



PATIENT

Patches Myro

SPECIES

Canine

BREED

Catahoula Leopard
DogMix

SEX

Spayed Female

AGE

6 Years

WEIGHT

28.6 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Lindsay Powell CVT

HOSPITAL NAME

Hershey Animal
Emergency Center

REFERRING VET

Dr. Cara Sinopoli

INVOICE

16029

DATE

05/10/26

PRESENTING CLINICAL SIGNS

5/8, O was told that patient went outside and was unsure if she was trying to urinate or defecate but patient was crying in pain. 5/8, she vomited food and grass. Vomiting last night food and grass; has not eaten since evening of 5/8

Abnormal PE/Chem/CBC/UA Results: Dehydration: 5-6% EENT/oral: pink moist mm, crt 2-3s Abd: Mild cranial abdominal discomfort Mild to moderate nausea noted. Rads Serosal detail is adequate, the stomach is moderately distended with heterogenous material. The SI is a single population containing heterogenous material and gas. The colon contains a moderate amount of formed stool- constipation. The liver, spleen, kidneys, and urinary bladder appear WNL. There is no evidence of mechanical obstruction, however the owner is positive that pet has not eaten in the last 12 hours which means that the material in the stomach may not be ingesta. DDX: ileus PCV/TS: 52%/7.0 clear Repeat Rads: material remains the same within the pylorus/gastric lumen, significant fecal material within colon, looks minimally changed from previous rad

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full urinary bladder with a normal thickness and smooth appearance of the wall. Normal anechoic urine with a scant amount of floating hyperechogenic sediment.

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 5.8 cm in length. The right kidney measured 5.5 cm in length. Normal color flow pattern is evident in both kidneys.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. The left adrenal gland measured 0.55 cm and 0.58 cm in width. The right adrenal gland measured 0.50 cm and 0.52 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 3.0 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



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Full 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

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. Large amount of ingesta and foreign material present within the stomach, with the gastric wall having a normal thickness and no loss of layering and maintaining a 1:3 muscularis to mucosa ratio, and normal peristaltic activity. Fecal material 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

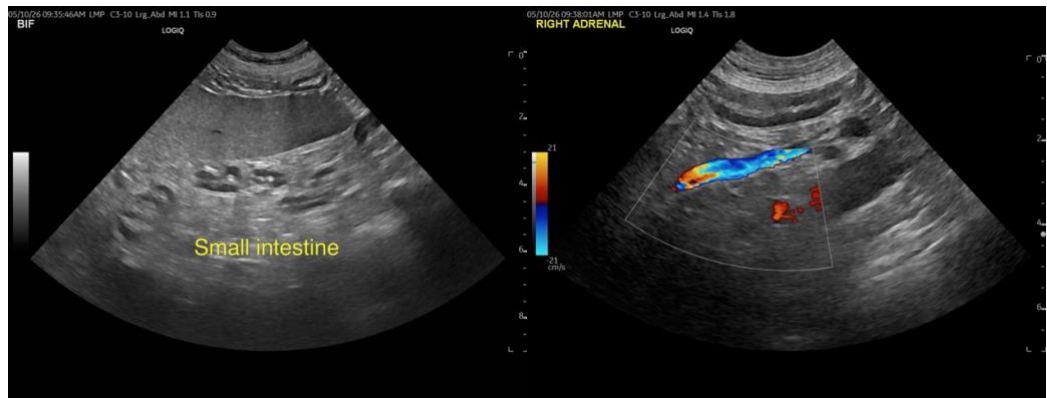
Normal mesenteric lymph nodes.
No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Gastric foreign body?

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further assessment and therapy would be to correct the dehydration and any electrolyte anomalies, and to repeat the ultrasound after 18-24 hours. If there is no change in the appearance of the stomach, then a laparotomy would be indicated.





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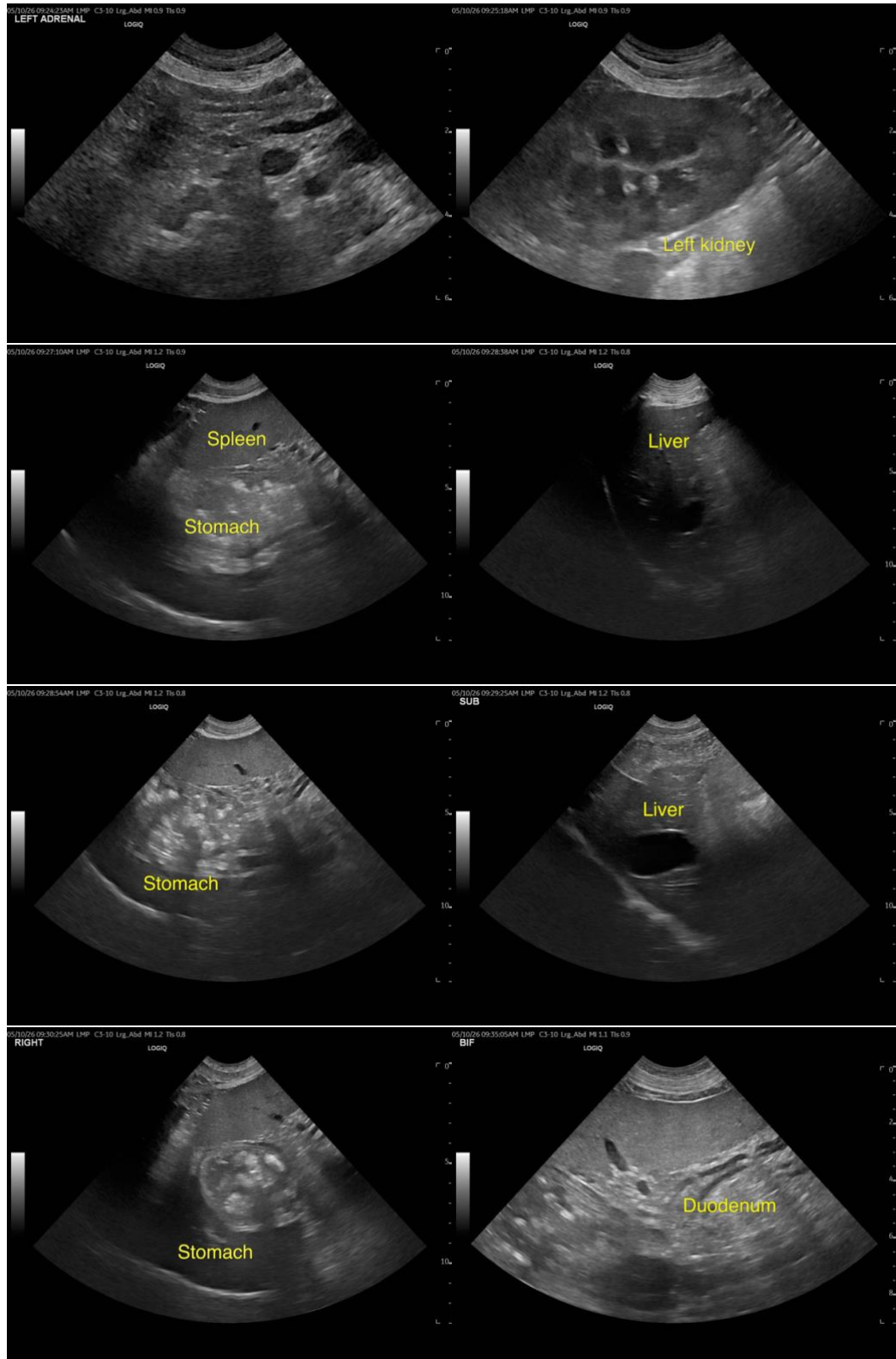
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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