



PATIENT

Bailey Nelson

SPECIES

Canine

BREED

Beagle

SEX

Neutered male

AGE

10 years

WEIGHT

38 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Ginny Dodd, DVM

HOSPITAL NAME

Ironton AH

REFERRING VET

Dr. Creech

INVOICE

78395

DATE

6/4/26

PRESENTING CLINICAL SIGNS

History: ADR, more lethargic, less interest in food
 Abnormal PE/Chem/CBC/UA Results: PAR, mild dental plaque, abdomen sl tense on palpation CBC- mild reticulocytosis CHEM- ALT 437, ALP 214, Rads- abd- no masses noted

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full with a normal thickness and smooth appearance of the wall. Small, incidental, hyperechogenic nodule on the dorsal wall measuring 0.2 cm in size. 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 5.2 cm, right measured 5.9 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 hypoechogenic measuring 1.3 x 2.6 cm in size.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 1.65 cm in length x 0.44 cm and 0.45 cm in width. The right adrenal gland measured 1.82 cm in length x 0.55 cm and 0.43 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. Incidental myelolipoma is present. The spleen measured 1.9 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 small amount of non-adhered, hyperechogenic sediment. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

Gastrointestinal

Focal thickening of the gastric wall measuring 1.0 x 1.9 cm in size with a hypoechogenic appearance, loss of layering and no vascular pattern evident. Normal appearance of the duodenum, small intestine, ileocecal 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

- Focal, gastric thickening.
- Gallbladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the gastric thickening would be focal gastritis, Helicobacter gastritis, ulcerative disease, granulomatous disease and possibly emerging neoplasia.

The gallbladder sediment can be considered an incidental finding.

Further assessment would be if possible FNA cytology of the gastric wall, gastroscopy with biopsies should also be considered.

Specific therapy would be dependent on an etiological diagnosis.

Symptomatic management that can be considered would be gastric protectants (Sucralfate, Omeprazole), feeding small frequent meals of an intestinal type diet and if there is not a satisfactory improvement then triple therapy for Helicobacter gastritis.



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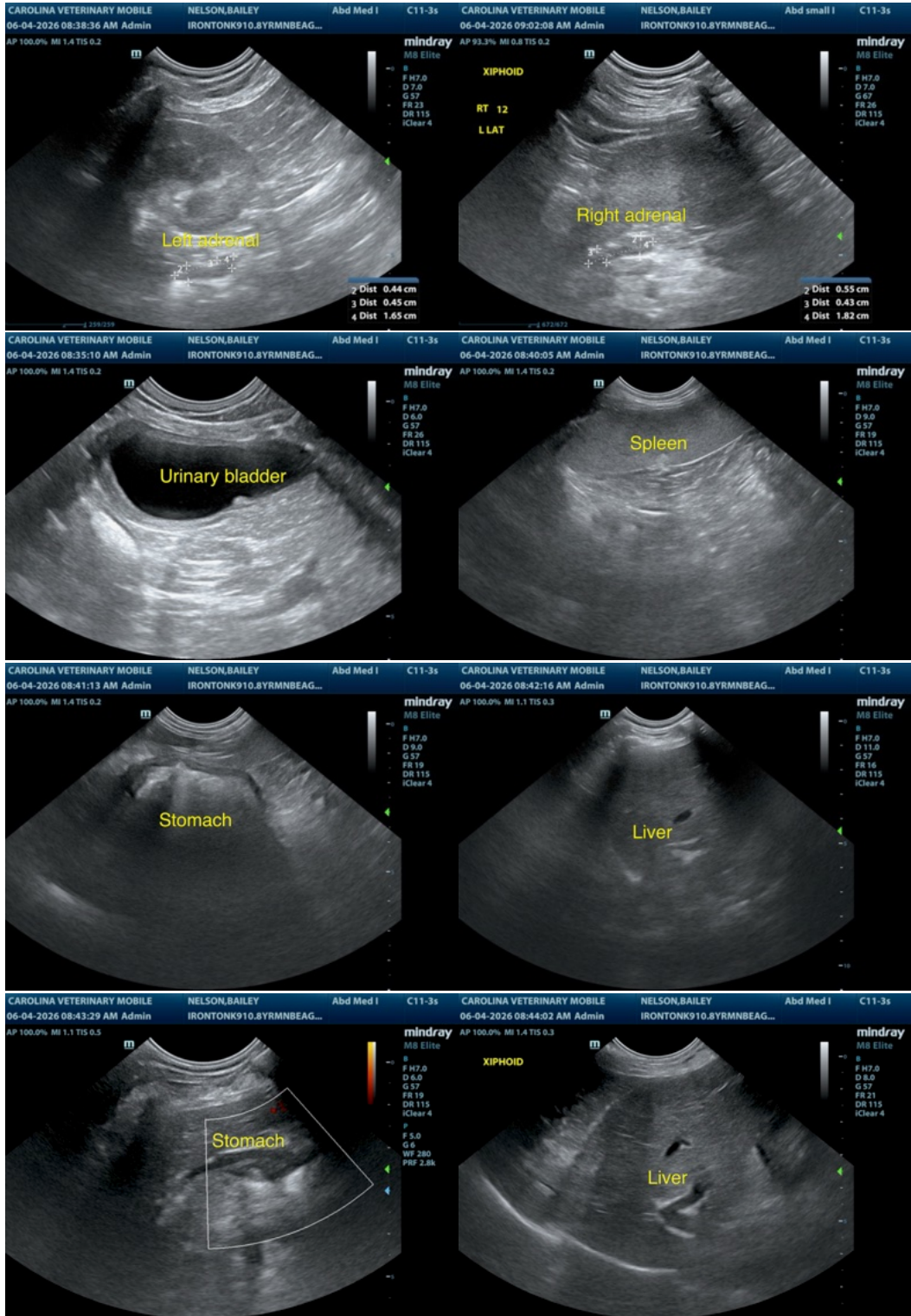
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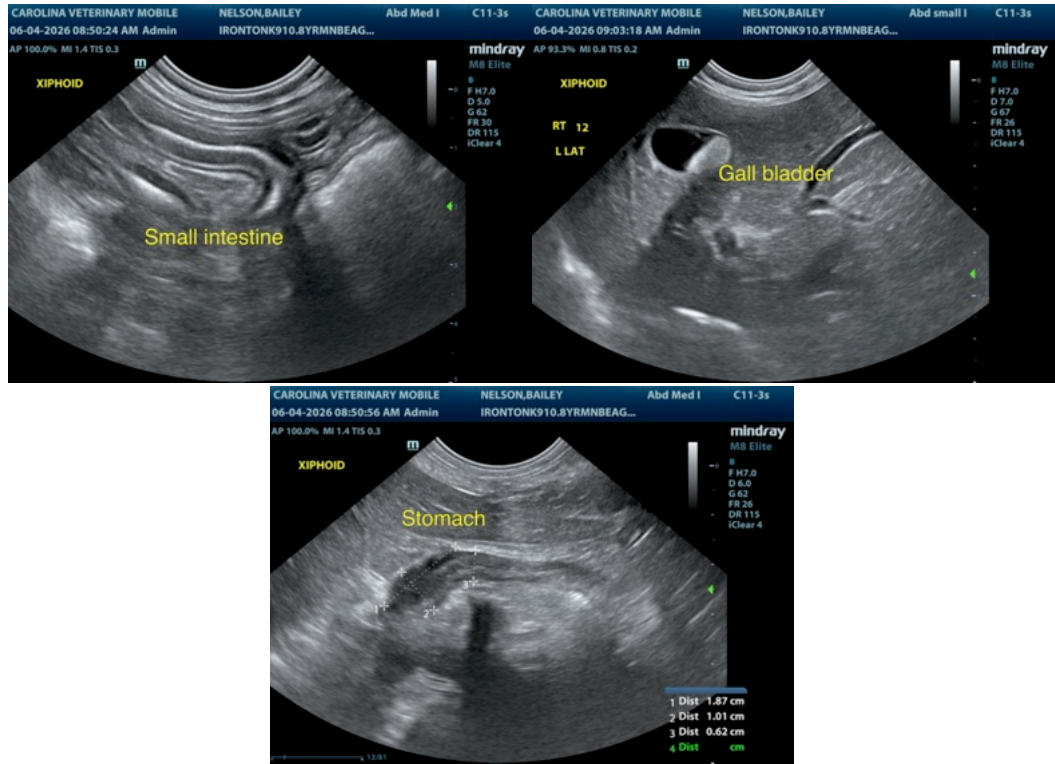
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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