



PATIENT

Lola Corll

SPECIES

Canine

BREED

Retriever Mix

SEX

Spayed female

AGE

9 years

WEIGHT

40 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jill Sheldon, DVM

HOSPITAL NAME

Advanced PetCare of
Oakland

REFERRING VET

Dr. Sheldon

INVOICE

78810

DATE

6/18/26

PRESENTING CLINICAL SIGNS

History: Patient started showing GI upset symptoms Monday with one episode of vomiting and continuous diarrhea. Vomiting returned Wednesday morning, diarrhea added blood component. From Monday thru Wednesday was bright and alert, interested in food and water. Thursday morning became severely lethargic, no interest in food or water. Patient started was started on Biome diet, Provable probiotic kit, Cerenia, Omeprazole, and Endosorb.

Abnormal PE/Chem/CBC/UA Results: PCV 74% Pancreatic lipase 311

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 5.0 cm, right measured 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.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.52 cm in width. The right adrenal gland measured 0.54 cm in width.

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.

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 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, 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. A focal, loop of small intestine shows loss of layering and contained a small amount of material within the lumen. A hyperechogenic appearance of the mesentery surrounding the loop. A small amount of ascites was noted around the small intestinal loop. The rest of the small intestine had no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen. A moderate amount of ingesta and fluid was present in the stomach.

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. The left pancreatic lobe measured 0.8 cm in width.

Free Abdomen

Normal mesenteric lymph nodes.

No further ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Focal enteropathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the focal enteropathy with the surrounding mesenteric inflammation would be perforation.

The ingesta and fluid present in the stomach would be compatible with gastric hypomotility.

A laparotomy would be recommended as it could be both diagnostic and therapeutic with further specific therapy dependent on an etiological diagnosis.



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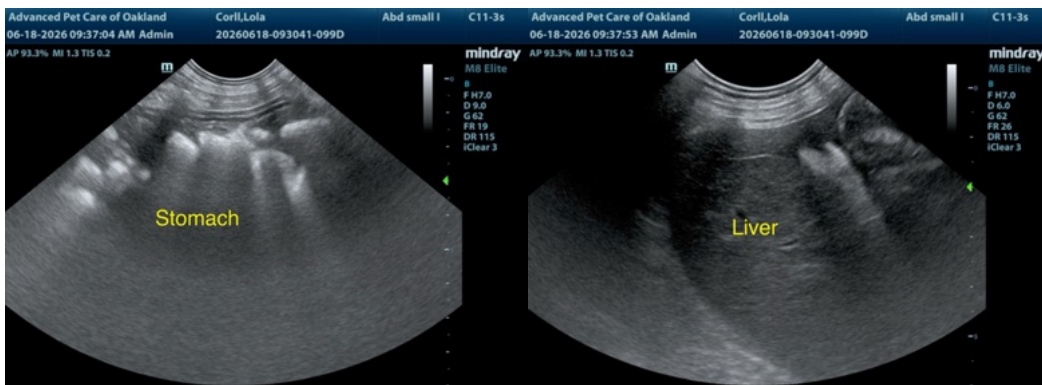
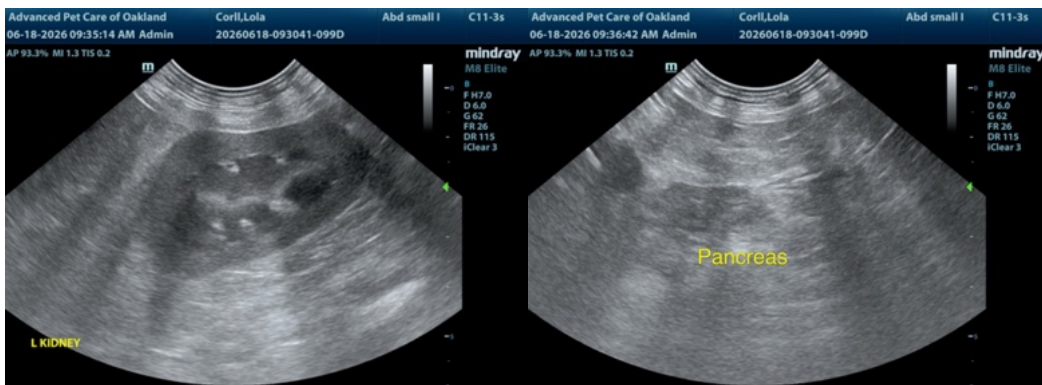
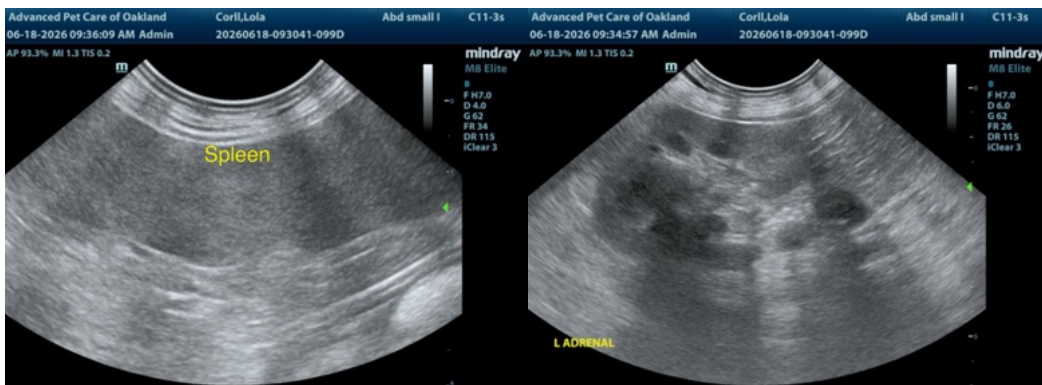
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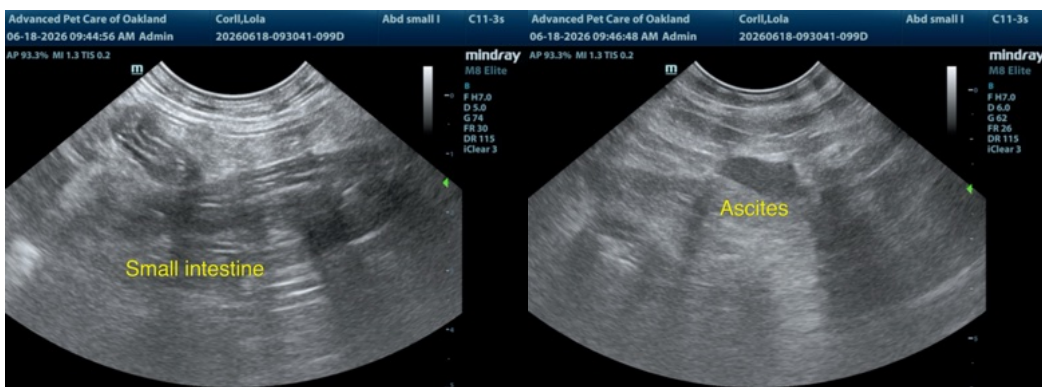
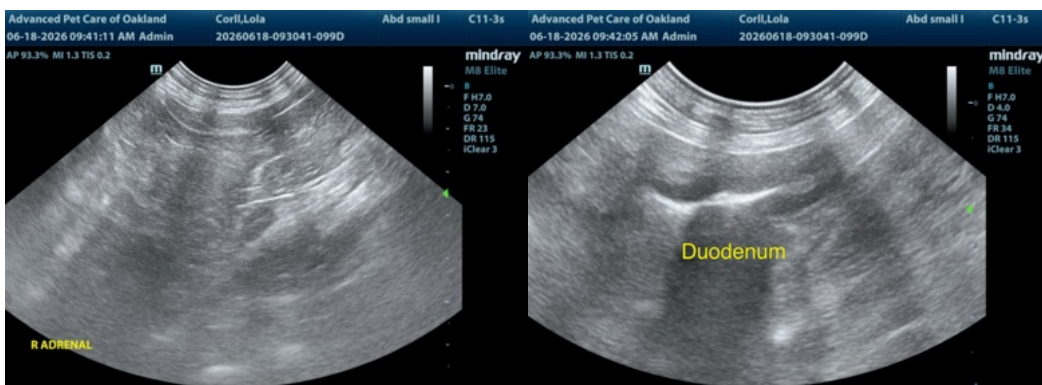
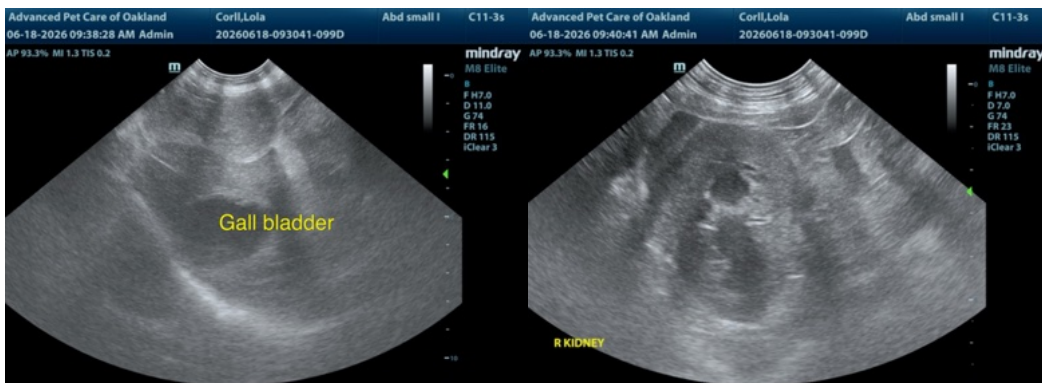
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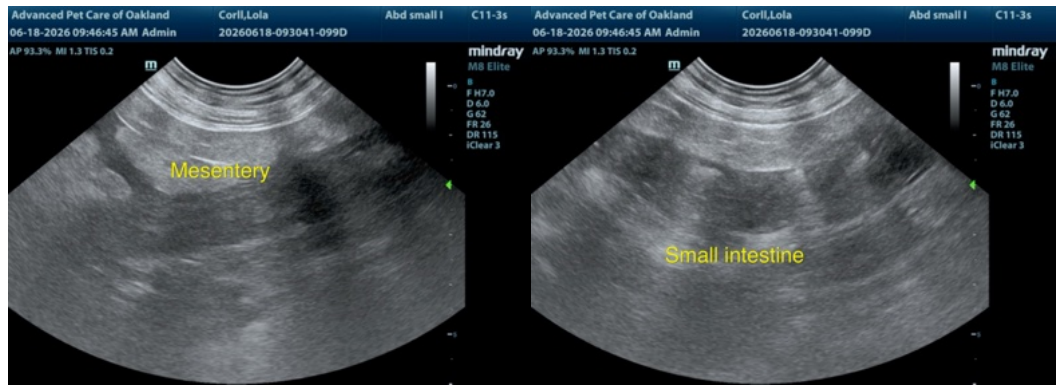
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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