



PATIENT

Carson Lamb

SPECIES

Canine

BREED

Terrier Mix

SEX

Netuered male

AGE

8 years

WEIGHT

15.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Harbord Caughlin

HOSPITAL NAME

Animal Care Center VC

REFERRING VET

Dr. Harbord-Caughlin

INVOICE

77983

DATE

5/26/26

PRESENTING CLINICAL SIGNS

History: RESENTING COMPLAINT- abdominal ultrasound
- over the last 2 weeks, frequent bilious V in AM. also episodes of regurgitation followed by reverse sneezing at random points in the day
- as a young dog had chronic intermittent pancreatitis. diagnosed with suspected bilious vomiting syndrome but normalized after about 1 year. no episodes in the last ~5-6 years
Prior HX / Relevant Exam Notes: suspect allergies (environmental and dietary), clotting/protein disorder (per DNA testing), pancreatitis, anxiety
CURRENT RX / SUPPLEMENTS:
Trazodone 50mg 12/2 hr prior to appointment
Gabapentin 100mg 12/2 hr prior to appointment
Reconcile 16mg SID in PM
Apoquel 3.6mg SID - PRN (none in the last 2 months)
Cytopoint injections PRN (last administred December 2025)
DIET- Purina DRM - 1/2 cup SID
APPETITE- normal
C/S/V/D- V/regurgitation
URINATIONS- normal
Abnormal PE/Chem/CBC/UA Results: 2/26/26 BUN 8, AST 12, // Chem wnl // UA wnl // 4dx negative

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 4.1 cm, right measured 4.4 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.

The prostate is small and hypoechogenic.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.38 cm and 0.48 cm in width. The right adrenal gland measured 0.52 cm and 0.52 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 1.2 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 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 small amount of ingesta is present in the stomach, this is compatible with a recent meal.

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

- 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.



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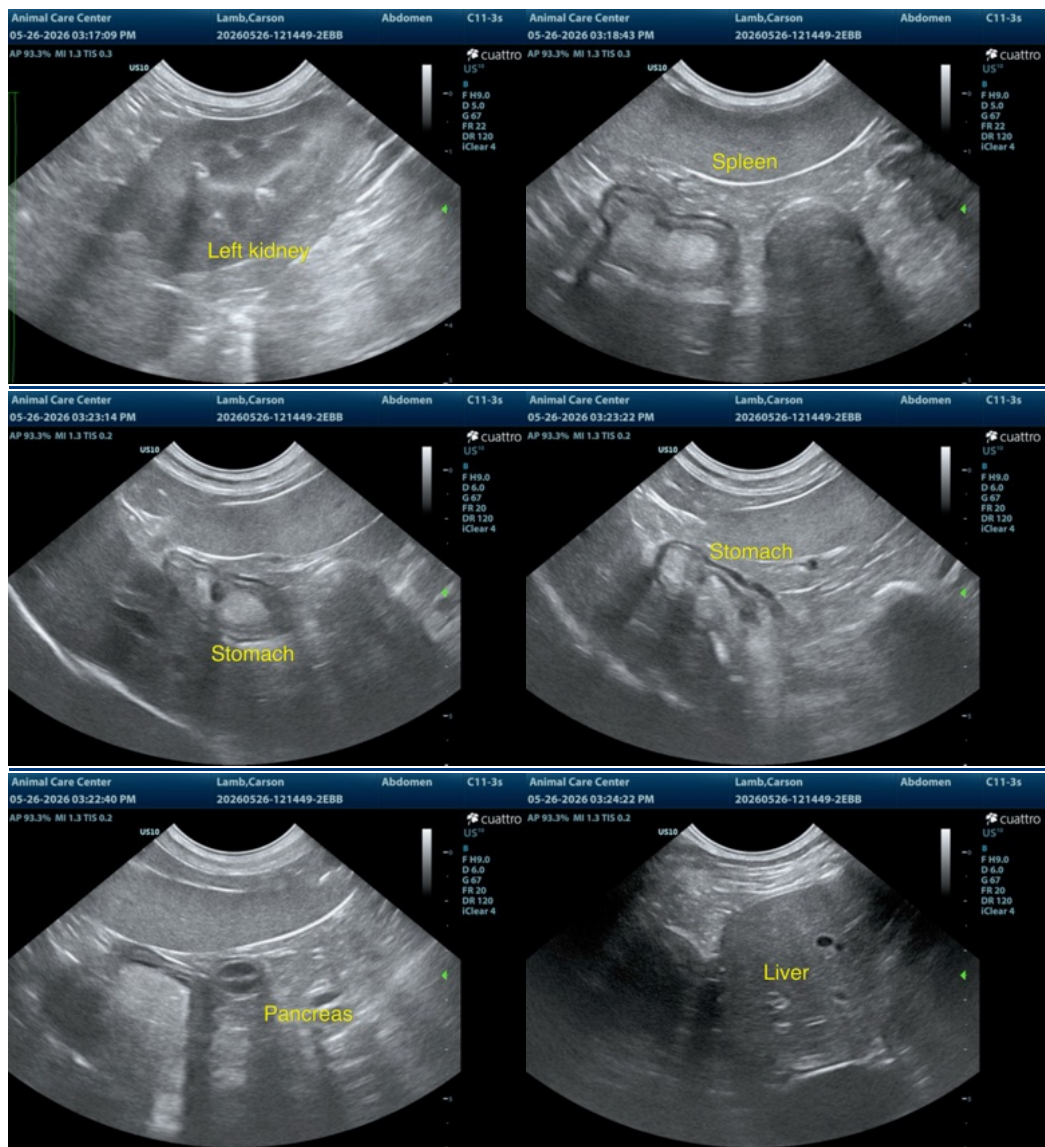
5/26/26

With the patient's history, bilious vomiting syndrome would be an important etiology for the presenting clinical signs.

Differential diagnosis to consider would be gastric reflux and possibly esophagitis.

Further assessment would be endoscopy of the upper GI tract.

Specific therapy would be dependent on an etiological diagnosis. Symptomatic management would be feeding small, frequent meals of an intestinal type diet with the last meal being fed in the evening. Gastric protectants (Omeprazole, Sucralfate) should also be considered.





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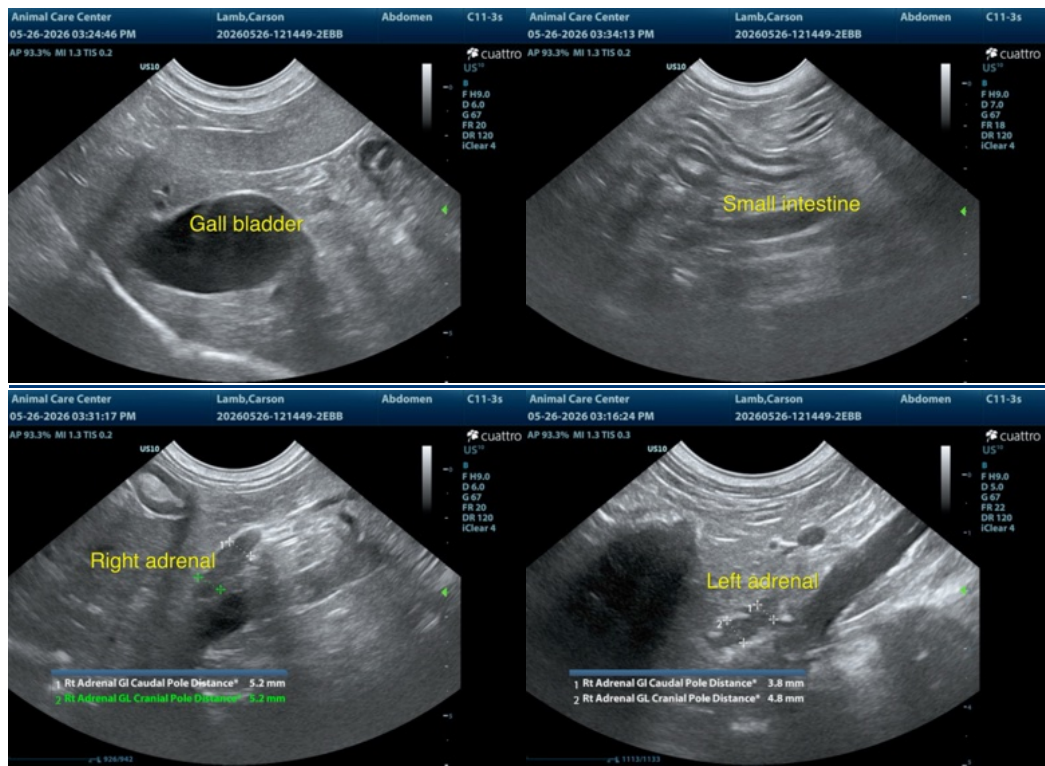
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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