



PATIENT

Diesel Foster

SPECIES

Canine

BREED

Labrador

SEX

Neutered male

AGE

2 years

WEIGHT

27 kg

PRESENTING CLINICAL SIGNS

History: Vomiting and some diarrhea last three days lethargic anorexic and dehydrated. Initially vomited grass. Suspicion of FB obstruction on x rays
Abnormal PE/Chem/CBC/UA Results: Dehydrated normal CBC

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 (0.5 cm). Ureters not visualized, which can be considered a normal finding.

Normal renal size (left measured 6.8 cm, right measured 6.3 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.

The prostate is small and hypoechogenic measuring 0.8 cm in width.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Woodlands VC

REFERRING VET

Dr. Lebouldus

INVOICE

69677

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12/30/25

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.65 cm and 0.42 cm in width. The right adrenal gland measured 0.46 cm and 0.56 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 1.7 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.

Gallbladder

The gallbladder is full containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.



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Gastrointestinal

Shadowing material was present in the stomach measuring up to 2.8 cm with a normal thickness and appearance of the stomach wall measuring 0.36 cm. Dilated and plicated appearance of the proximal duodenum containing shadowing material. Normal thickness, appearance and layering of the duodenal wall measuring 0.54 cm. Normal appearance of the small intestine with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity. There is a focal area of shadowing material within the proximal small intestine. Normal appearance of the 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. The colon measured 0.2 cm.

Pancreas

Normal size and echogenic appearance with a regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas. The left pancreas measured 1.3 cm in width. The right pancreas measured 0.7 cm in width.

Free Abdomen

Mildly enlarged mesenteric lymph nodes maintaining a normal shape and echogenic appearance. mesenteric lymph nodes.

No ascites evident.

Hyperechogenic appearance of the mesentery.

ULTRASONOGRAPHIC FINDINGS

- Obstructive gastrointestinal foreign body
- Mesenteric inflammation.
- Mesenteric lymphadenomegaly.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the appearance of the GI tract would be a linear foreign body. Although the mesenteric inflammation is most likely secondary to the foreign body, emerging peritonitis needs to be considered.

The most likely etiology for the mesenteric lymphadenomegaly would be age related reactive hyperplasia.

Further assessment and therapy would be a laparotomy.



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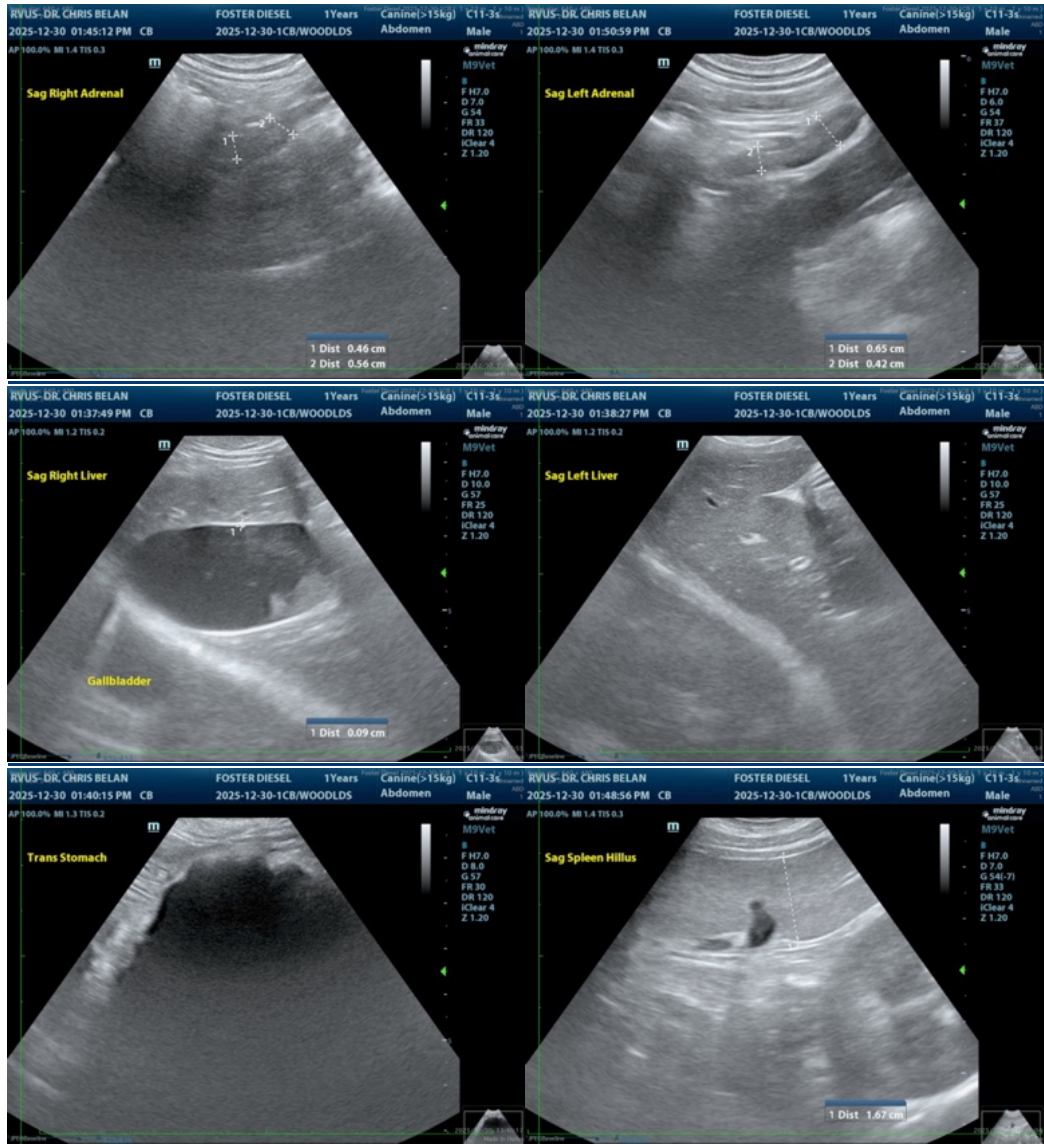
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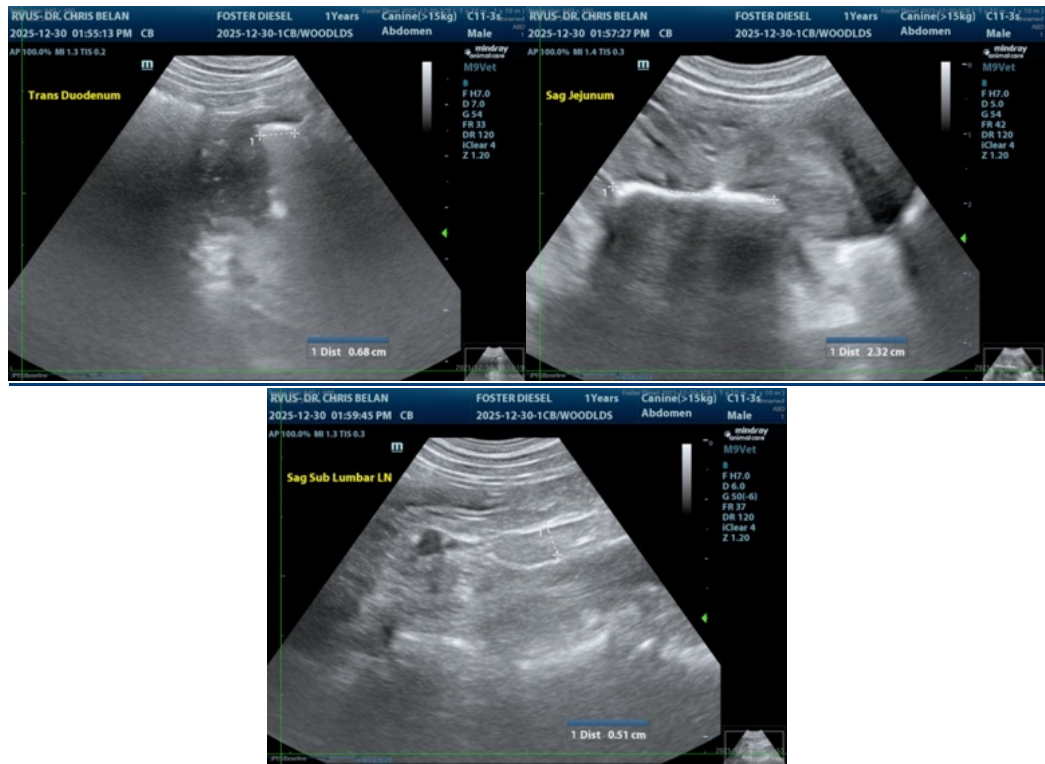
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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