

PATIENT

Pepe Espinoza

SPECIES

Canine

BREED

German Shepherd Mix

SEX

Neutered male

AGE

3 years

WEIGHT

57 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Cathleen Whitcraft

HOSPITAL NAME

Craig Road AH

REFERRING VET

Dr. Hailee Sims

INVOICE

75176

DATE

5/5/26

PRESENTING CLINICAL SIGNS

- History:
- Decreased appetite past few days
 - Vomiting started Friday: yellow bilious vomitus in morning
 - Stopped eating completely yesterday
 - Drinking normally
 - No coughing, sneezing, or diarrhea
 - Currently on no medications
 - No vaccine reaction history
 - Previous episode end of March: vomiting and diarrhea, foreign body ruled out, sent home on supportive care
 - 8 pound weight loss since March visit

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full with a normal thickness and smooth appearance of the wall. A small amount of floating hyperechogenic sediment is noted.

Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.

Prominent appearance of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.

Normal renal size (left measured 7.2 cm, right measured 6.3 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.

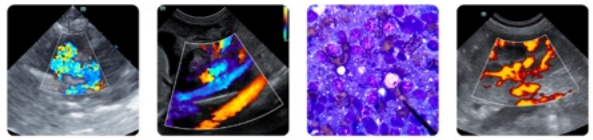
Small, hypoechogenic prostate measuring 0.9 cm in width.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.49 cm and 0.57 cm in width. The right adrenal gland measured 0.47 cm and 0.47 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 measured 2.9 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

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.

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

Enlarged gastric and mesenteric lymph nodes with a rounded shape and hypoechogenic appearance. The gastric lymph nodes measure up to 2.0 x 2.8 cm in size. The mesenteric lymph node measure up to 2.0 x 3.8 cm in size.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

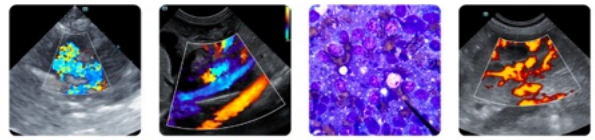
- Intraabdominal lymphadenomegaly.
- Urinary bladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The likely etiologies for the lymphadenomegaly would be lymphadenitis and infiltrative neoplasia such as lymphoma.

The most likely etiology for the urinary bladder sediment would be incidental debris with bacterial cystitis a possible differential diagnosis.

Further assessment would be urinalysis, possibly urine culture and FNA cytology of the intraabdominal lymph nodes.



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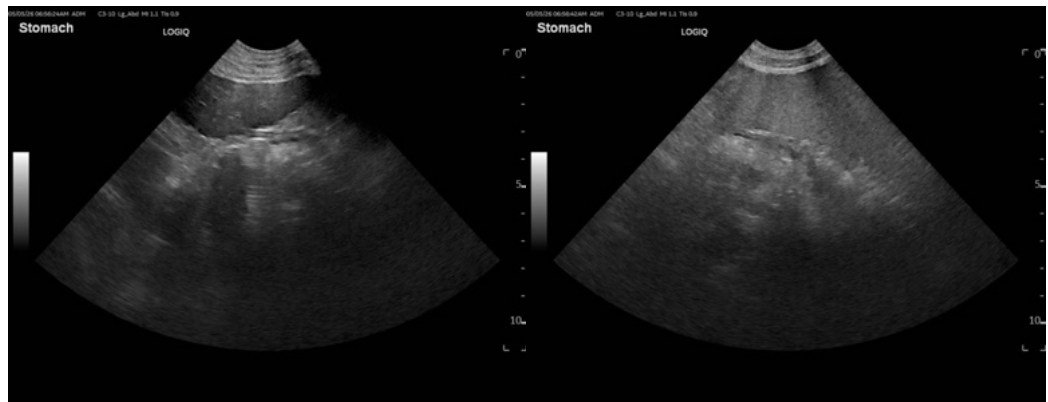
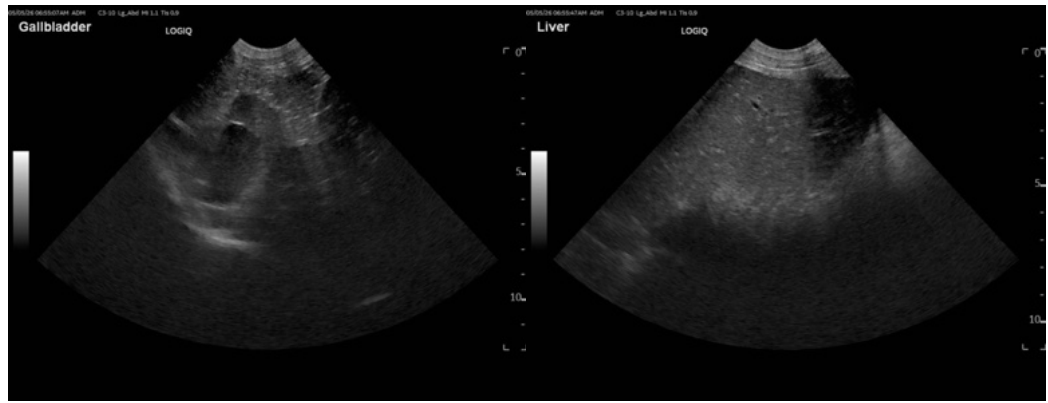
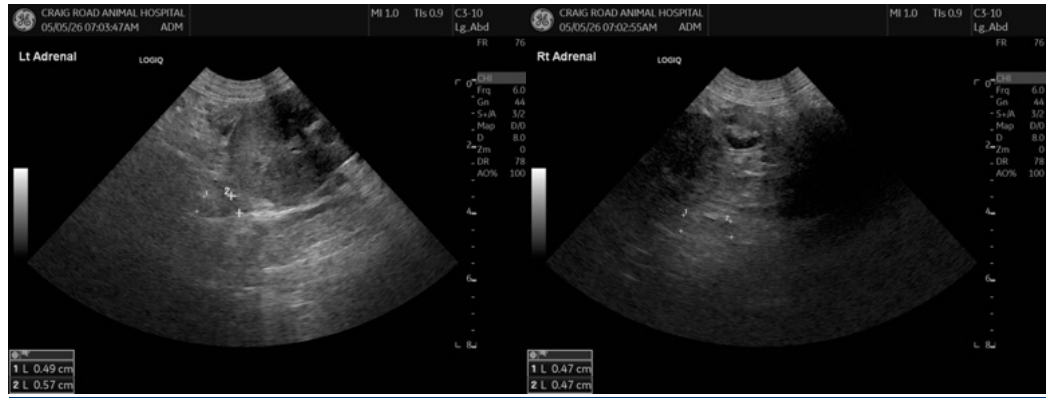
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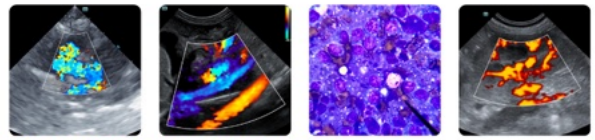
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Specific therapy would be dependent on an etiological diagnosis.





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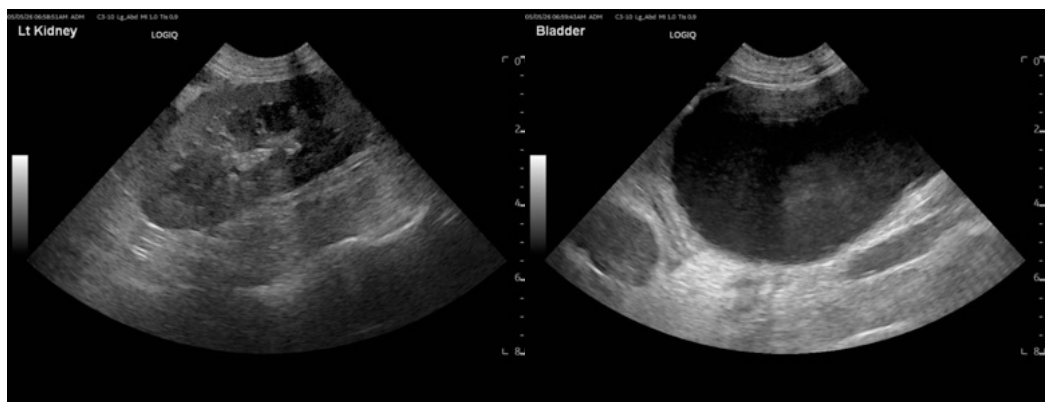
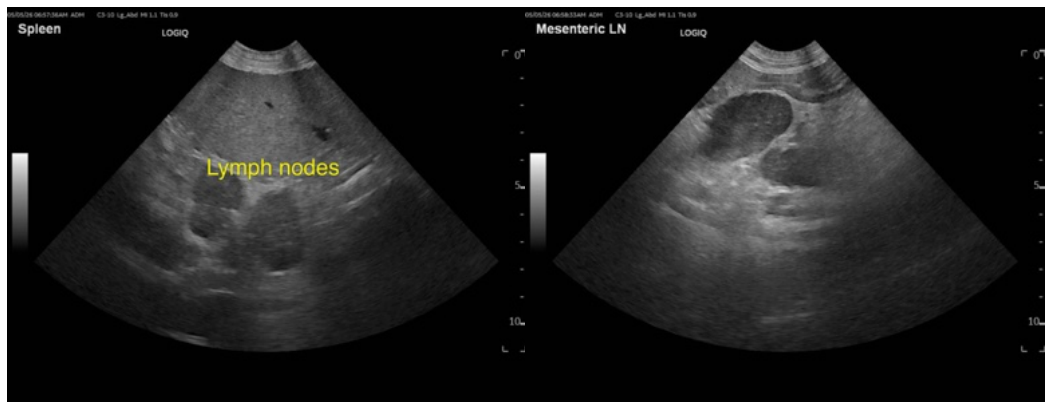
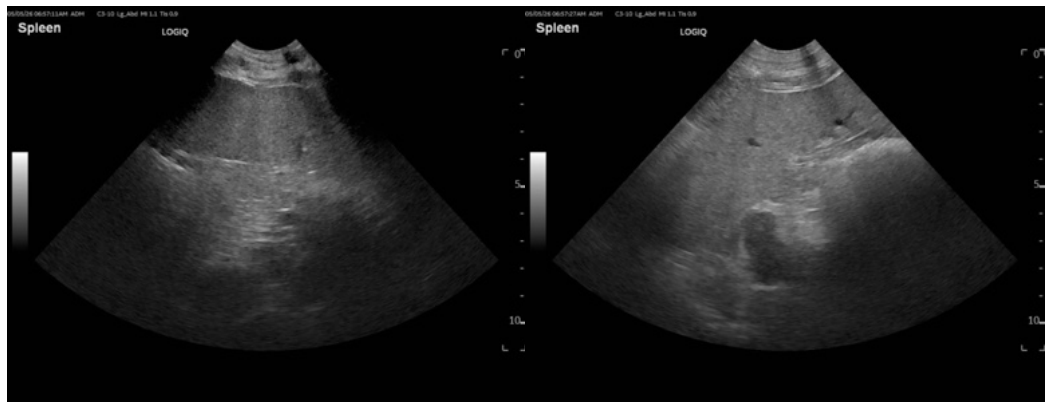
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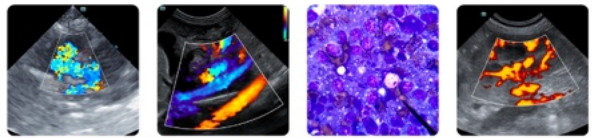
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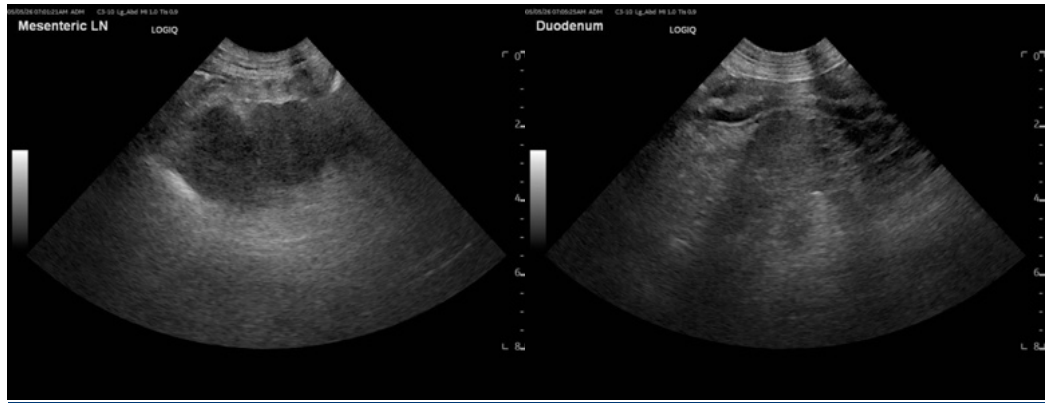
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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