



PATIENT

Riley Knowles

SPECIES

Canine

BREED

Labrador

SEX

Neutered male

AGE

11 years

WEIGHT

67.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Shannon Matthies

HOSPITAL NAME

Saugerties AH

REFERRING VET

Dr. Matthies

INVOICE

69400

DATE

12/8/25

PRESENTING CLINICAL SIGNS

History: 1 week history of vomiting food and water. No known dietary indiscretion but does have a history of eating things. Weight loss (13 lbs. in 3 weeks).

Abnormal PE/Chem/CBC/UA Results: PE findings - painful abdomen, tachycardic, dehydration, weight loss. Lytes - hypochloremic (97, n 109-122), hyponatremic 141 (n 144-160), hypokalemic 3.3 (n 3.5-5.8). Chem - WNL CBC - mild stress leukogram (mild mature neutrophilia, monocytosis and lymphopenia)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is small 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 left renal size (5.5 cm), normal echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident. The left kidney showed a normal color flow pattern. The right kidney was not visualized.

Adrenal Glands

The left adrenal gland was normal in shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.45 cm in width. The right adrenal gland was not visualized.

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 1.6 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 normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

Gastrointestinal

Distended stomach containing a moderate amount of fluid and hyperechogenic shadowing material with a normal thickness of the wall with no loss of layering and maintaining a 1:3 muscularis to mucosa ratio. Normal appearance of the 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.

Pancreas

The pancreas was poorly visualized, but the visualized sections are normal in 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

- Gastric foreign body?

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although the visible section of the pancreas appears ultrasonographically normal with the presenting clinical signs pancreatitis should still be considered. Further assessment would be CPL/PSL assay. Initial management would be fluid therapy, correction of the electrolyte anomalies and analgesics.

Repeating the ultrasound after 18-24 hours is recommended and if there is no change in the appearance of the stomach then a laparostomy would be indicated.



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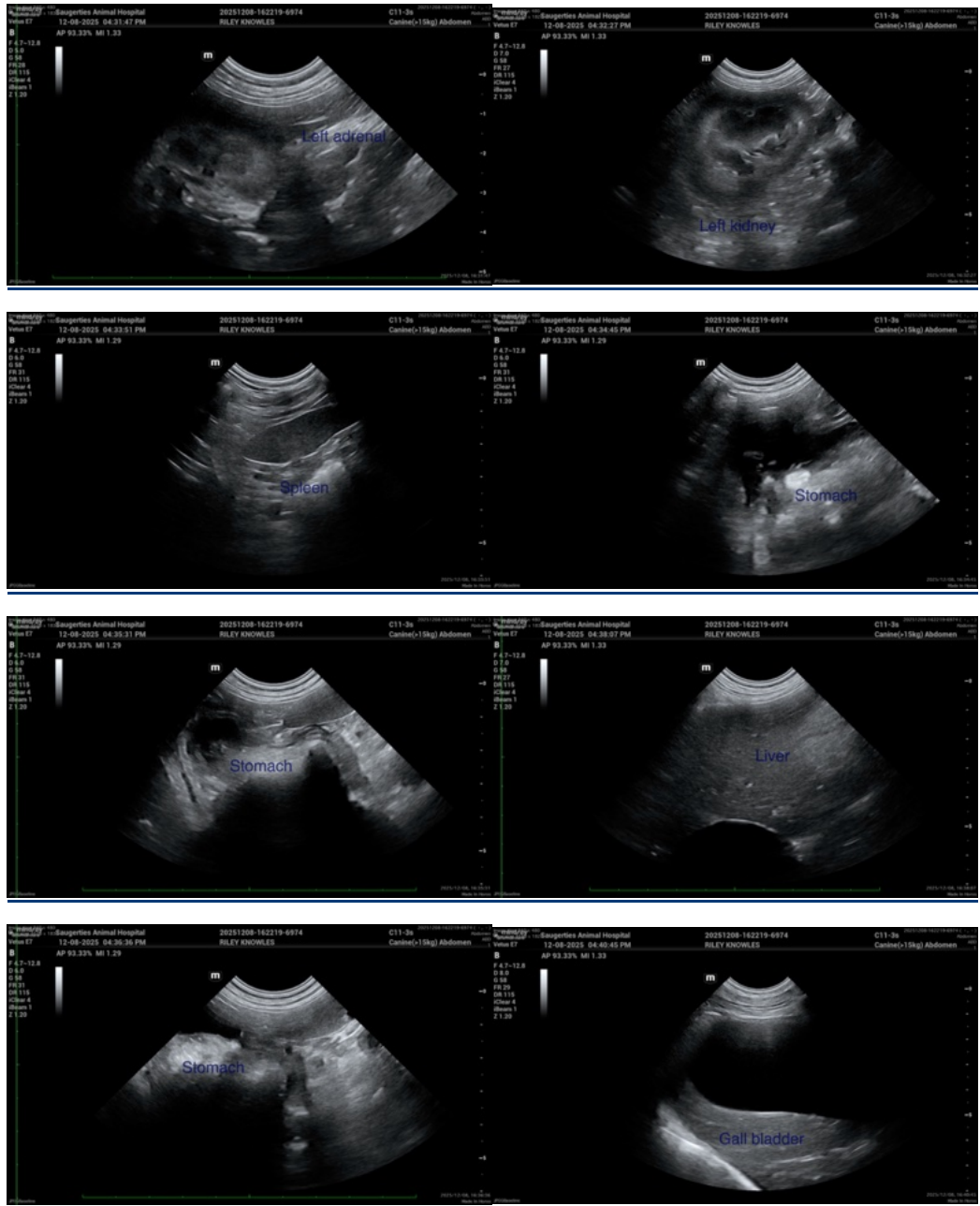
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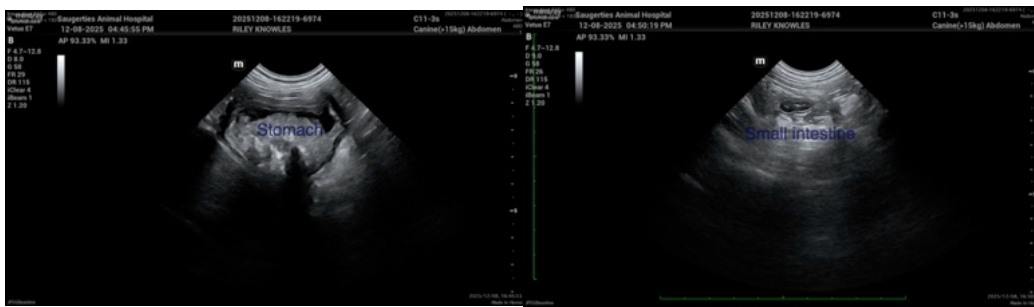
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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