



PATIENT

Tucker Hoover

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered Male

AGE

10 Years

WEIGHT

38.7 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

16028

DATE

05/10/26

PRESENTING CLINICAL SIGNS

Presented 5/8 for vomiting and diarrhea x 4days. Progressive anorexia. BW at rDVM on 5/8 revealed azotemia, elevated TP, inflammation. Referred here for continued workup. PE: NS OU moderate tartar/gingival erythema femoral pulses fair/synchronous, tachycardic Extremely tense, splinting on palpation of abdomen, unable to palpate deeper structures round, soft SQ mass R prescapular region

Abnormal PE/Chem/CBC/UA Results: rDVM dx CBC: CHT 52.7%, Neut 12.69K (H), Mono 1.28K (H) Chem: Creat 5.5, BUN 84, Phos 7.7, K 3.3, Cl 105, TP 9, Alb 4.1, Glob 4.8, Chol 377 T4: 0.9 (L) 4dx: APH + (hx 10/2025) HAEC dx cPL: 37 (WNL) UA: USG 1.016, protein 500 mg/dL, blood 250 Ery/uL, Non-hyaline casts > 1/LPF Lepto witness: Neg Rads: General loss of serosal detail in the mid to cranial abdomen. The stomach is empty. The small bowel is primarily fluid and gas filled with no evidence of dilation, plication, or an obstructing radiopaque foreign object. The descending colon is empty. The liver and spleen appear normal in size and shape with no evidence of a mass effect or other abnormalities. The urinary bladder appears normal. There is no evidence of free fluid or free gas in the peritoneal space.

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.

Small hypoechogenic prostate.

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 7.1 cm in length. The right kidney measured 7.0 cm in length.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. The left adrenal gland measured 2.93 cm length x 0.52 cm and 0.56 cm in width. The right adrenal gland measured 0.65 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 2.3 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

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 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. A moderate amount of fluid present within the stomach, possibly compatible with a recent water intake.

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.

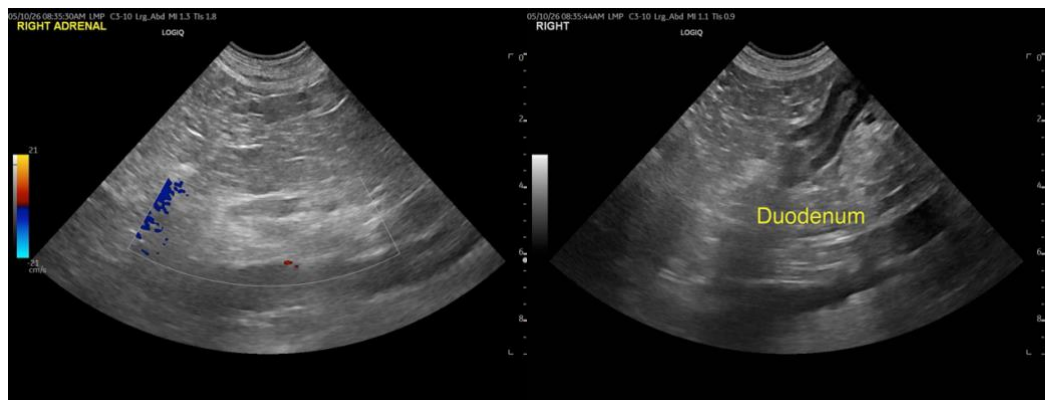
ULTRASONOGRAPHIC FINDINGS

- Normal ultrasound examination of the abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

On this ultrasound, there is no obvious etiology for the presenting clinical signs. A likely etiology for the presenting clinical signs would be non-specific gastroenteritis, such as dietary indiscretion, toxins, and viral. On this ultrasound, a gastro-intestinal foreign body is not evident. Although the kidneys appear ultrasonographically normal, this does not exclude renal disease as indicated on the blood work and low urine specific gravity.

Initial management would be fluid therapy, correction of the hypokalemia, antiemetics, opioid analgesics, and feeding small frequent meals of a low-fat intestinal type diet.





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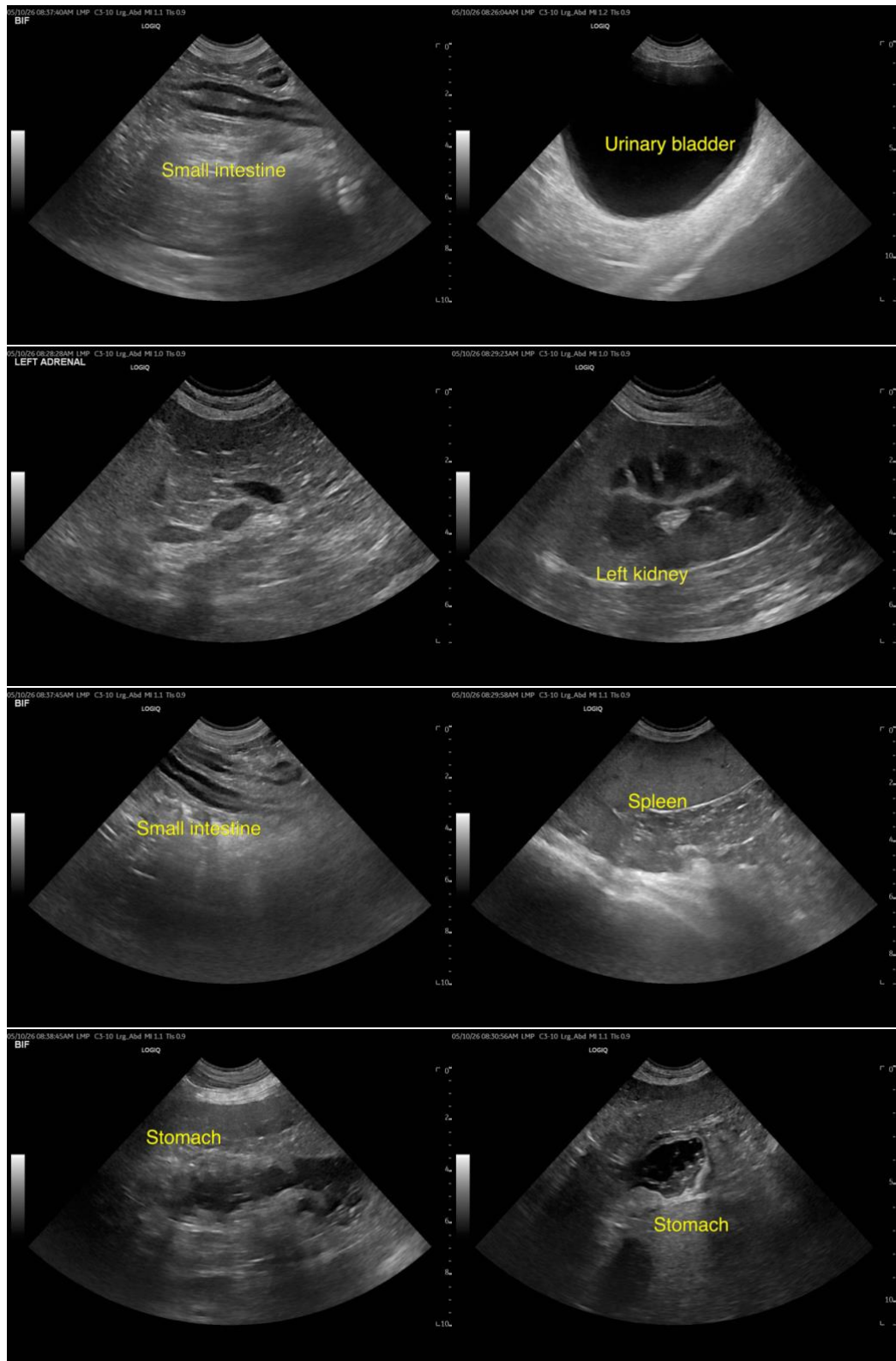
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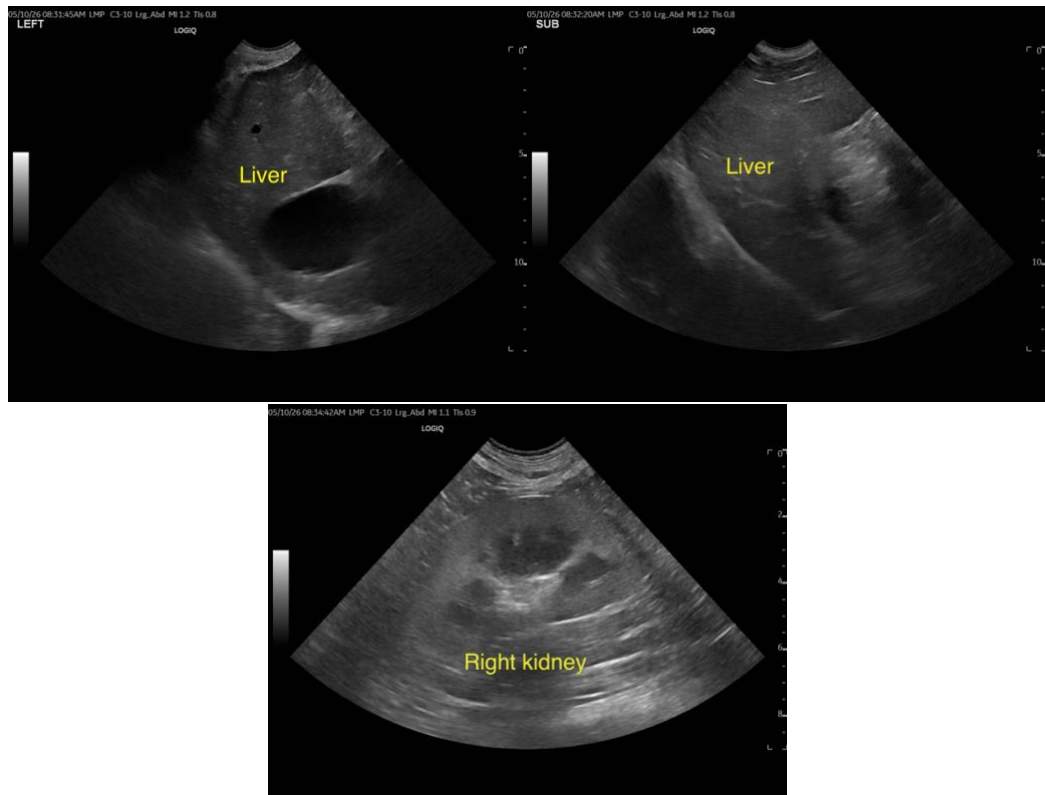
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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