



PATIENT

Odin Pearce

SPECIES

Canine

BREED

Mixed

SEX

Neutered Male

AGE

5 Years

WEIGHT

62.1 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Danielle Shemanski,
DVM, MA

HOSPITAL NAME

Western New York
Veterinary Services

REFERRING VET

Bryce Hauschildt, DVM

INVOICE

74017

DATE

3/26/26

PRESENTING CLINICAL SIGNS

Rule out foreign body. Patient presented to the rDVM on 03/25 for anorexia, lethargy, and blood in stool. Patient was boarded for 5 days recently without any issues reported. No known history of foreign body ingestion. Patient has been clingy and not acting like himself at home, very subdued and lethargic. No vomiting was noted while hospitalized. An IV catheter was placed and the patient remained on LRS with no improvement.

Odin perked up this morning and ate for the first time in 4 days (hamburger and rice). His diarrhea is not as explosive as it was. The owner believes the signs are stress-related from being kenneled for 6 days. He was adopted in August of last year at 5 years of age. He will be 6 years old next month.

The owner reports that last night after coming home from the hospital, he had explosive diarrhea that looked like just blood. This morning, he had a small amount of bloody, but not explosive, diarrhea. He received an anti-diarrheal from his rDVM this morning. He vomited a small amount of undigested food at the end of the ultrasound exam today.

MEDICATIONS: Metronidazole 250mg BID prn, Emeprev inj, Credelio Quattro

Abnormal PE/Chem/CBC/UA Results: A full panel with a cPLI was run and all was within normal limits per the rDVM. Abdominal radiographs showed no significant findings.

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. 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 measures 7.3 cm. Right kidney measures 7.0 cm. Normal color flow pattern evident in both kidneys.

Reproductive System

Small, hypoechogenic prostate.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left measures 2.83 cm in length x 0.67 cm and 0.64 cm in width. Right measures 2.35 cm in length x 0.76 cm and 0.81 cm in width.

Spleen

Normal size (2.9 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.



PATIENT

Odin Pearce

SPECIES

Canine

BREED

Mixed

SEX

Neutered Male

AGE

5 Years

WEIGHT

62.1 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Danielle Shemanski,
DVM, MA

HOSPITAL NAME

Western New York
Veterinary Services

REFERRING VET

Bryce Hauschildt, DVM

INVOICE

74017

DATE

3/26/26

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

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

Shadowing material is present within a loop of small intestine, showing reduced peristaltic activity. The rest of the small intestine appears normal.

Normal appearance of the stomach, 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.

Moderate amount of ingesta present within the stomach, and chyme present within the duodenum, both compatible with a recent meal.

Pancreas

Visible sections present normal size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Enlarged mesenteric lymph nodes measuring up to 0.60 cm x 2.6 cm in size.

No ascites evident.

Thorax

Normal appearance of the heart. No pleural or pericardial effusion evident.

ULTRASONOGRAPHIC FINDINGS

- Small intestinal foreign body.
- Mesenteric lymphadenomegaly.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

There is no obvious luminal obstruction from the intestinal foreign body, and thus it is possible that it is slowly moving through the intestinal tract. Management would be fluid therapy as needed, intestinal absorbents/protectants, and feeding small, frequent meals of an intestinal type diet. Repeat ultrasound after 18-24 hours. If there is still not a satisfactory improvement or no change in the appearance of the loop of small intestine, then a laparotomy would be indicated.



PATIENT

Odin Pearce

SPECIES

Canine

BREED

Mixed

SEX

Neutered Male

AGE

5 Years

WEIGHT

62.1 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Danielle Shemanski,
DVM, MA

HOSPITAL NAME

Western New York
Veterinary Services

REFERRING VET

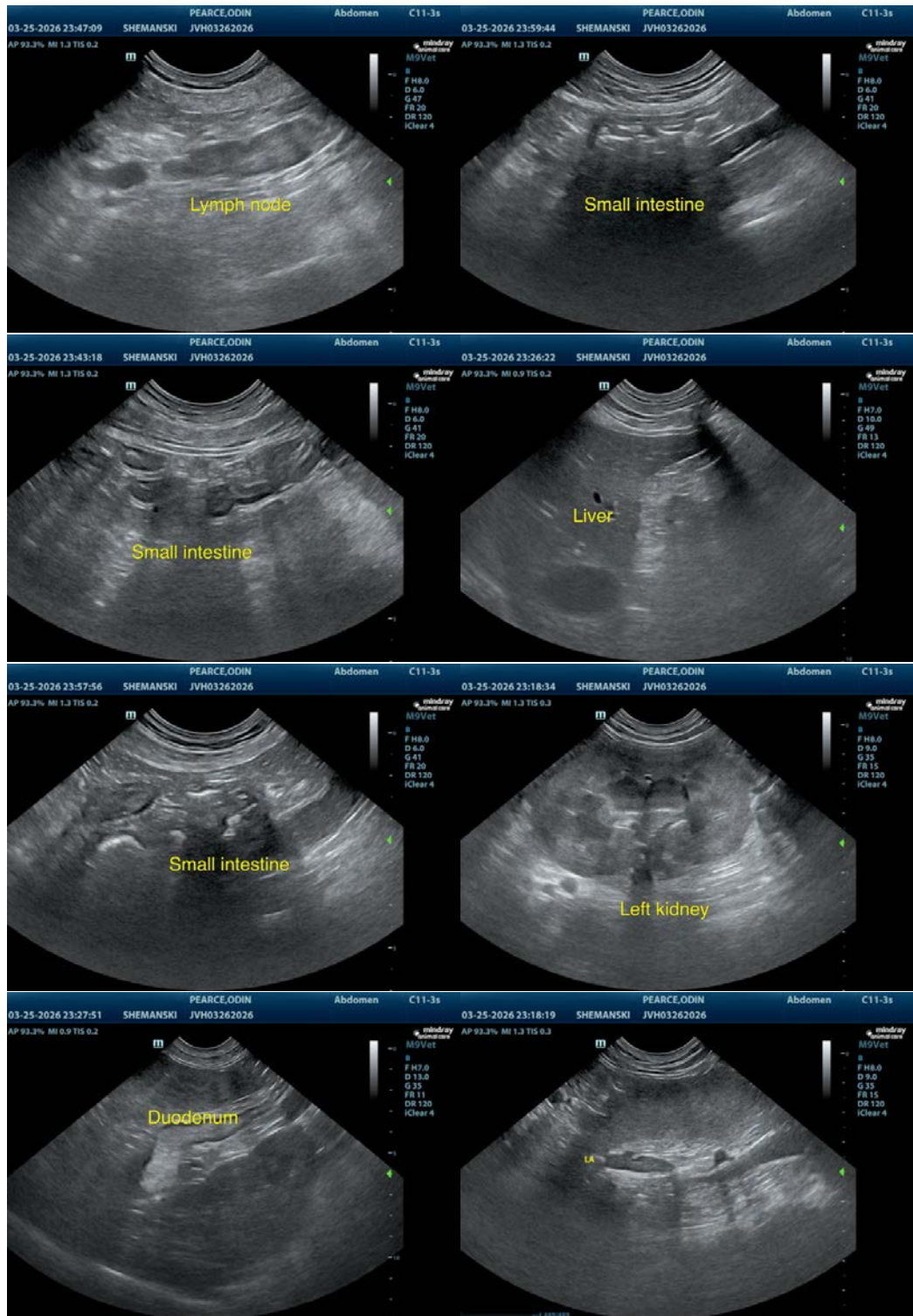
Bryce Hauschildt, DVM

INVOICE

74017

DATE

3/26/26





PATIENT

Odin Pearce

SPECIES

Canine

BREED

Mixed

SEX

Neutered Male

AGE

5 Years

WEIGHT

62.1 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Danielle Shemanski,
DVM, MA

HOSPITAL NAME

Western New York
Veterinary Services

REFERRING VET

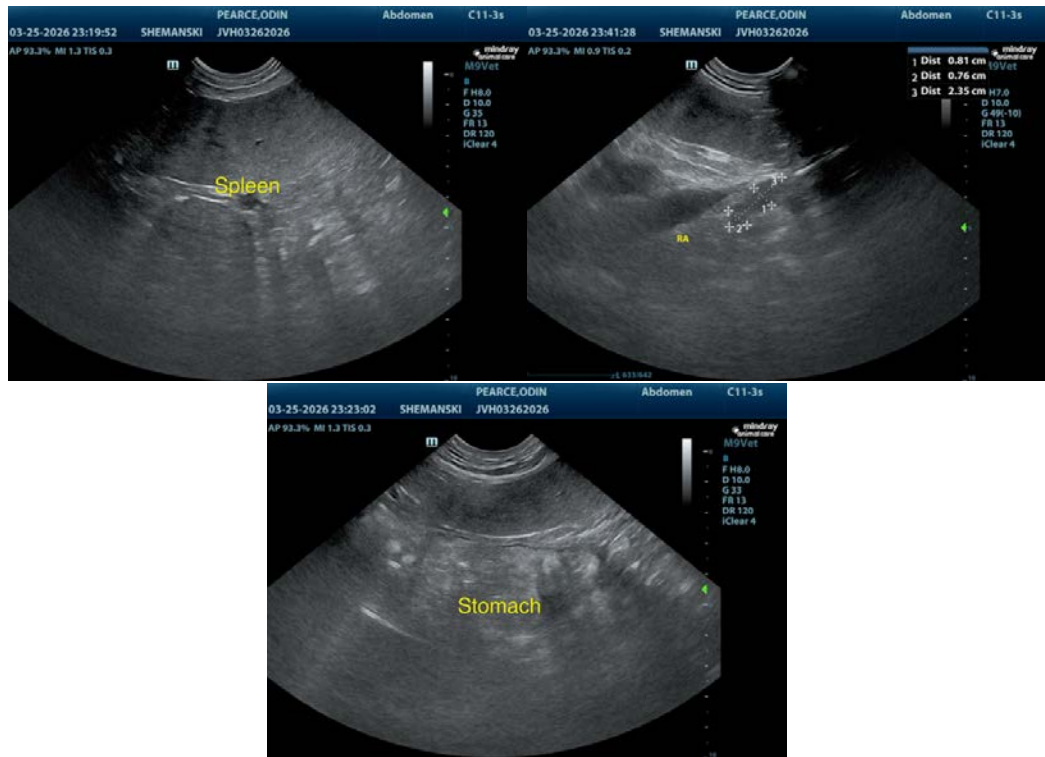
Bryce Hauschildt, DVM

INVOICE

74017

DATE

3/26/26



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