



PATIENT

Vio Juarez

SPECIES

Canine

BREED

Mix

SEX

Spayed female

AGE

14 years

WEIGHT

48 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Joan Kula Gramazio

HOSPITAL NAME

Narrowsbur Veterinary

REFERRING VET

Dr. Joan Kula Gramazio

INVOICE

75222

DATE

5/5/26

PRESENTING CLINICAL SIGNS

History: Patient was seen for vomiting and decreased appetite. No response to cerenia and omeprazole and went to emergency clinic in which they were concerned for pancreatitis. patient presented today and was just opening mouth and vomiting yellow green foamy vomit. Unable to keep anything down and now having watery diarrhea. Did eat some turkey cold cut last night but nothing as of this morning. Will not keep meds down and still vomiting on cerenia. No FM ingestion. Has immune mediated polyarthropathy and has been on gaba and mycophenolate and pred every other but has not get meds into her since being sick
ALP 781 (5-131) Everything else is normal on blood work . Radiographs pending radiology review

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 5.3 cm, right measured 5.5 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.

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 in width. The right adrenal gland was poorly 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 1.5 cm in width.

Liver

Normal size with a diffuse increased echogenic 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 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 thickness of the gastric wall with no loss of layering and maintained a 1:3 muscularis to mucosa ratio. A large amount of fluid is present in the stomach. A hyperechogenic mass likely structure measuring 2.3 x 2.3 cm is evident in the gastric fundus. 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 pancreas is not clearly visualized, but 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

- Hepatopathy.
- Gastric mass?
- Gallbladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the hepatopathy would be secondary to the cortisone administration.

The gallbladder sediment can be considered an incidental finding.

Although the hyperechogenic structure within the stomach may be a gastric mass, it may merely represent recent ingestion of food.

Although the visible sections of the pancreas appears ultrasonographically normal, with the presenting clinical signs, pancreatitis should still be considered.



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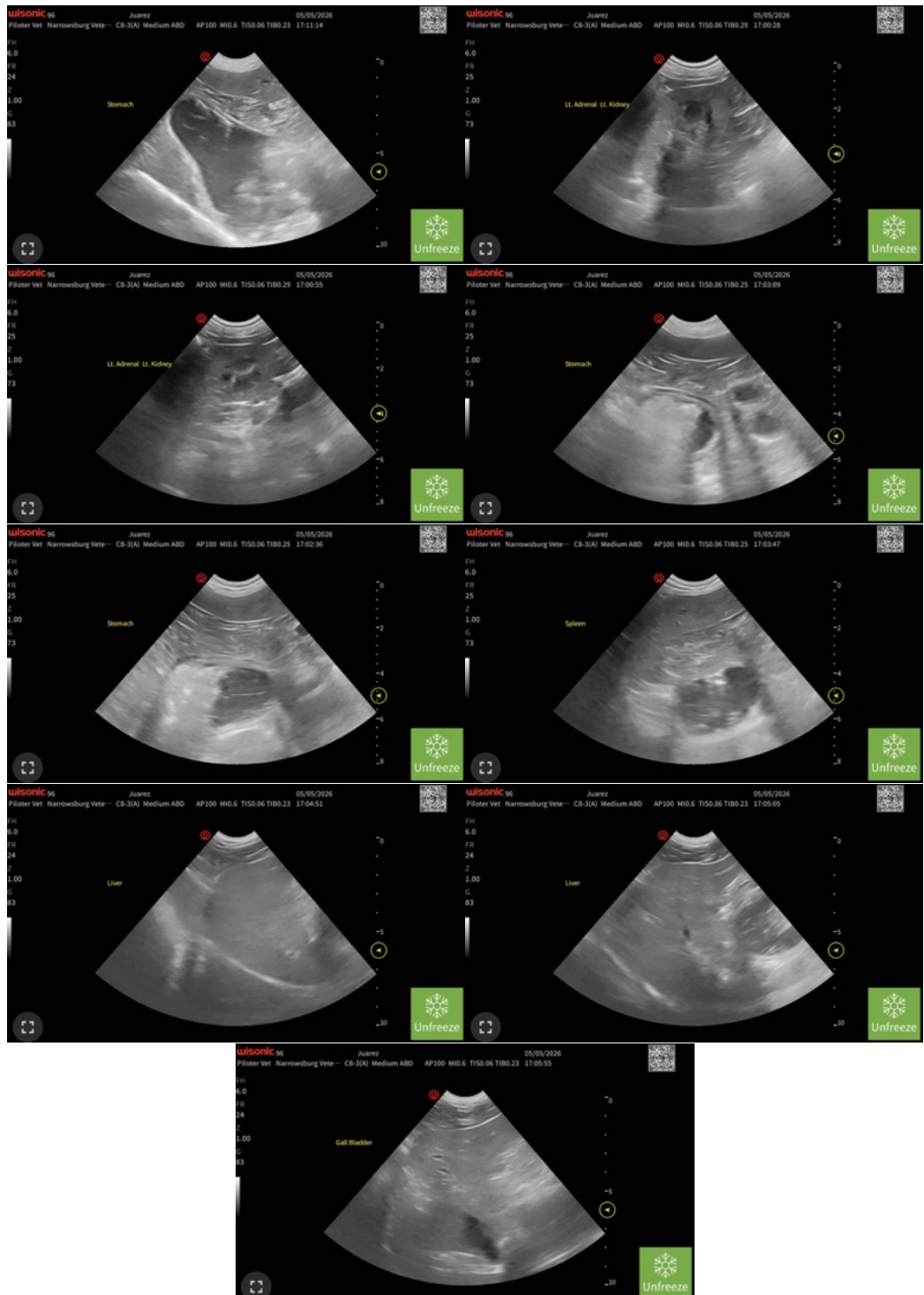
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Further assessment would be CPL/PSL assay. Repeating the ultrasound after 24-36 hours would be recommended and if there is no change in the appearance of the stomach then a laparotomy would be indicated.





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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.

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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.

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