.44K/uL Eos 0.89K/uL Na+ 150 mmol/L K 4mmol/L Cl 113mmol/L Chem panel WNL

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder is small 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 6.7 cm, right measured 7.1 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 noted in both kidneys.

### Adrenal Glands

The adrenal glands were small and dorsoventrally flattened, but maintained a normal echogenic appearance, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 1.6 cm in length x 0.42 cm and 0.34 cm in width. The right adrenal gland measured 2.17 cm in length x 0.44 cm and 0.44 cm in width.



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## *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 2.6 cm in width.

## *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 a moderate 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.

## *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.

## *Thorax*

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



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## ULTRASONOGRAPHIC FINDINGS

- Gallbladder sediment.
- Small adrenal glands.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gallbladder sediment is most likely an incidental finding.

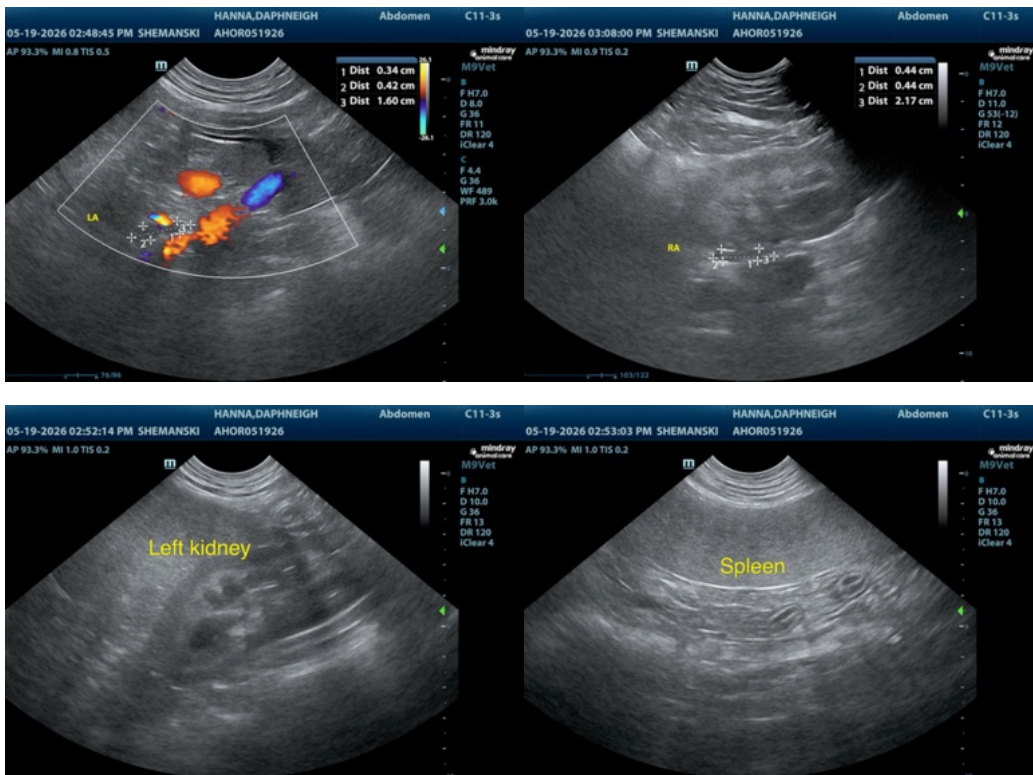
Although the appearance of the adrenal glands may merely be an incidental finding with the presenting clinical signs atypical Addison's disease needs to be considered.

The most likely etiology for the presenting clinical signs would be non-specific gastroenteritis such as dietary indiscretion, toxins, viral, bacterial and possibly parasitic.

Further assessment would be feeding analysis (if not already done) and basal cortisol and/or ACTH stimulation test.

Specific therapy would be dependent on an etiological diagnosis.

Symptomatic management would be to continue with the current therapy and to feed small frequent meals of a low fat intestinal type diet.





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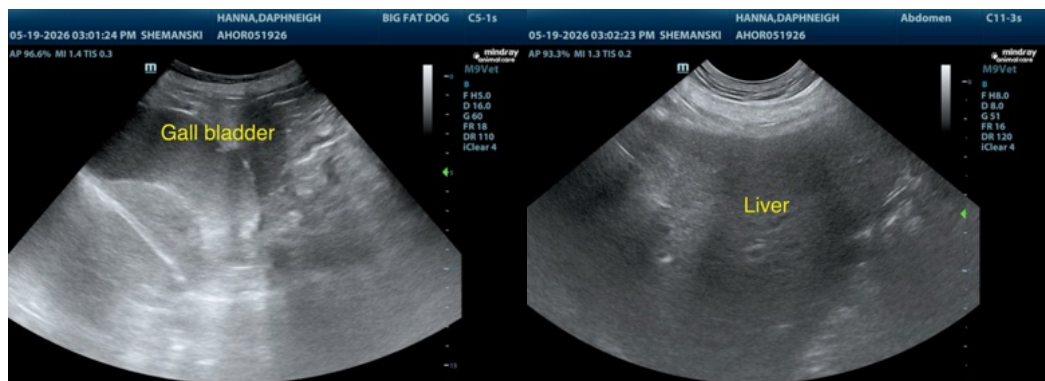
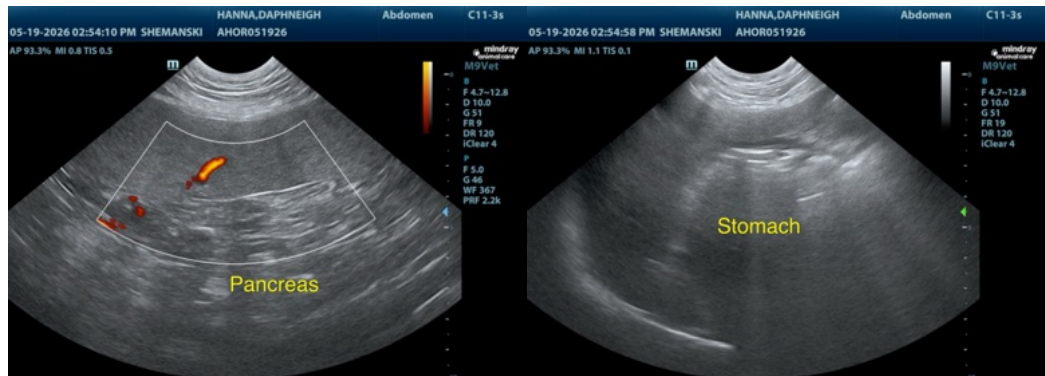
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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