



PATIENT

Elektra Martinez

SPECIES

Canine

BREED

German Shepherd

SEX

Spayed female

AGE

8 years

WEIGHT

62 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Alexis Cervantes

HOSPITAL NAME

TLC AH

REFERRING VET

Dr. Castorena

INVOICE

78454

DATE

6/8/26

PRESENTING CLINICAL SIGNS

History: History: Patient is a 9yr old, female spayed, German Shepard. Patient presented 6/6/26 with vomiting and anorexia. Owner elected symptomatic treatment at that time. Today patient came back due to severe watery diarrhea. vomiting and anorexia now resolved. Owner elected to do BW and radiographs. Bloodwork shows an increased total bilirubin. Total Biliruben 1.6 (0.0-0.9) was 1.2 a month ago. Recommended Abdominal u/s to try and find cause for increase in bilirubin. Chest radiographs clear today. Abdominal radiographs showed moderate distention/gas in small intestine. There is mild bunching of small intestine that are overlaying the stomach on left lateral. stomach slightly gas distended. No obvious obstruction seen. Patient has a history of unilateral epistaxis. CT showed Right nasal cavity erosive lesion (ddx carcinoma vs atypical aspergillosis).

Goal: try to find cause of increasing bilirubin, look for any signs of possible GI obstruction, and Look for any signs of neoplasia

Abnormal PE/Chem/CBC/UA Results: 06/08/2026: Monocytes 1.21 (0.16-1.12) PLT 56 (148-484) MPV 14.6 (8.7-13.2) Plateletcrit 0.08 (0.14-0.46) GLOB 4.8 (2.5-4.5) Total Biliruben 1.6 (0.0-0.9) was 1.2 a month ago CPL: 184 (0-200)

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 6.5 cm, right measured 6.7 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 0.44 cm and 0.42 cm in width. The right adrenal gland measured 0.65 cm and 0.51 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 1.8 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 full containing a large amount of hyperechogenic, non-adhered 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

Although the gallbladder sediment can be considered an incidental finding, it may be contributing to the mildly elevated bilirubin. On this ultrasound there is no obvious etiology for the watery diarrhea.

The most likely etiology for the initial presenting and recent clinical signs would be non-specific gastroenteritis such as dietary indiscretion, toxins, viral and possibly parasitic.

Symptomatic management would be feeding small frequent meals of a low fat intestinal type diet and intestinal absorbents/protectants.



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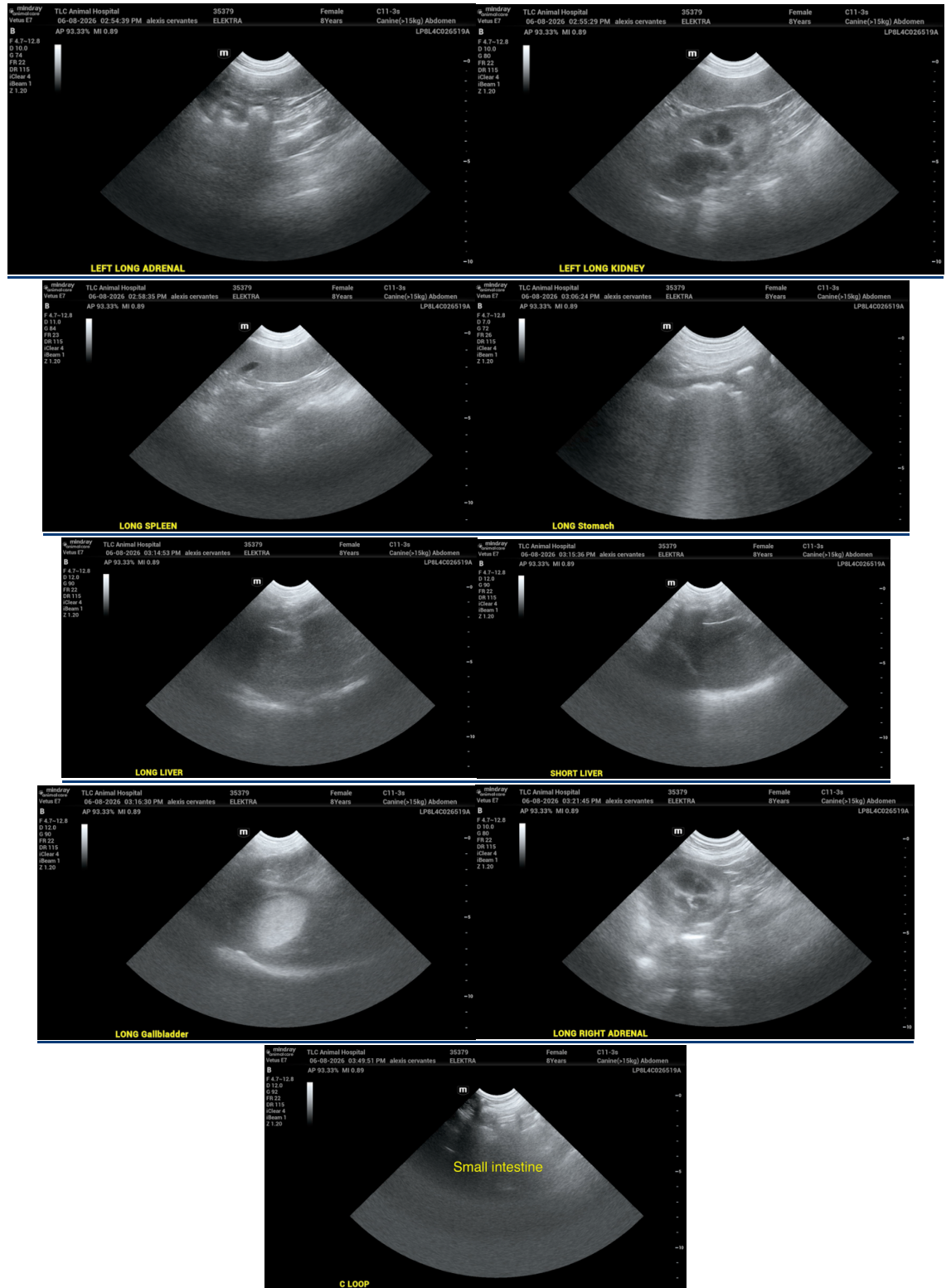
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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