



PATIENT

Addy Dewijk

SPECIES

Canine

BREED

Retriever Mix

SEX

Spayed Female

AGE

7 Years 2 Months

WEIGHT

33.2 kg

INTERPRETED BY

Remo Lobetti BVSc,
MMedVet, PhD,
DECVIM

IMAGING PERFORMED BY

Dr. Mariusz
Chmielinski, DVM

HOSPITAL NAME

Apex VS

REFERRING VET

Alpine 24/7 ER Doctor

INVOICE

37046

DATE

5/10/26

PRESENTING CLINICAL SIGNS

History: Vomited last night ~10am Lethargic Eating less - still drinking, Normal diarrhea. Abnormal PE/Chem/CBC/UA Results: Vital Signs: Temperature [Celsius]:38.7, Heart Rate/min (HR):112, HR: Pulse Ratio: 1:1, Respiratory Rate/ min: panting, Respiratory Effort: 0, Mucus Membranes/ CRT: pink, tacky/ CRT< 2 sec, Hydration: Adequate, BP = 134/91 (102) Radiographs: Moderate fecal material present throughout the colon. Mild mixed fluid/gas and particulate ingesta within the stomach. Mild nonspecific small intestinal gas without marked segmental distension or obvious obstructive pattern. Laboratory Findings: CBC/Chemistry largely unremarkable. Significant thrombocytopenia noted on automated count (PLT 31 x10⁹/L); platelet clumping? No leukocytosis or anemia. Renal and hepatic parameters within reference intervals.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full 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. The left kidney measured 6.7 cm. The right kidney measured 6.6 cm.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. The left adrenal gland measured 0.48 cm and 0.55 cm in width. The right adrenal gland measured 0.68 cm in width.

Spleen

Normal size (2.2 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 gallbladder, containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

Gastrointestinal

A large amount of ingesta and shadowing material was present within the stomach but with no obvious pyloric obstruction evident. Normal thickness of the gastric wall with no loss of layering and maintaining a 1:3 muscularis to mucosa ratio. Small intestinal gas was evident. Normal appearance of



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the duodenum, small intestine, ileo-cecal junction with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen. Fecal material was present within the colon.

Pancreas

Visible sections of the pancreas are of normal 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.

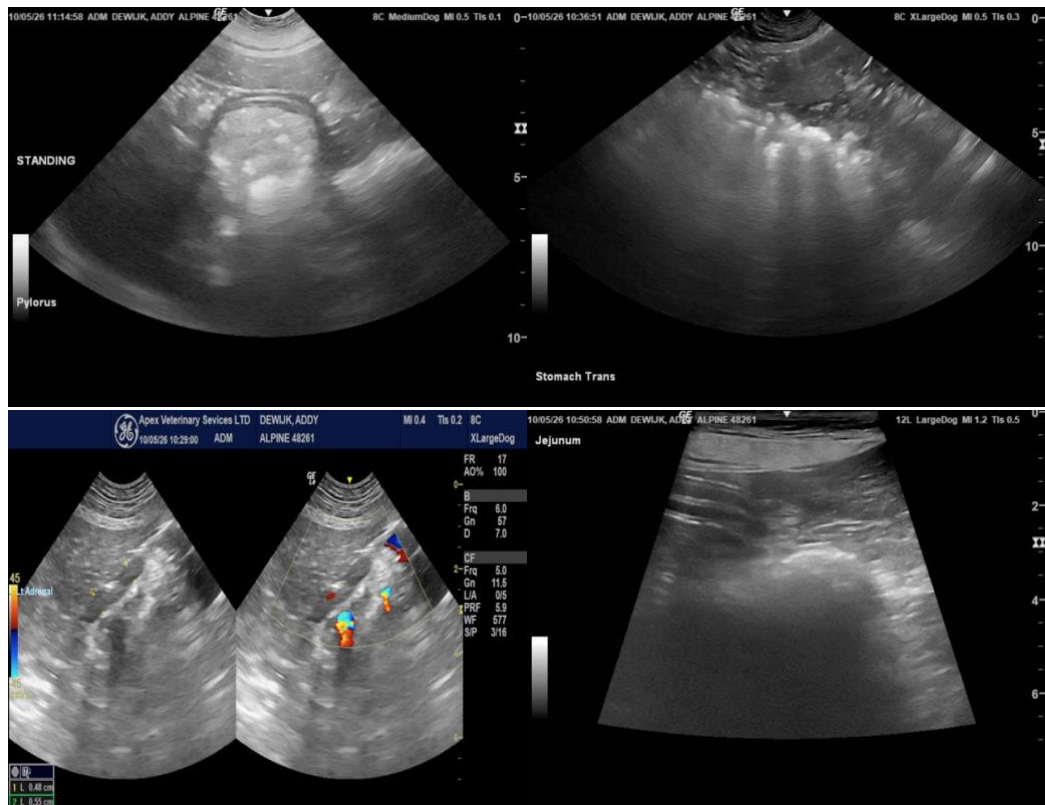
No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Although the appearance of the stomach may merely represent a recent meal, with the presenting clinical signs, gastric foreign body should still be considered.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Initial management would be fluid therapy and correction of any electrolyte anomalies with repeating the ultrasound after 18 - 24 hours, and if there is still no change in the appearance of the stomach, then a laparotomy should be considered.





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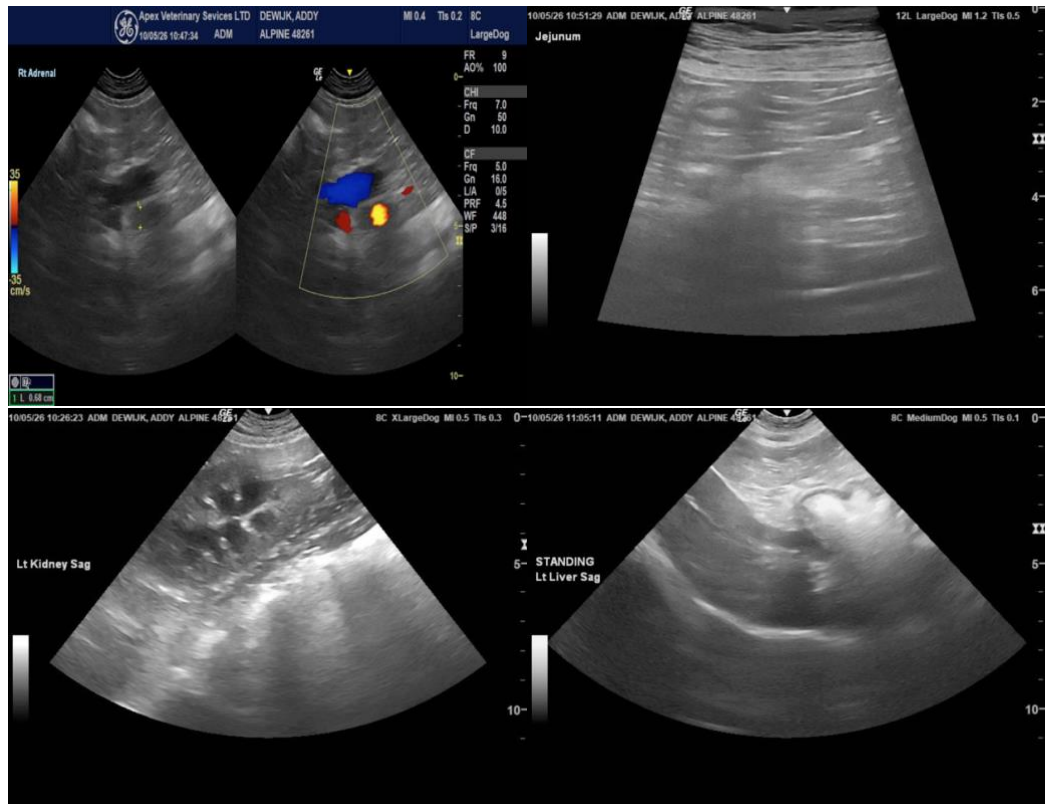
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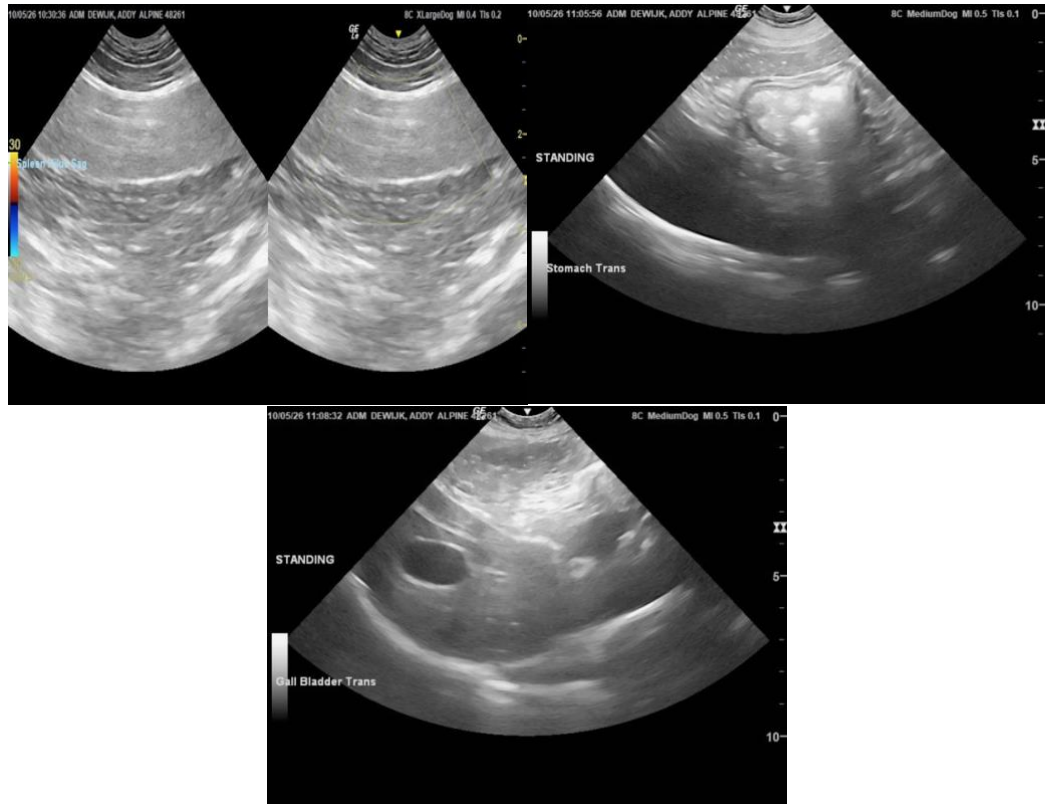
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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