



**PATIENT**

Zoey Stackhouse

**SPECIES**

Canine

**BREED**

Labrador Cross

**SEX**

Spayed female

**AGE**

7 years

**WEIGHT**

40.1 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Simcoe AH

**REFERRING VET**

Dr. Kaur

**INVOICE**

69349

**DATE**

12/5/25

**PRESENTING CLINICAL SIGNS**

History: BCS 6/9, Temp 38.3C, P 112, losing weight, gassy, loose stools, tense on abdominal palpation. No enlarged LNs, normal mentation, no lameness. Rectal exam revealed brown stool. Has been Lyme positive in the past. Has been on Sulcrate and Propalin Syrup.  
 Abnormal PE/Chem/CBC/UA Results: BW - WNL other than Lipase 3876(200-1800) and pancreatic Lipase 757(0-200)U/L Rads showed a lot of gassy dilation in area of transverse colon near stomach. Seems to stop abruptly but no density seen there. Some radiodense particulate material in a trail through large bowel, possibly bone? Discospondylosis L2-L3-L4-L5

**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 6.2 cm, right measured 7.0 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 3.8 cm in length x 0.82 cm and 0.84 cm in width. The right adrenal gland measured 2.95 cm in length x 0.72 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 2.9 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 small 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. Small amount of fluid and gas was present in the stomach. Fecal material was present in the colon.

***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.

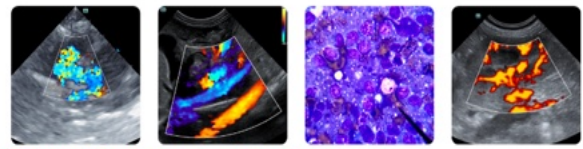
**ULTRASONOGRAPHIC FINDINGS**

- 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. Although the visible sections of the pancreas appear ultrasonographically normal, with the elevated lipase and pancreatic lipase, low-grade segmental pancreatitis should still be considered.

Initial management would be fluid therapy as needed, antiemetics, analgesics and feeding small frequent meals of a low-fat intestinal type diet.



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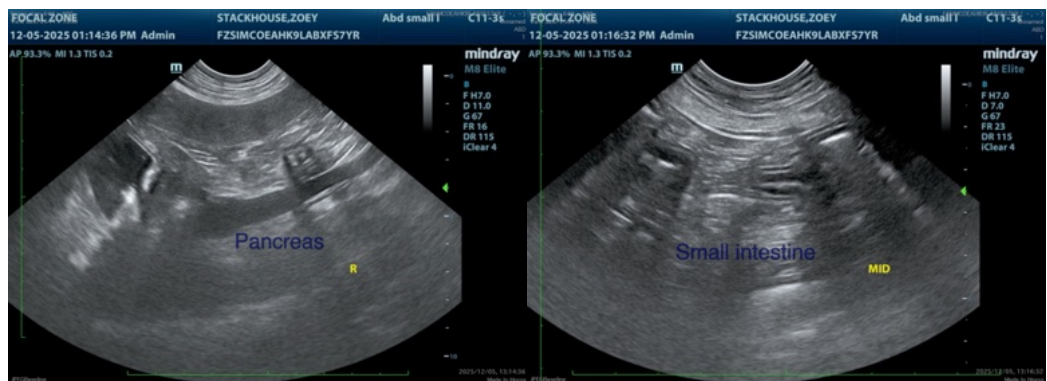
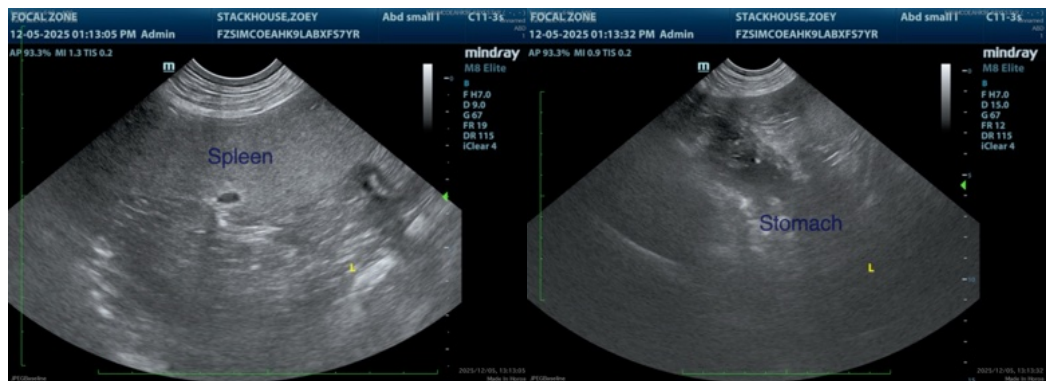
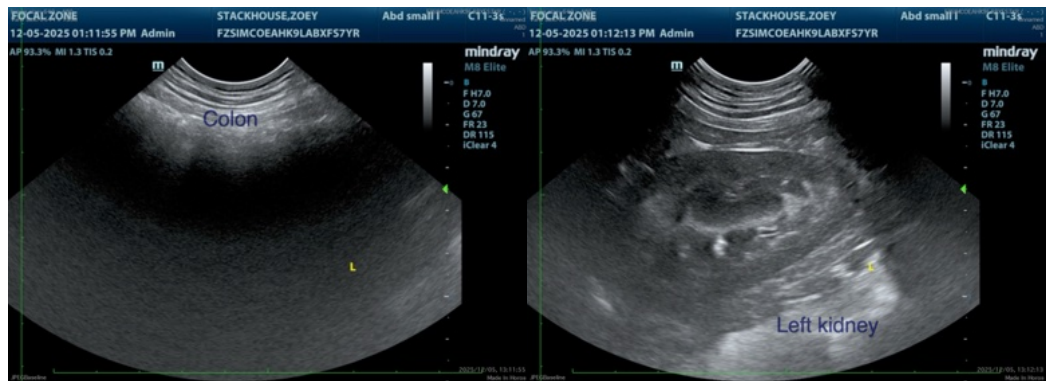
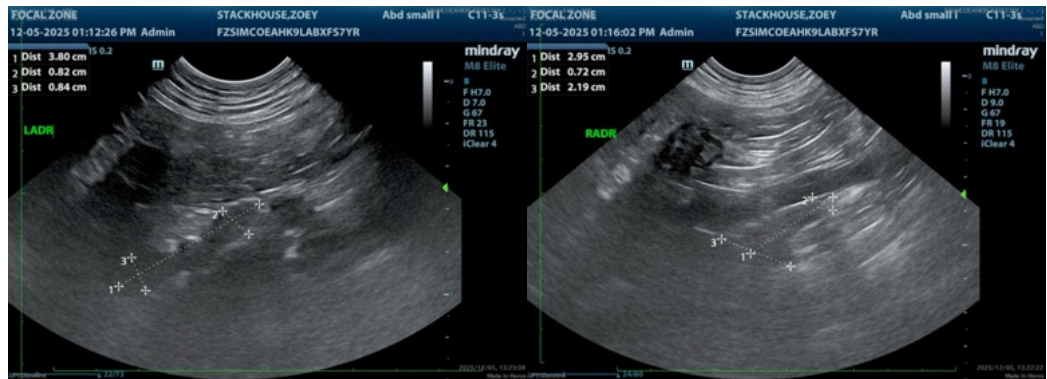
Dr. Kaur

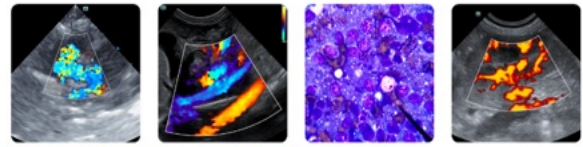
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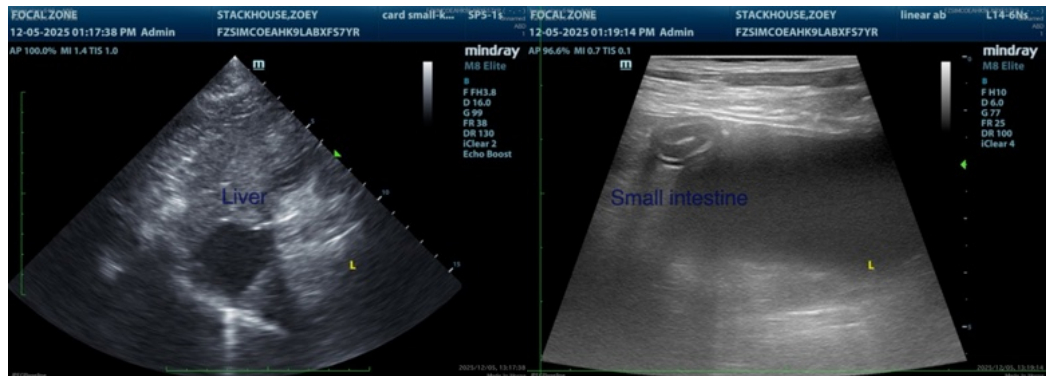
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)