



PATIENT

Lucy Scott

SPECIES

Canine

BREED

Poodle Mix

SEX

Spayed Female

AGE

4 Years

WEIGHT

14.6 Pounds

INTERPRETED BY

Remo Lobetti BVSc,
MMedVet, PhD,
DECVIM

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Stewart's Mtn. View AH

REFERRING VET

Dr. Stewart

INVOICE

37375

DATE

6/6/26

PRESENTING CLINICAL SIGNS

History: P has history of intermittent vomiting where she will vomit several times in a row
Abnormal PE/Chem/CBC/UA Results: WBC 17, Neu 13

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 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 3.6 cm. The right kidney measured 4.0 cm.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. The left adrenal gland measured 1.59 cm in length x 0.44 cm and 0.46 cm in width. The right adrenal gland measured 1.78 cm in length x 0.44 cm in width.

Spleen

Normal size (1.1 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

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.

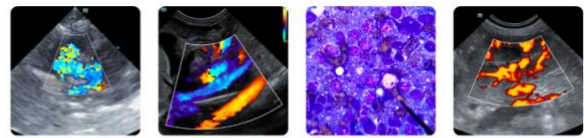
Gastrointestinal

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. Fecal material was present within the colon.

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



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Normal mesenteric lymph nodes.

Lucy Scott

No ascites evident.

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ULTRASONOGRAPHIC FINDINGS

Canine

- Normal ultrasound examination of the abdomen

BREED

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Poodle Mix

On this ultrasound there's no obvious etiology for the presenting clinical signs. Although the GI tract appears ultrasonographically normal, with the presenting clinical signs and underlying gastroenteropathy such as chronic gastritis, helicobacter gastritis, parasitic gastroenteritis, dietary hypersensitivity and inflammatory bowel disease should still be considered. Further assessment would be fecal analysis, cobalamin and folate assay and endoscopy of the upper GI tract with biopsies.

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Specific therapy would be dependent on an etiological diagnosis.

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Symptomatic management that could be considered would be feeding small frequent meals of a novel protein/a hypogenic diet, a course of fenbendazole, cobalamin supplementation and if there's still not a satisfactory improvement, then triple therapy for helicobacter gastritis, and if there's still not a satisfactory improvement then a course of prednisolone would then be indicated.

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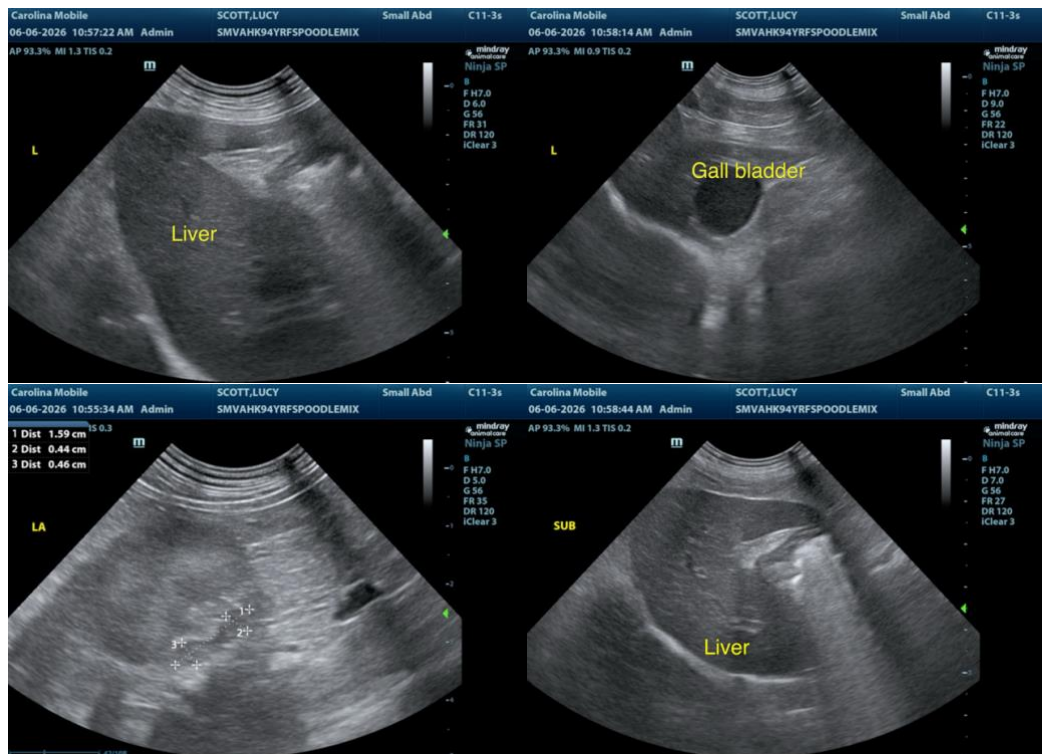
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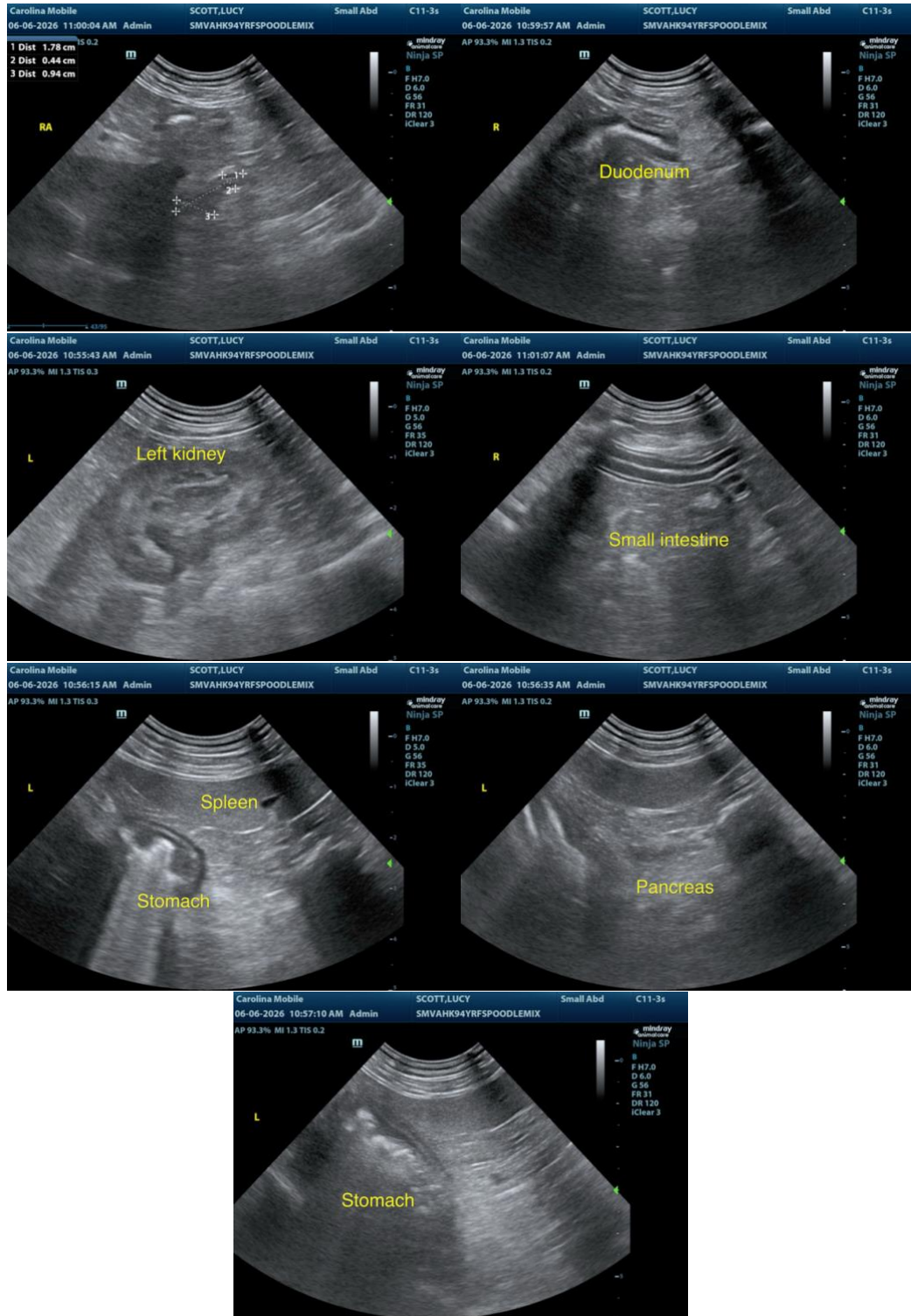
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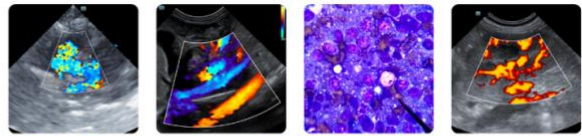
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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