



## PATIENT

Leo Singh

## SPECIES

Canine

## BREED

German Shepherd

## SEX

Neutered male

## AGE

14 months

## WEIGHT

103 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Christina Wagner

## HOSPITAL NAME

Angeles Clinic for  
Animals

## REFERRING VET

Dr. Zuber

## INVOICE

75240

## DATE

5/5/26

## PRESENTING CLINICAL SIGNS

History: Pet presented 4/27/26 for 3 day duration vomiting, diarrhea, appetite loss. Exam normal, maropitant was given. Re-presented 4/29 for continued appetite loss, diarrhea; no further vomiting. Exam difficult, possible right cranial organomegaly. Rads, labs done (see below). Pet treated with amoxi/clav, metronidazole, enrofloxacin, maropitant, proviable, rx GI diet. Pet is pretty much back to normal but owner elected to proceed with ultrasound.  
Abnormal PE/Chem/CBC/UA Results: Stomach: There is mild to moderate distension of the stomach with a heterogeneous mixture of gas and amorphous/wispy soft tissue opaque material. There is also a small amount of thin, granular, and linear mineral opaque foreign material in the gravity dependent portion of the stomach, representative example measuring approximately 5 mm in maximal length. • Liver: There is the impression of focal hepatomegaly, with a rounded soft tissue pick structure in the right cranioventral abdomen, extending just past the level of the costal arch and located ventral to the gas-filled pyloric antrum on the left lateral projection. CBC, chem, pLI all NSF

## 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 6.6 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 evident in both kidneys.

The prostate is small and hypoechogenic.

### 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 2.72 cm in length x 0.45 cm and 0.5 cm in width. The right adrenal gland was not clearly 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 1.7 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*

Normal mesenteric lymph nodes.

No ascites evident.

## ULTRASONOGRAPHIC FINDINGS

- Normal ultrasound examination of the abdomen.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No specific therapy is recommended at this time.



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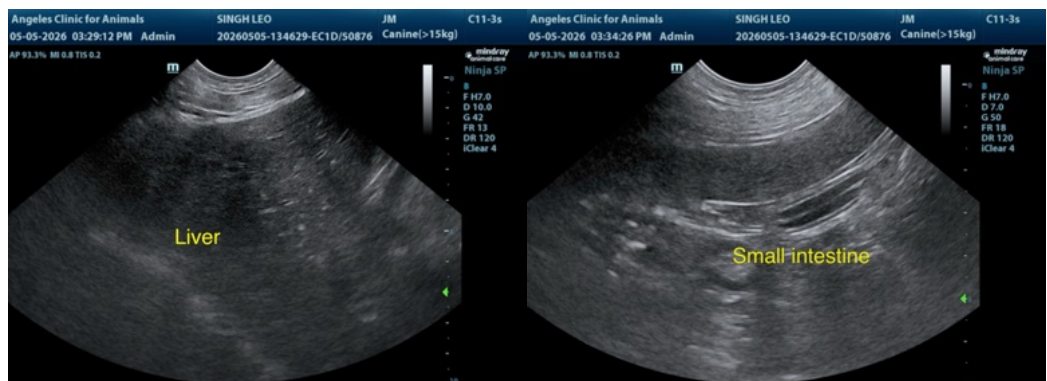
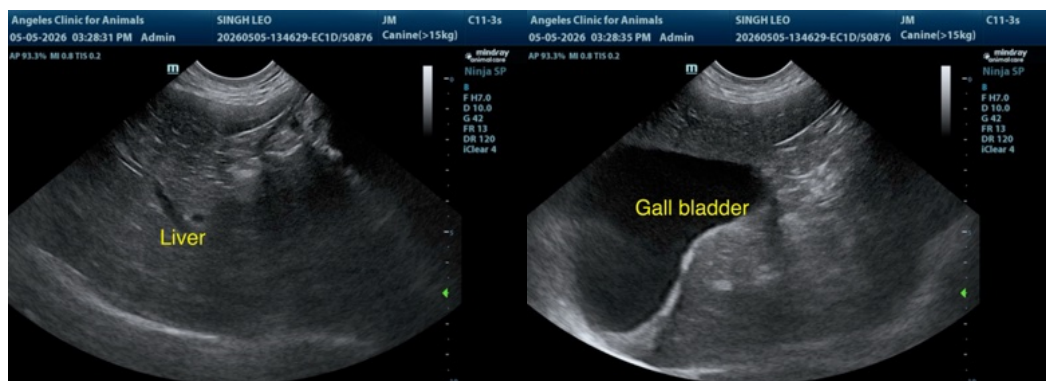
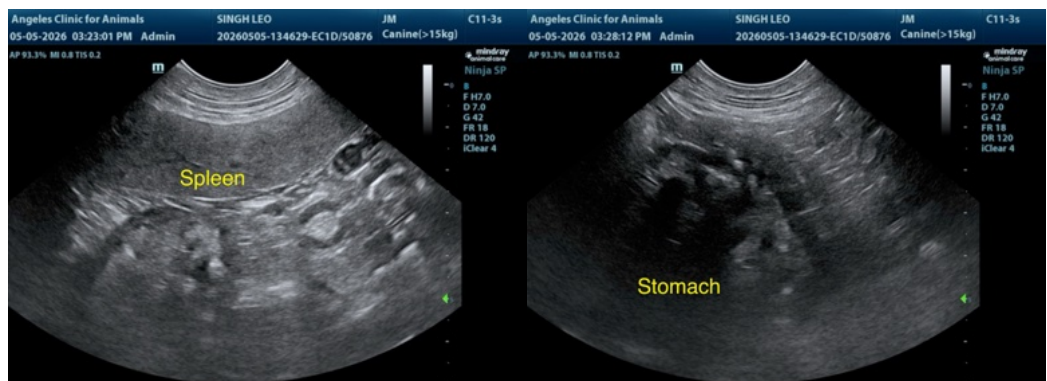
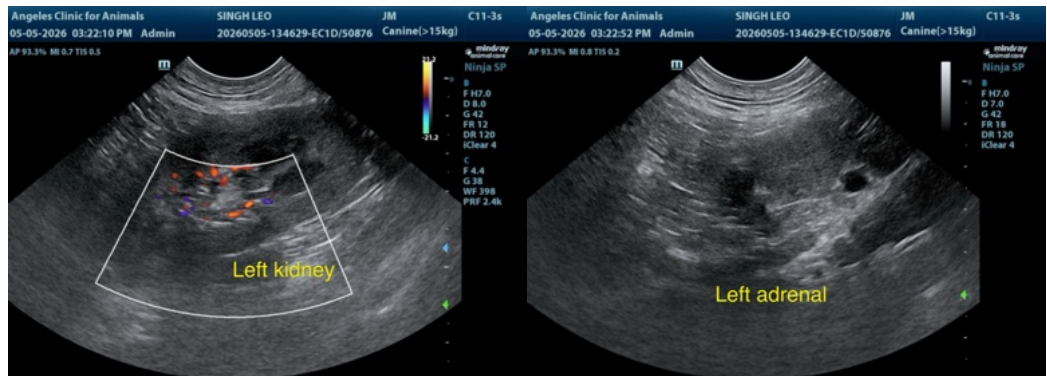
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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