



PATIENT

Frannie Loparcoq

SPECIES

Canine

BREED

Welsh Terrier

SEX

Spayed female

AGE

12 ½ years

WEIGHT

INTERPRETED BY

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

IMAGING PERFORMED BY

Ginny Dodd DVM,
DABVP (CFP)

HOSPITAL NAME

City Vet Marvin

REFERRING VET

Dr. Moore

INVOICE

69862

DATE

1/6/26

PRESENTING CLINICAL SIGNS

History: Vomiting and abdominal pain discomfort- 2 episodes in past week that responded to Cerenia; dark stools, prior h/o intermittent diarrhea and occasional vomiting controlled with medication

Abnormal PE/Chem/CBC/UA Results: CBC last week- normal CHEM last week- ALKP 288, ALT 184

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full 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 4.2 cm, right measured 4.0 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.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 1.82 cm in length x 0.89 cm and 0.29 cm in width. The right adrenal gland measured 1.92 cm in length x 0.62 cm and 0.59 cm in width. Two small parenchymal cysts were noted in the caudal pole of the right adrenal gland. One cyst measured 0.8 cm and the other measured 0.2 cm.

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 1.5 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 a moderate 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

The rest of the stomach and duodenum had no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity. A moderate amount of ingesta and fluid is present in the stomach. Normal appearance of the 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. Thickening of the pylorus and proximal duodenum with no loss of layering with both regions containing foreign bodies.

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

- Pyloric and proximal duodenal foreign bodies.
- Right adrenal cysts.
- Gallbladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The right adrenal cysts and gallbladder sediment can be considered incidental findings.

Initial management would be fluid therapy, correction of any electrolyte anomalies, antiemetics and feeding small frequent meals of a low-fat intestinal type diet and repeating the ultrasound after 18-24 hours especially if there is not a satisfactory improvement.

On a follow-up ultrasound if there is no change in the appearance of the pylorus and duodenum then a laparotomy would be recommended.



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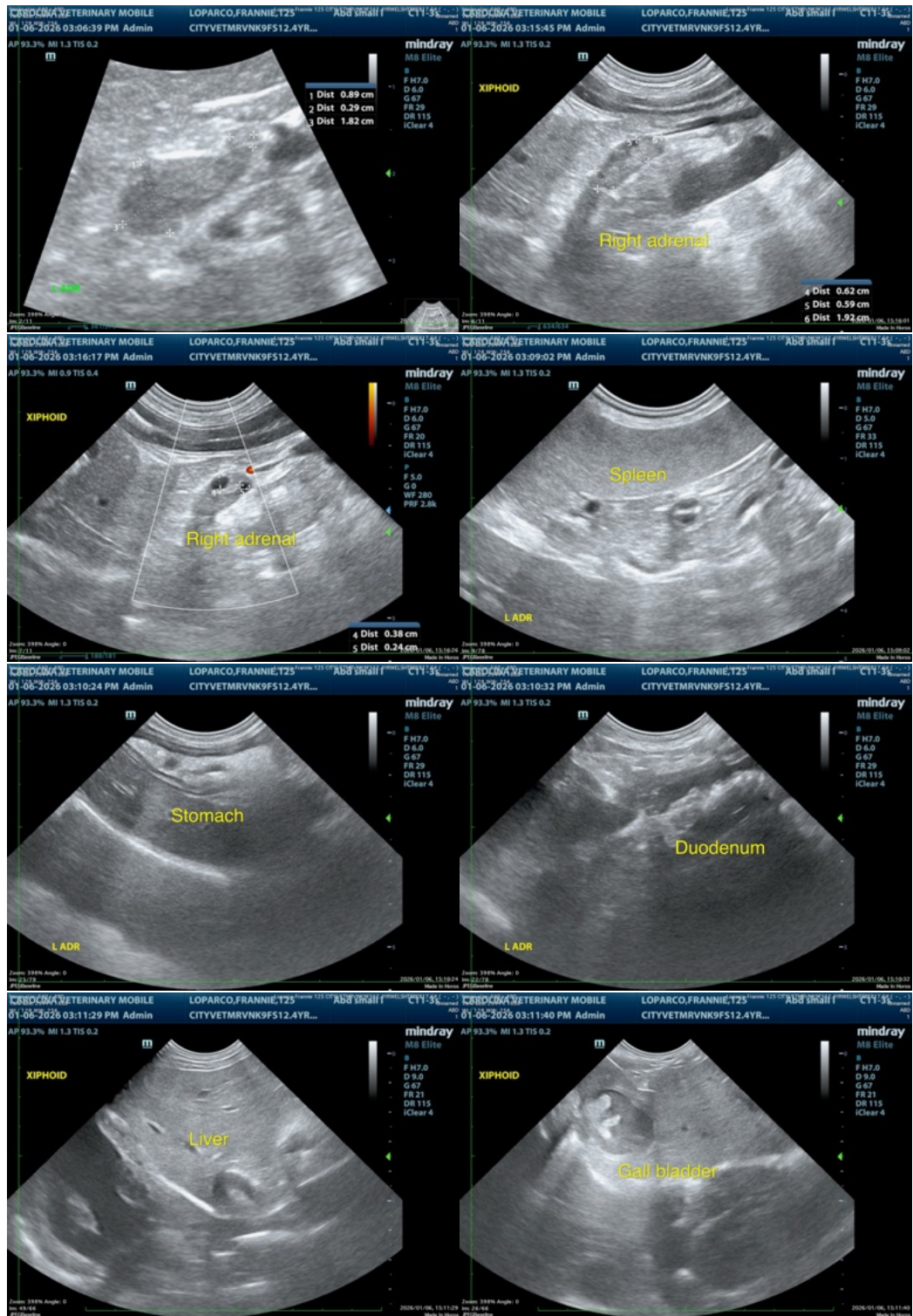
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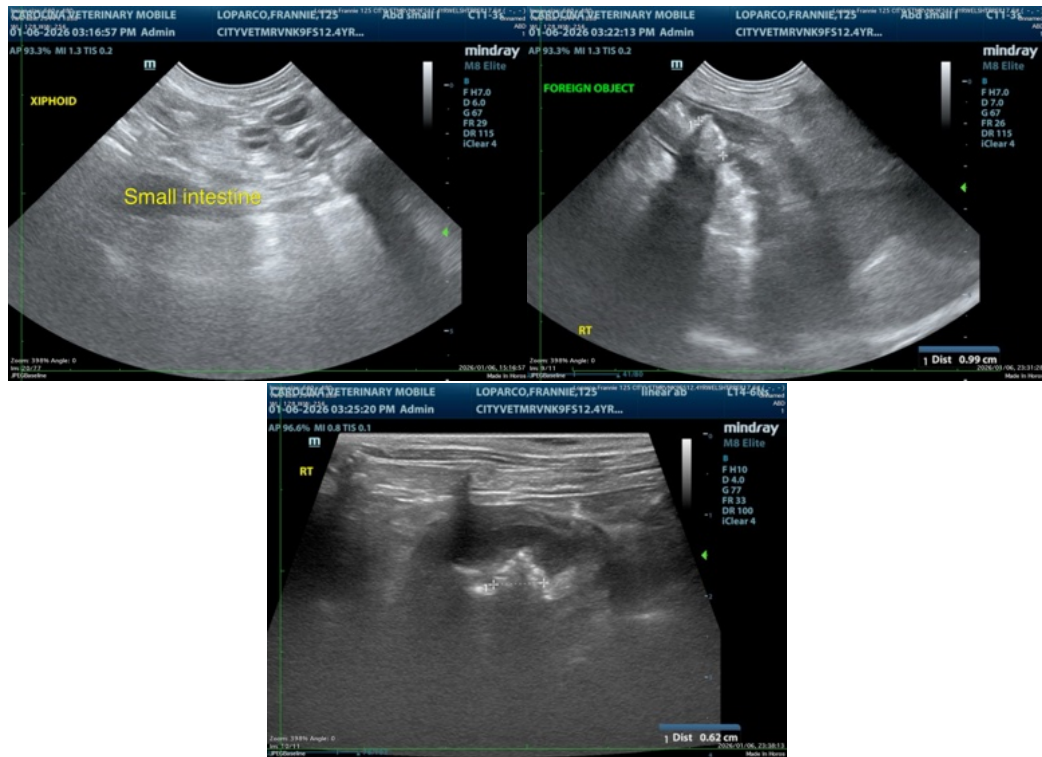
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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