



PATIENT

Kaci Nicholson

SPECIES

Canine

BREED

Coonhound

SEX

Spayed female

AGE

9 years

WEIGHT

45.5 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Brandon

HOSPITAL NAME

Dillsburg VC

REFERRING VET

Dr. C

INVOICE

75031

DATE

4/30/26

PRESENTING CLINICAL SIGNS

History: presented to ER on 4/24 for retching, drooling excessively and heavy breathing. Kaci's x-rays showed the stomach was significantly distended with gas and contains abnormal material which is most consistent with foreign material, but grass and ingesta cannot be ruled out. She also had a bronchointerstitial pulmonary pattern in her lungs, which may be due to chronic bronchial disease or age related changes. An emergency blood screen was performed to look at electrolytes, kidney values, and acid-base status. This showed mildly elevated sodium, red blood cell level and protein level consistent with dehydration on the first sample. The blood was re-run because one of the kidney values did not read and the repeat bloodwork was unremarkable. She was given SQ fluids and Cerenia. PM xray was much less worrisome than this AM, but still cannot 100% R/O gastric FB or other cause for partial or intermittent outflow tract obstruction such as severe thickening of wall d/t inflammation from chronic vomiting vs. neoplasia etc. o was to continue bland diet and is feeding small amounts at a time to keep p from vomiting.

Abnormal PE/Chem/CBC/UA Results: wnl

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 renal size (left measured 5.3 cm, right measured 5.6 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.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 1.58 cm in length x 0.53 cm and 0.59 cm in width. The right adrenal gland measured 2.1 cm in length x 0.6 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 1.8 cm in width.



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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 small containing a small amount of non-adhered, hyperechogenic sediment. 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.

Pancreas

The pancreas was not clearly visualized, but the visualized sections are normal.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Gallbladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

In essence a normal ultrasound examination of the abdomen as the gallbladder sediment can be considered an incidental finding.

On this ultrasound there is no obvious gastric foreign body or intestinal obstruction evident.



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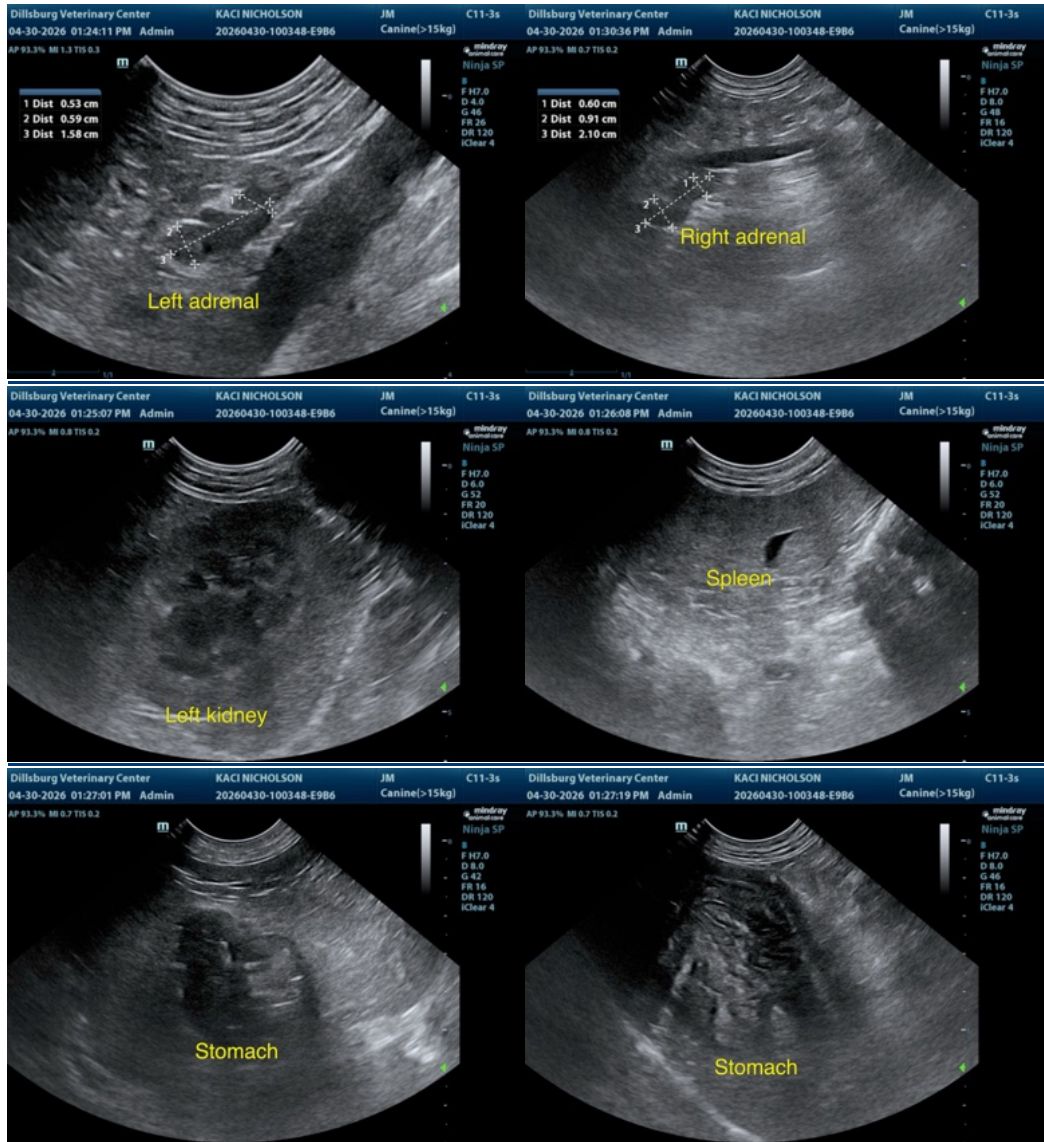
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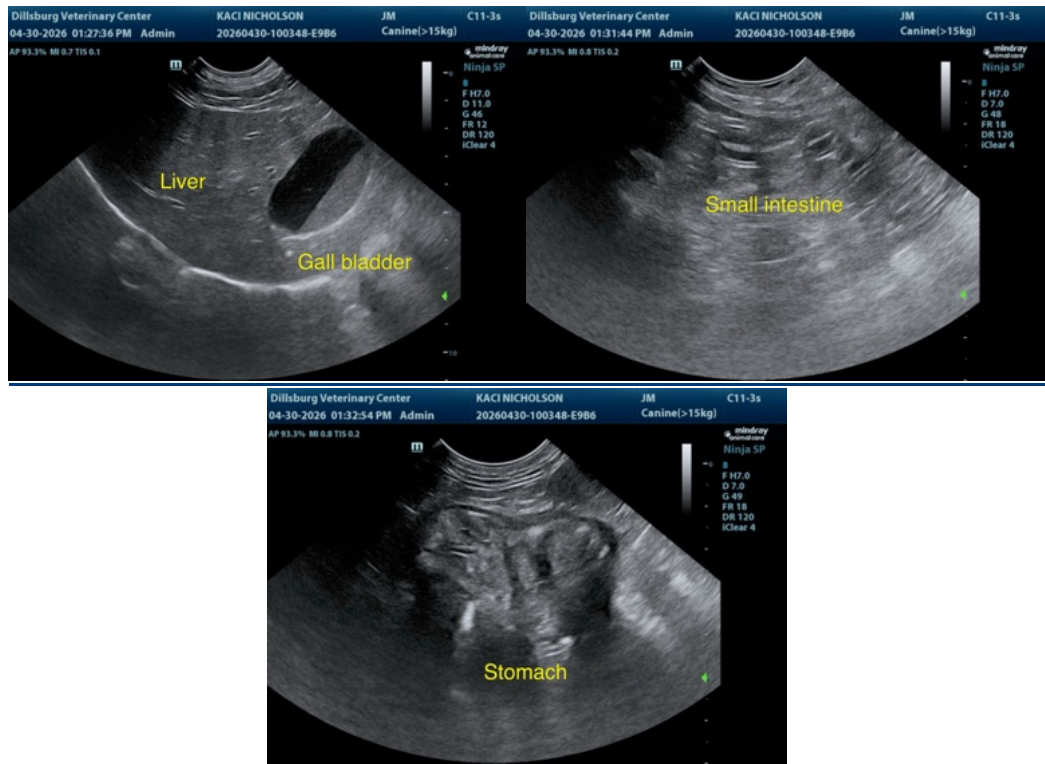
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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