



PATIENT

Sadie Tong

SPECIES

Canine

BREED

Mixed

SEX

Spayed Female

AGE

6 Years 4 Months

WEIGHT

22.6 Pounds

INTERPRETED BY

Remo Lobetti BVSc,
MMedVet, PhD,
DECVIM

IMAGING PERFORMED BY

Dr. Ray

HOSPITAL NAME

Union Vet AH

REFERRING VET

Dr. Ray

INVOICE

37354

DATE

6/5/26

PRESENTING CLINICAL SIGNS

History: Bloody diarrhea for the past 3 days. The owner reports that the patient had the same issue and went the ER at 05/14 and was fine for 2 weeks and started again but the previous visit signs was vomiting and bloody diarrhea.

Abnormal PE/Chem/CBC/UA Results: CBC within the normal limits. Chem showing slight elevation in ALP 4 DX test -ve

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full urinary bladder 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, architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident. The left kidney measured 4.2 cm.

The right kidney was not clearly visualized, but appears to be of normal shape, appearance, and size.

Adrenal Glands

Normal left adrenal gland shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. The left adrenal gland measured 0.46 cm and 0.45 cm in width.

The right adrenal gland was not visualized.

Spleen

Normal size (1.2 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

Full gallbladder, 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, 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.



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Pancreas

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

- Normal ultrasound examination of the abdomen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

On this ultrasound, there is no obvious etiology for the presenting clinical signs. The most likely etiology for the presenting clinical signs would be acute hemorrhagic diarrhea, with non-specific gastroenteritis, such as dietary indiscretion, toxins, viral and parasites, a possible differential diagnosis. If the presenting clinical signs become more repetitive or chronic, then other possible etiologies to consider would be dietary hypersensitivity and inflammatory bowel disease.

Initial assessment would be fecal analysis, but if the clinical signs become progressive or chronic, then further assessment to consider would be cobalamin and folate assay and endoscopy of the upper GI tract with biopsies.

Specific therapy would be dependent on an etiological diagnosis.



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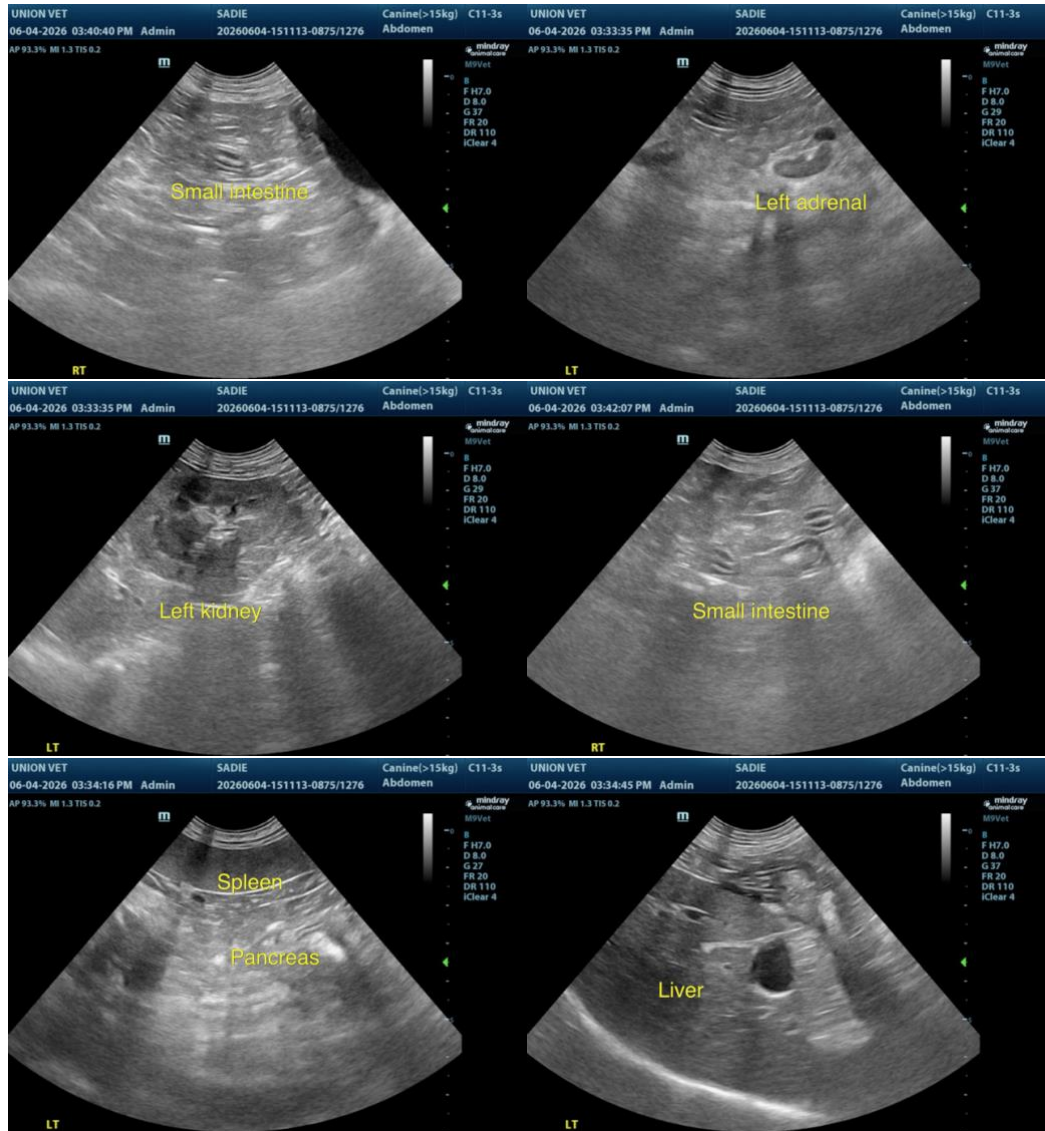
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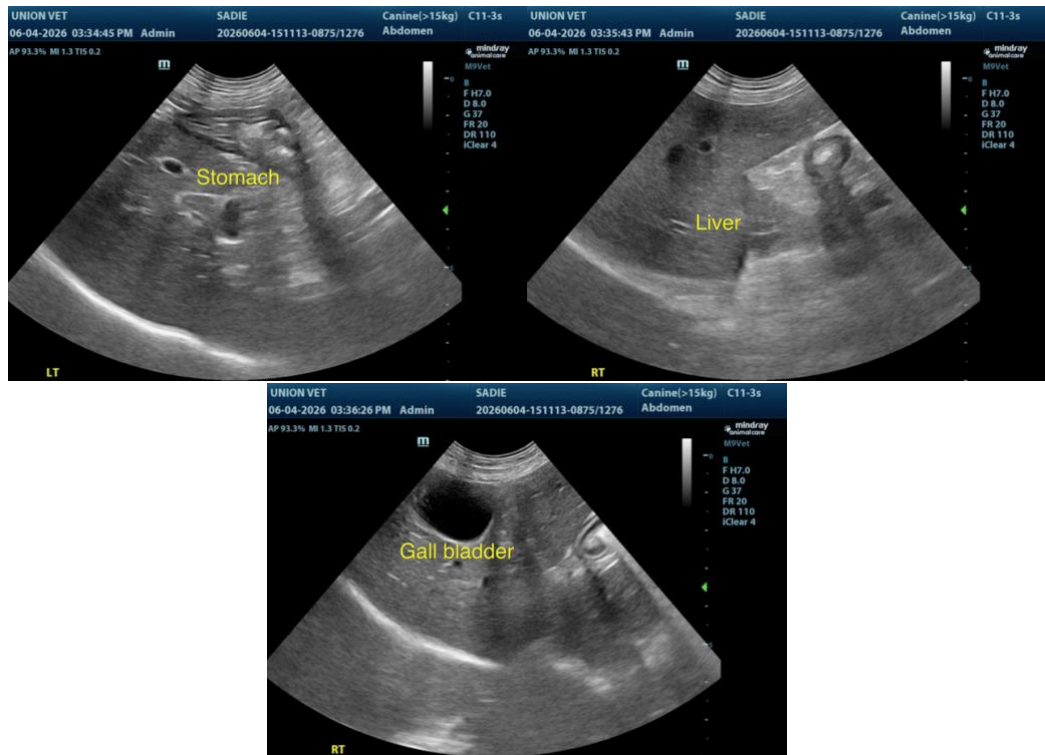
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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