



## PATIENT ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Sterling Quattrociocchi

### SPECIES

Canine

### BREED

Dachshund Mix

### SEX

Neutered Male

### AGE

9

### WEIGHT

32.5 lbs

### INTERPRETED BY

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

### IMAGING PERFORMED BY

Danielle Shemanski,  
DVM, MA

### HOSPITAL NAME

Western NY  
Veterinary Svc

### REFERRING VET

Tim Vleuten, DVM

### INVOICE

23002

### DATE

5-8-26

History: RDVM REASON FOR REFERRAL:

Sterling was seen at REVS emergency on 5/5/26 for vomiting and jaundice. Labs showed marked hyperbilirubinemia and elevated liver enzymes. Hospitalization was recommended, but it is not financially feasible for the owner. After receiving fluids at Green Acres on 5/7, a repeat AUS is needed on 5/8 to reassess the bile duct and gallbladder (was not visualized by previous sonographer).

History from Owner

The owner reports that Sterling is doing much better today, not lethargic, and has some wags. The jaundice appears to be subsiding. He had a small bowel movement this morning for the first time since Sunday. The owner notes it has been a rough five days.

The symptoms started over the weekend with a "squishy tummy," which progressed to vomiting and eating grass. On Monday, the owner noticed he was yellow inside his ear, and his eyes and gums were also yellow, prompting an immediate visit to the emergency vet.

MEDICATIONS:

Entyce: 1.5 mL PO q24h for appetite  
Clavacillin 250mg: 1 tab PO q12h with food  
Enrofloxacin 136mg: 1 tab PO q24h with food  
Ondansetron 8mg: 2 tabs PO q12h for nausea  
Maropitant 60mg: 0.5 tab PO q24h for nausea  
Metronidazole 250 mg: 0.5 tab PO q12h

Abnormal PE/Chem/CBC/UA Results: Bloodwork (5/4/2026) CBC: HCT 48% WBC 15.5k (H) Neut 14.3k (H) Lymph 0.6k (L) Mono 0.6k (H) PLT 143k Chemistry: ALT 922 (H) AST 315 (H) Tbili 46.4 (H) ALP 2016 (H) BUN 51 (H) Cr 1.8 (N) Glu 68 (L) -- spot BG 177 TP 3.9 (hemolyzed) Alb 2.9 (L) Glob 0 -- icteric, did not read Ca 11.4 (H) Na 141 (N) K 2.2 (L) Cl 93 (L) PCV: 45% TS: 9.2 Lactate: 3.2 Coags: aPTT: 42.3s (21-59) PT: 19.2s (15-34) BP: 165 systolic

### Urinary System

The urinary bladder is full, with a normal thickness and smooth appearance of the wall. No infarcts or renoliths evident. Mild pinpoint bilateral mineralization 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 5.4 cm) (right 5.7 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 colorflow pattern evident in both kidneys.

### Reproductive System

Small hypoechogenic prostate (0.9 cm in width).

### Adrenal Glands

Normal shape, echogenic appearance, size (left 2.43 cm in length x 0.54 and 0.51 cm in width / right 2.2 cm in length x 0.56 and 0.57 cm in width), position, and appearance of the visible peri-renal vasculature.



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### **Spleen**

Normal size (2.1 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. No inflammatory, neoplastic, infarction, or infiltrative changes evident.

### **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 moderate amount of both adhered and floating hyperechogenic and mineralized sediment. Thickened and hyperechogenic appearance of the wall. Hypoechoic appearance of the liver parenchyma surrounding the liver. Normal size and appearance of the cystic and common bile ducts.

### **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**

Normal size with a hypoechoic appearance and an irregular capsule. Hyperechogenic appearance of the mesentery and fat surrounding the pancreas.

### **Free Abdomen**

Normal mesenteric lymph nodes.

No ascites evident.

Hyperechogenic appearance of the mesentery in the cranial abdomen

### **Thorax**

Normal appearance of the heart. No pericardial or pleural effusion evident.

## ULTRASONOGRAPHIC FINDINGS

- Pancreatitis
- Cholecystitis

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Further assessment that can be considered would be fecal analysis for liver fluke and cPL/PSL assay.
- Management of the pancreatitis would be fluid therapy, correction of any electrolyte anomalies, opioid analgesics, antiemetics, and feeding small, frequent meals of a low-fat intestinal-type diet.
- Management of the cholecystitis would be either cholecystectomy or medical management using antibiotic, opioid analgesics, and Ursodiol, with regular ultrasound monitoring and monitoring of liver enzyme activity.



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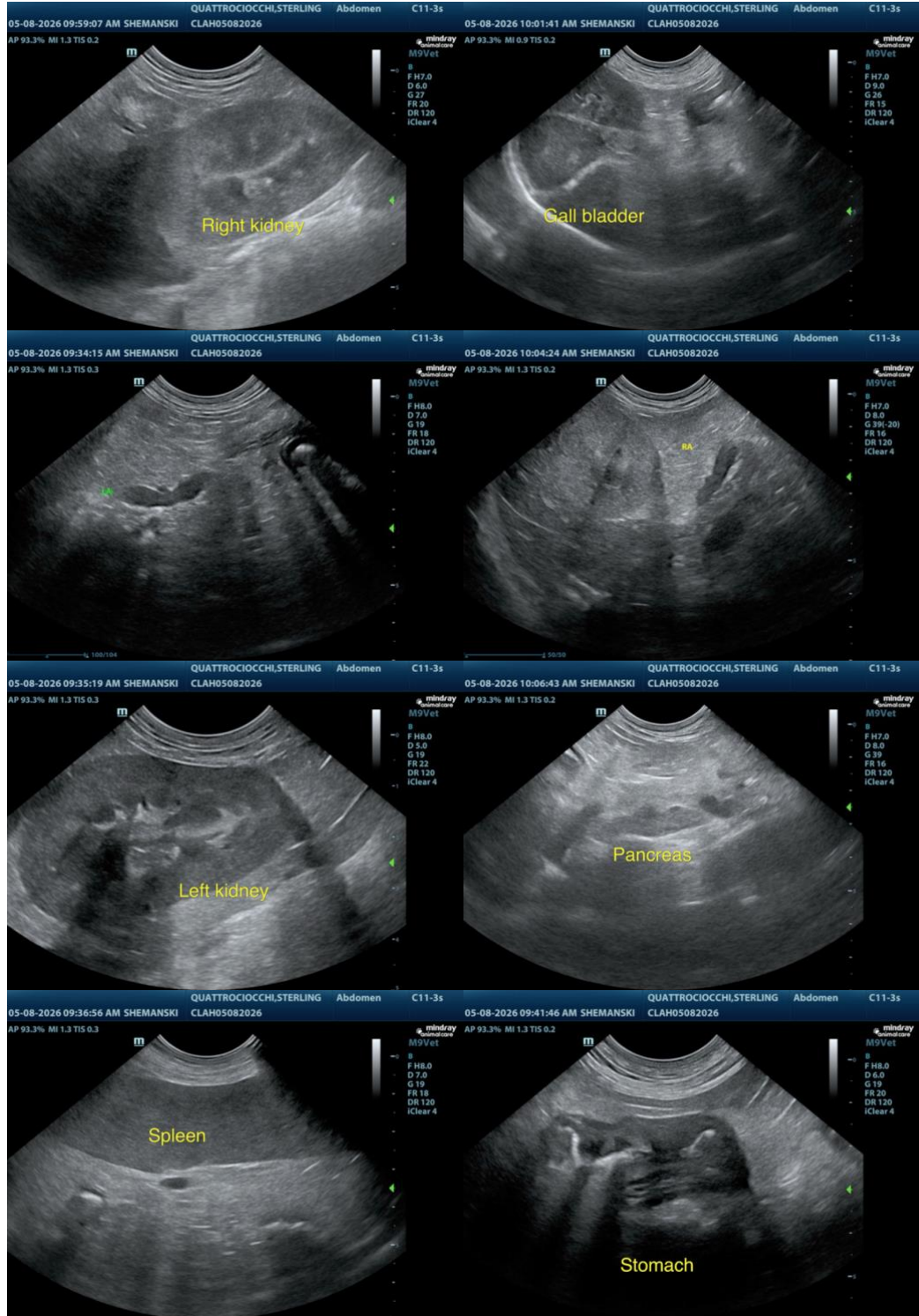
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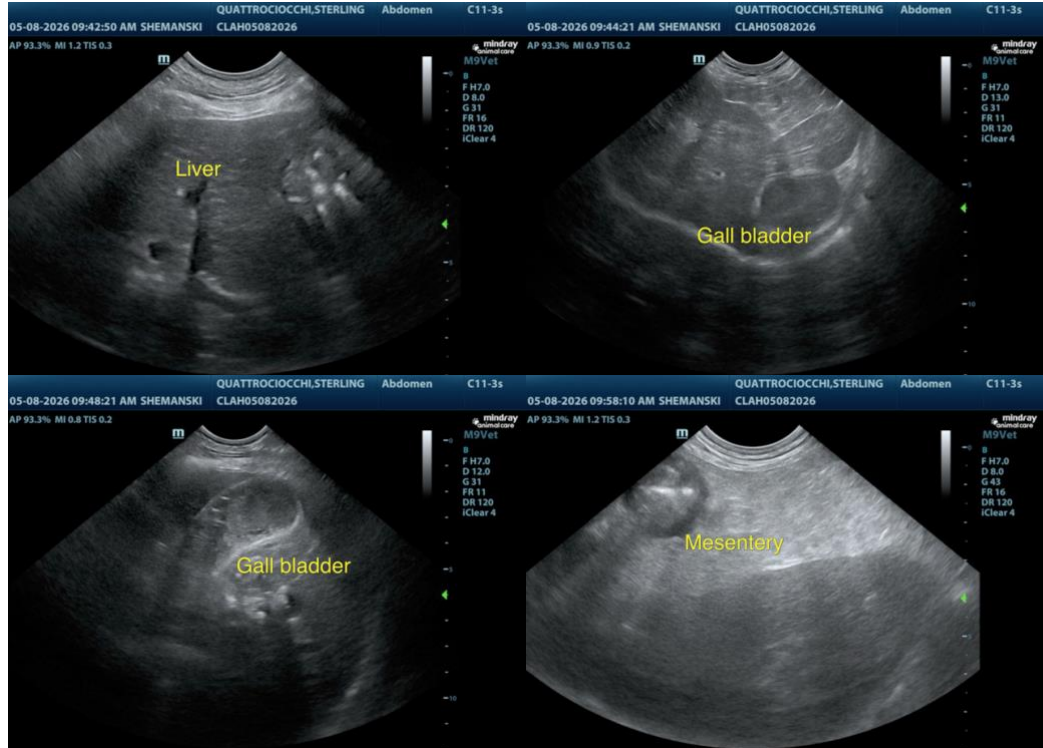
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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