



## PATIENT

Sarge Kmezt

## SPECIES

Canine

## BREED

German Shepherd

## SEX

Neutered male

## AGE

10 years

## WEIGHT

83 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Allison Gomer

## HOSPITAL NAME

Shohola VH

## REFERRING VET

Dr. Demeo

## INVOICE

78804

## DATE

6/17/26

## PRESENTING CLINICAL SIGNS

**History:** Since February, patient's eating habits have decreased. Stool consistency has gone from being soft-serve to diarrhea with bouts of inappetence. Owner initially felt that this was due to the loss of a housemate. Patient showed mild improvement on metronidazole. Owner says pet will only eat chicken thighs and will not touch commercial dog food of any sort.

**Abnormal PE/Chem/CBC/UA Results:** Most recent labs show an elevated ALP at 473 (reference range 5-131). The chemistry otherwise is normal. The CBC is normal. The thyroid is normal at 1.6. Urinalysis is pending. Fecal screen is negative for parasites. Blood work to Texas A&M GI panel is pending.

## 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 left renal size (7.2 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. Normal color flow pattern is evident.

The right kidney was not visualized.

The prostate is small and hypoechogenic.

### *Adrenal Glands*

The adrenal glands are not visualized.

### *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 3.0 cm in width.

### *Liver*

Normal size, echogenic appearance, 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 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**

- Gallbladder sediment.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

In essence a normal ultrasound examination of the abdomen as the gallbladder sediment can be considered an incidental finding.

On this ultrasound there is no obvious etiology for the presenting clinical signs.

Although the GI tract appears ultrasonographically normal, dietary hypersensitivity and inflammatory bowel disease should still be considered.

Further assessment and therapy needs to be based on the pending results.

Symptomatic management that could be considered would be feeding a novel protein/hypoallergenic diet and a course of Prednisolone.



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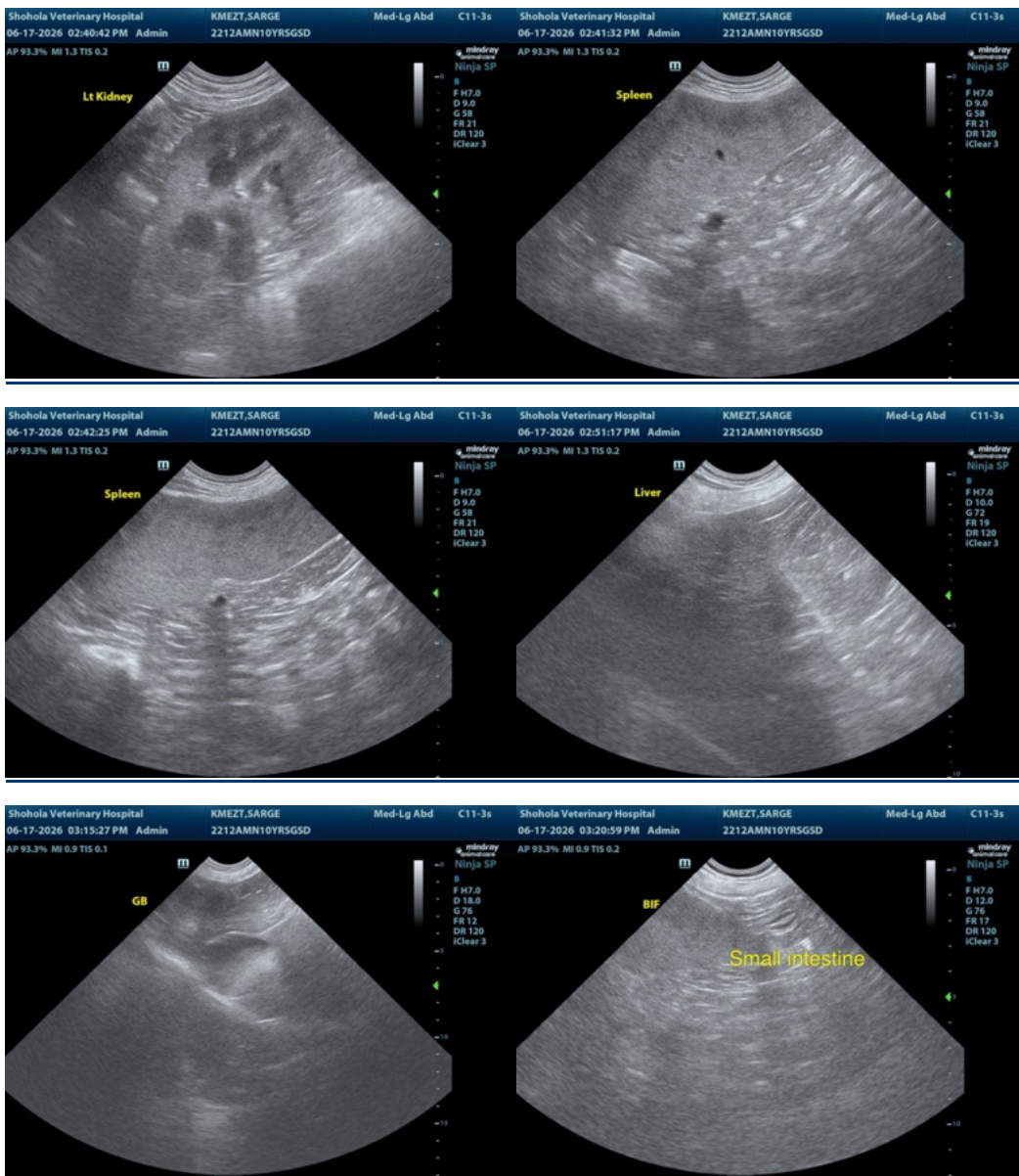
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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