



## PATIENT

Ulysses Mercier

## SPECIES

Canine

## BREED

Boston Terrier

## SEX

Neutered male

## AGE

8 years

## WEIGHT

15.2 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Gary Jimmerson

## HOSPITAL NAME

Willamette VH

## REFERRING VET

Dr. Jimmerson

## INVOICE

78273

## DATE

6/3/26

## PRESENTING CLINICAL SIGNS

History: Losing weight, diarrhea, and periodic inappetence ongoing ~2 wks. Interested in U/S here. Does not eat regularly, and V+ after eating, but did eat a full meal last night. Diarrhea for total of 2 weeks. First week was intermittent, current bout has been ongoing for 1 week. Liquid only, no solids. Energy wnl. Drinking/UR wnl. Has been seeing RDVM who recommended having U/S performed. O sending records (rads 2 weeks ago, UA yesterday, bloodwork yesterday and 2 weeks ago). Vx UTD. Per O, cerenia inj rcvd yesterday at 12:30pm.

Abnormal PE/Chem/CBC/UA Results: 5/13 rDVM labs CBC = HCT 48.2, Neuts 9.77 (H), monos 0.94 (H), eos 0.1 (L), platelets 512 (H) Chem = Glu 115 (H), Calcium 7.7 (L), TP 4.4 (L), Alb 2.0 (L), ALT 14 (L), AST 10 (L), Chol 109 (L), 6/1 rDVM labs CBC = HCT 40.3, WBCs 18.2 (H), Neuts 15.07 (H), monos 2.0 (H), eos 0.04 (L), platelets 475 (N) Chem = Glu 115 (H), Calcium 7.9 (N), TP 4.7 (L), Alb 2.0 (L), ALT 35 (N), Chol 97 (L) UA = USG 1.056, protein 1+, Bili 2+, WBCs 6/hpf, no bacteria, no casts, no crystals

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder is small with a normal thickness and smooth appearance of the wall. A focal, hypoechoic mural nodule is present in the dorsal wall measuring 0.7 x 1.3 cm in size with no obvious communication with the lumen of the bladder. 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 4.2 cm, right measured 4.8 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 hypoechoic.

### 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 0.34 cm and 0.37 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 1.6 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 small containing normal anechoic bile. Thickened and hyperechogenic 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. A moderate amount of ingesta is present in the stomach. A moderate amount of liquid chyme was present in the small intestine. A large amount of liquid fecal material is present in the colon.

## 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

- Urinary bladder mass.
- Previous cholecystitis.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The urinary bladder mass can be considered an incidental finding at this point in time.

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

The liquid chyme present in the small intestine and the liquid fecal material present within the colon can both be ascribed to the presenting clinical signs.



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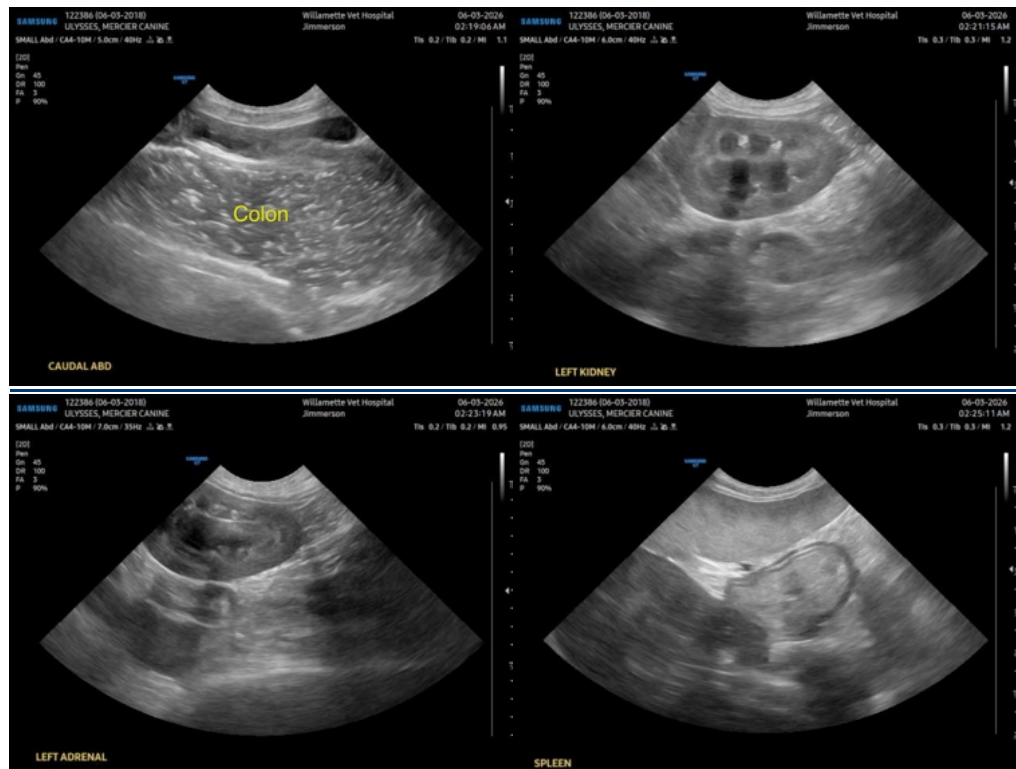
6/3/26

Although the GI tract appears ultrasonographically normal with the presenting clinical signs and hypoalbuminemia, an underlying enteropathy such as parasitic enteritis, dietary hypersensitivity and inflammatory bowel disease should still be considered.

Further assessment would be fecal analysis, cobalamin, folate and TLI assay and endoscopy of the upper GI tract with biopsies.

Specific therapy would be dependent on an etiological diagnosis.

Symptomatic management that could be considered would be feeding a novel protein/hypoallergenic diet, course of Fenbendazole, cobalamin supplementation, course of intestinal absorbents/protectants and if there is still not a satisfactory improvement, then a course of Prednisolone would then be indicated.





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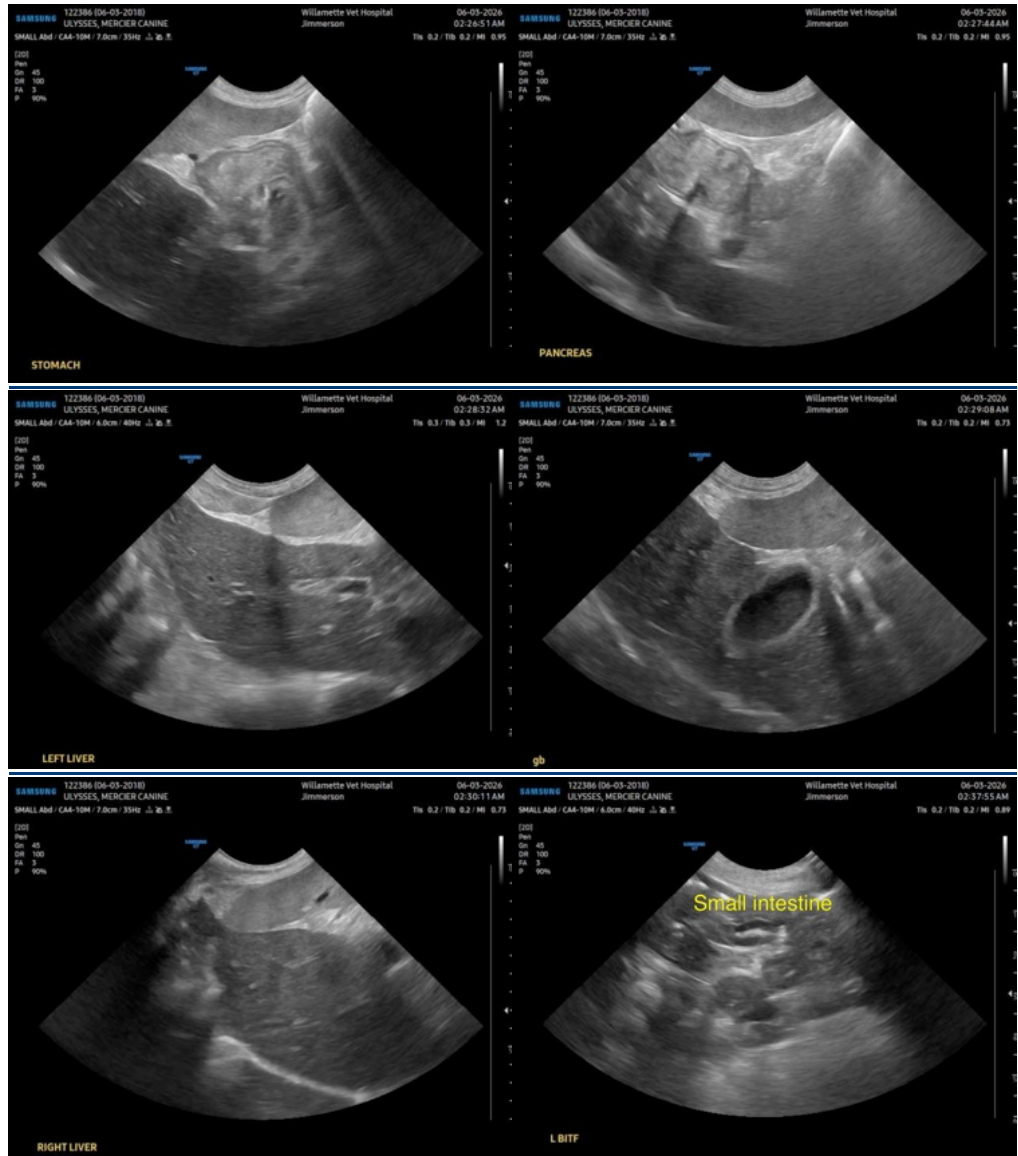
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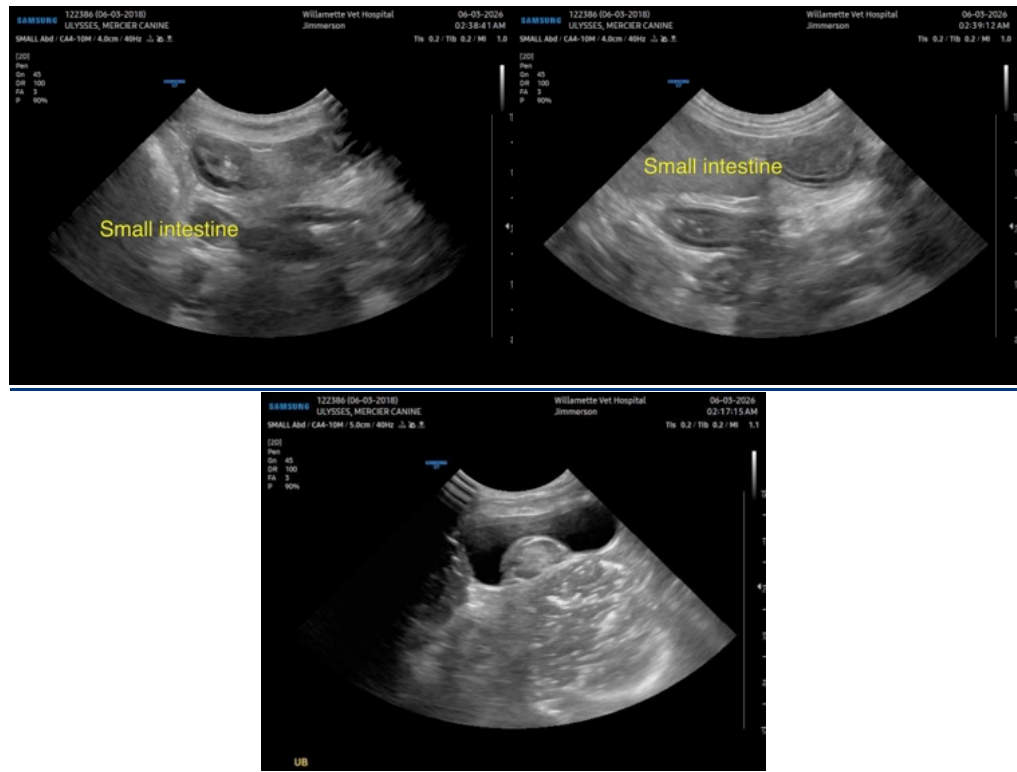
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

[info@sonopath.com](mailto:info@sonopath.com)