



PATIENT

Chaos Lawrence

SPECIES

Canine

BREED

Boxer

SEX

Spayed Female

AGE

8 Years 6 Months

WEIGHT

63.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Animal Hospital of
 Boone

REFERRING VET

Dr. Chesnutt

INVOICE

71812

DATE

11/14/25

PRESENTING CLINICAL SIGNS

P presented to ER on Monday ADR. IOP OD >80mmHg, transferred to Greensboro CVS ophtho for enucleation. Presented to rDVM yesterday for vomiting, diarrhea, lethargy and some weight loss. Rads showed large fluid filled stomach and loss of detail in cranial abdomen

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Small 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, measuring 0.60 cm x 1.0 cm. 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. Left kidney measured 7.9 cm. Right kidney measured 7.0 cm. Normal color flow pattern evident in both kidneys.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left measured 3.44 cm in length x 0.48 cm and 0.45 cm in width. Right measured 2.83 cm in length x 1.0 cm in width.

Spleen

Normal size (2.1 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

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. Large amount of ingesta and fluid present within the stomach, with no obvious pyloric or proximal duodenal obstruction evident.



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Pancreas

Normal size (right pancreas 1.1 cm in width) with a hypoechoogenic appearance and an irregular capsule (right worse than left). Hyperechoogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Pancreatitis.
- Ingesta filled stomach.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the ingesta filled stomach would include recent meal, gastric hypomotility, and possibly secondary to the pancreatitis.

Further assessment would include cPL/PSL assay.

Management of the pancreatitis would be fluid therapy, correction of any electrolyte anomalies (if needed), antiemetics, analgesics, and feeding small frequent meals of a low-fat intestinal type diet.

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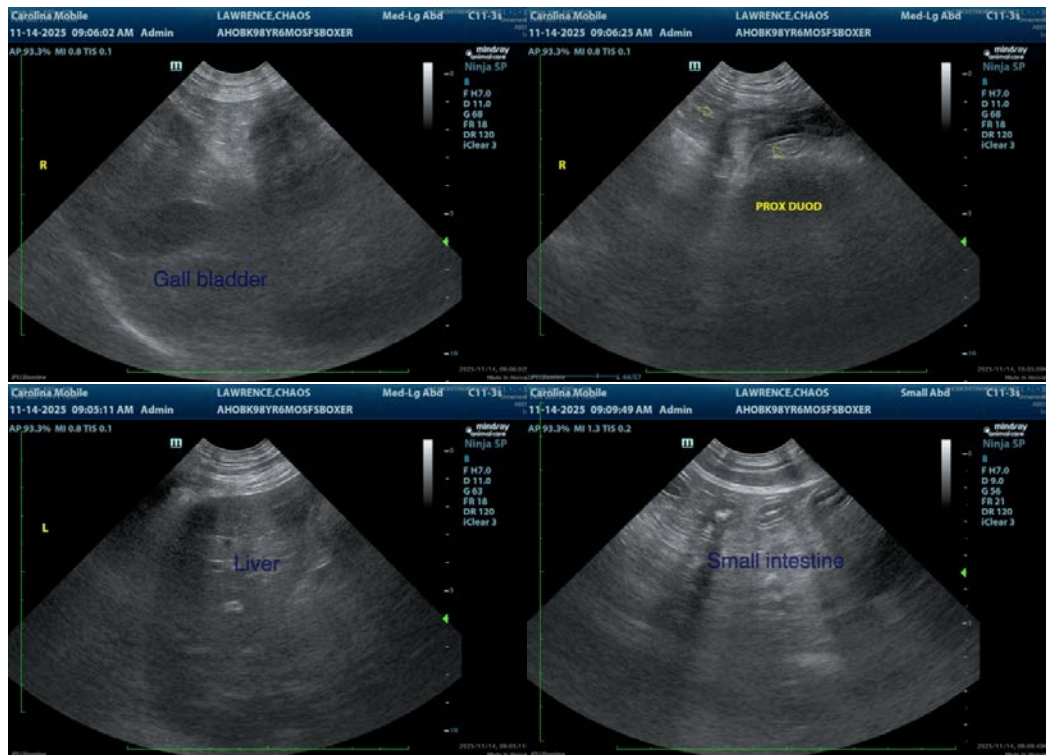
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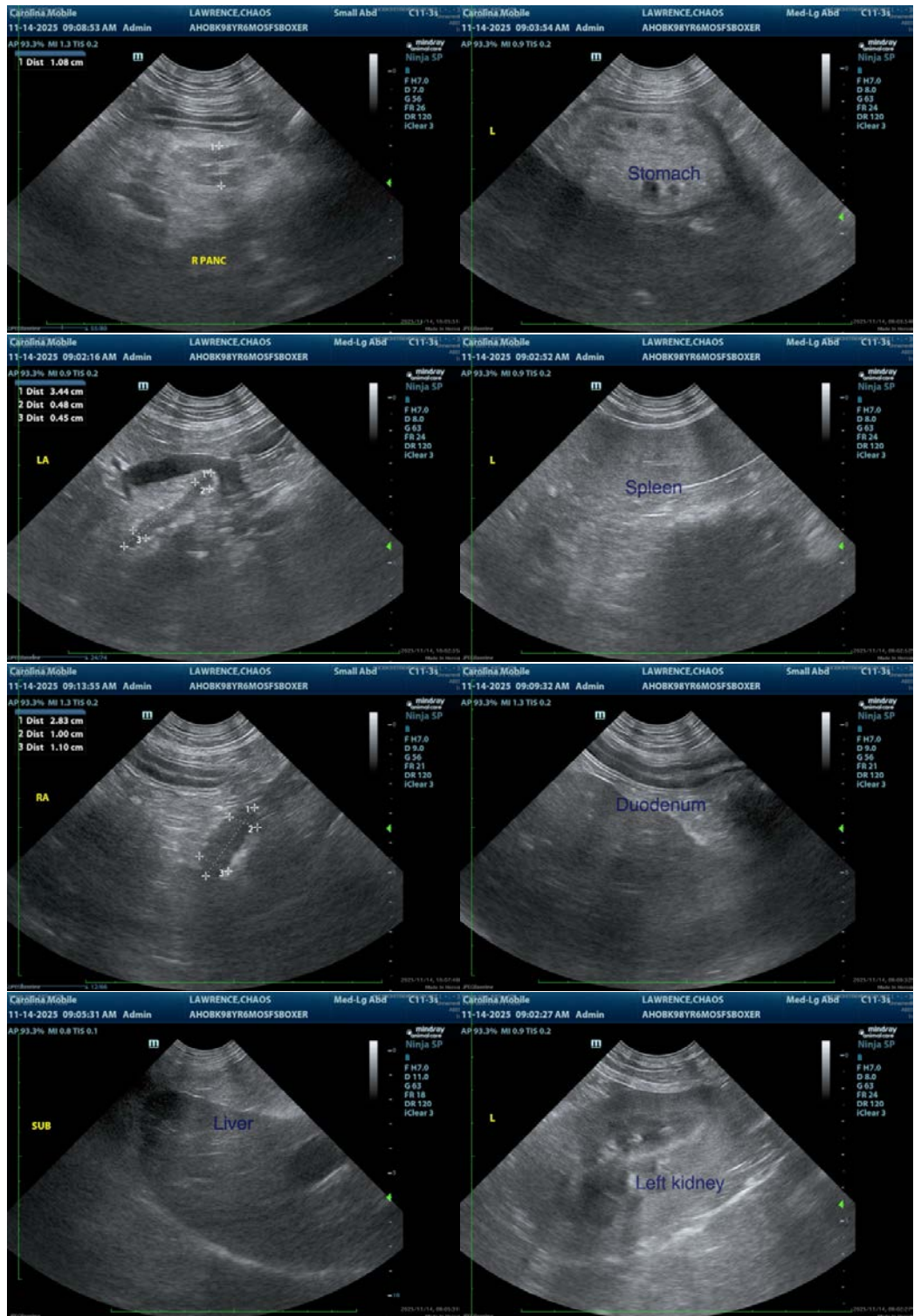
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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