



PATIENT ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Fender Soressi
SPECIES History: Nausea, weight loss (5 lbs in 45 days), and intermittent diarrhea. No blood in stools. Abnormal PE/Chem/CBC/UA Results: Tense abdomen, lethargic, dehydration 5-8%. In-house labs: HCT 33% mild anemia, increased platelet crit and platelets 588. no other abnormalities. Chem 17 - nsf; Concern for pancreatitis. No recent dietary indiscretion.

Canine

Urinary System

BREED

The urinary bladder is full, containing a small amount of floating hyperechogenic sediment, with a normal thickness and smooth appearance of the wall. No uroliths evident.

Mixed Shepherd

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

SEX

Neutered Male

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

AGE

15

Normal renal size (left 5.6 cm) (right 5.2 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.

WEIGHT

45 lbs

Reproductive System

Small, hypoechogenic prostate.

Adrenal Glands

Both glands not clearly visualized, but appear to be of normal shape, echogenic appearance, and size.

INTERPRETED BY

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

Spleen

Normal size (1.7 cm in width) and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. Focal, hypoechogenic parenchymal nodule in the body of the spleen (measuring approximately 0.5 x 1.3 cm in size).

IMAGING PERFORMED BY

Dr Adrienne Hou

Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

HOSPITAL NAME

Marina Village
 Veterinary &
 Integrative Care

Gallbladder

The gallbladder is full, containing small 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.

REFERRING VET

Dr Ashley McCaughan

Gastrointestinal

Normal appearance of the stomach, duodenum, 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. Normal thickness of the small intestine (up to 0.42 cm) with no loss of layering, but with mild segmental increase in the muscularis: mucosa ratio, normal peristaltic activity and no distention of the lumen.

INVOICE

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Pancreas

Visible sections are of normal size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

DATE

5-7-26



PATIENT *Free Abdomen*

Fender Soressi

Normal mesenteric lymph nodes.
No ascites evident.

SPECIES **ULTRASONOGRAPHIC FINDINGS**

Canine

- Enteropathy
- Splenic nodule
- Urinary bladder sediment
- Gall bladder sediment

BREED

Mixed Shepherd

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

Neutered Male

- Etiologies for the enteropathy would be parasitic enteritis, dietary hypersensitivity and inflammatory bowel disease.

AGE

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- Etiologies for the splenic nodule would be reactive hyperplasia/extramedullary hematopoiesis, hematoma, and granuloma, with emerging neoplasia a less likely differential diagnosis.

WEIGHT

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- Etiologies for the urinary bladder sediment would be incidental debris, crystalluria, and possibly bacterial cystitis.

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MMedVet (Med), PhD,
Dipl. ECVIM

- The gall bladder sediment can be considered an incidental finding.
- Further assessment would be urine and fecal analyses, possibly urine culture, cobalamin and folate assay, and endoscopy of the upper GI tract with biopsies.
- Specific therapy would be dependent on an etiological diagnosis.
- Symptomatic management that can be considered would be feeding small, frequent meals of a novel protein/hypoallergenic diet, course of fenbendazole, cobalamin supplementation. If there is not a satisfactory improvement, then a course of prednisolone would then be indicated.

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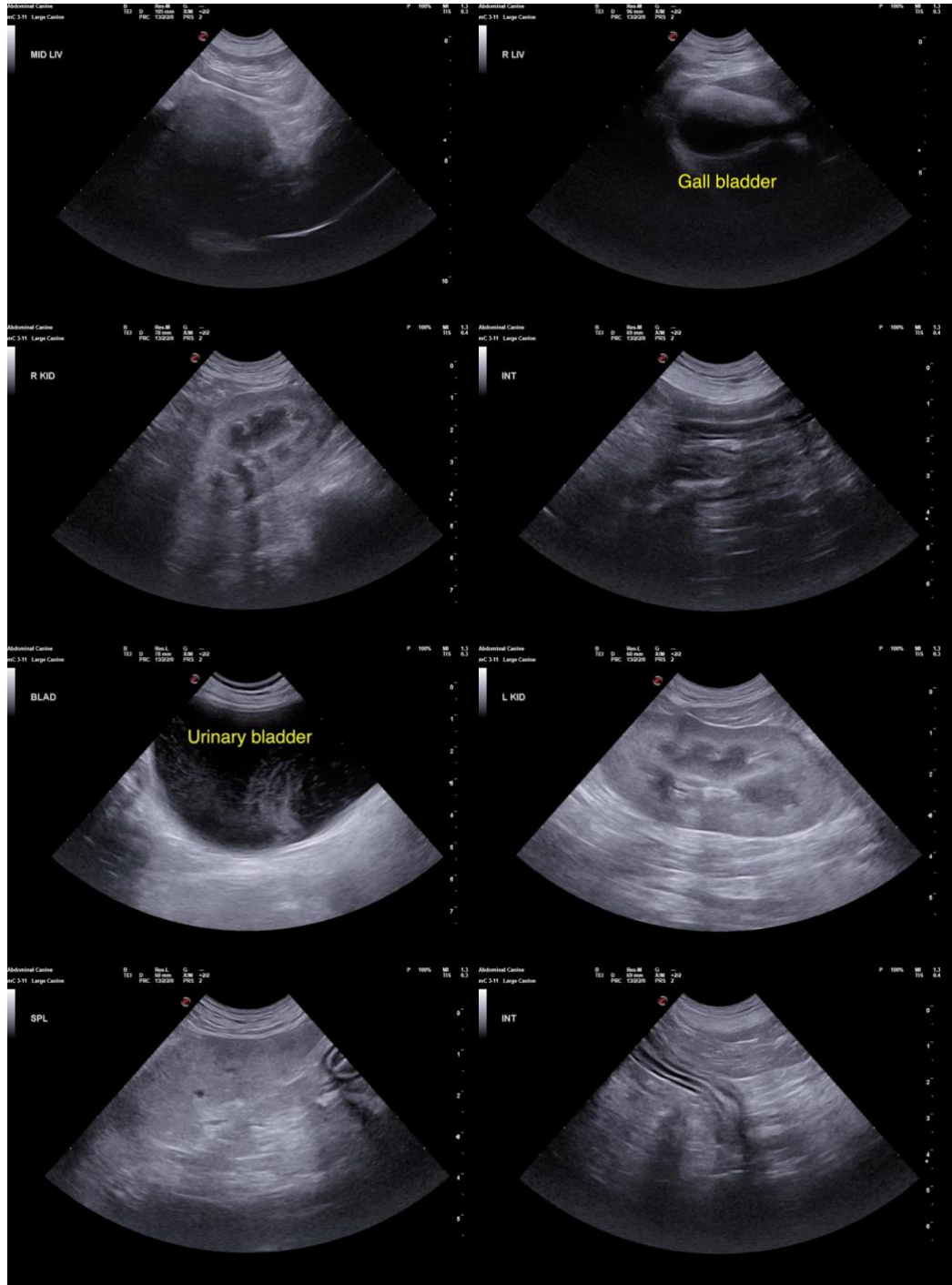
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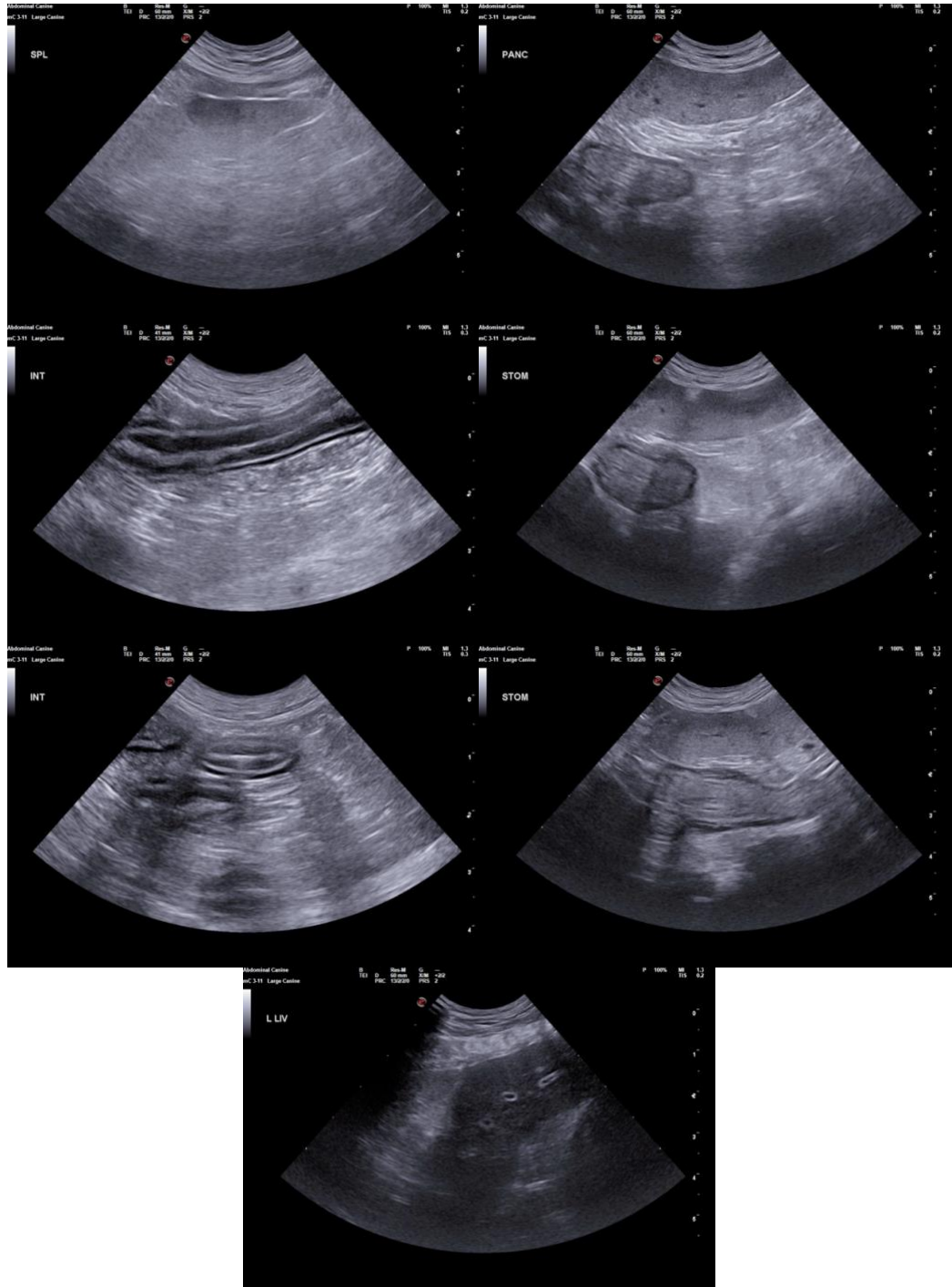
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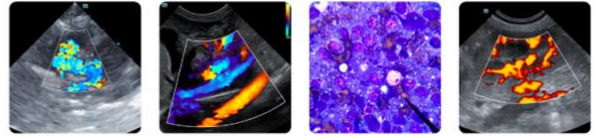
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



PATIENT

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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SPECIES

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)
info@sonopath.com

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