



PATIENT

Thor Piro

SPECIES

Canine

BREED

Boxer

SEX

Neutered Male

AGE

5.5 Years

WEIGHT

64.8 Pounds

INTERPRETED BY

Remo Lobetti BVSc,
MMedVet, PhD,
DECVIM

IMAGING PERFORMED BY

Dr. Jocelyn Hollway

HOSPITAL NAME

Valley Green VH

REFERRING VET

Dr. Jocelyn Hollway

INVOICE

37047

DATE

5/11/26

PRESENTING CLINICAL SIGNS

History: Presented 5/8 for vomiting since 5/7. BW below and PE NSF overall at that time. O elected conservative treatment over the weekend. P continued to vomit despite cerenia. Saturday did not vomit at all. Ate half a cup of chicken and rice Friday night but did not want to eat Sat. Yesterday did well during the day but threw up at night, not interested in eating at all yesterday. Twitching on bag R leg, has been happening since sick issues started. Owner notes has happened when nervous MEDS = Prednisone yesterday and cyclosporin given last night and cerenia lunch time yesterday Historical Precursor-targeted Immune-Mediated Anemia (PIMA) -- currently being treated --> Cyclosporine 100 mg BID. Prednisone 5 mg EOD. Dasuquin as directed. Omeprazole 20 mg, one tablet PO BID. Supplement with fish oil for skin health. CXR/AXR to IDX = pending.

Abnormal PE/Chem/CBC/UA Results: QAR. Semi-moist mm. CRT < 2. Diffuse nausea, does allow deep palpation and obvious masses or FBs palpable but Patient splinted once with ABD palp of mid abdomen. Not repeatable. Hx Grade 1/6HM --> NOT heard today or on Friday 5/8/26. No obvious abnormalities but excessively panting. No lameness but moderate muscle tremors specifically on lateral RH. Grade 2 ddz; underbite; light pink mm CRT < 2\ . Frank blood on thermometer BP - avg 126.5mmHg ECG - NSF CBC = NSF today. (Historical PIMA that Patient is being treated for. HCT = Stable) TP = 8.9 H Glob = 5.5 H --> r/o monoclonal vs polyclonal Na = 143 L Cl = 101 L PL = 51 = NSF BW from 5/8/26: Cl = 106 L TP = 8.4 H GLOB = 5.0 H ALT = 155 H Slight lymphopenia is likely drug-related; slight basophilia may be a dehydration or normal variant.

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.

Small hypoechogenic prostate was noted.

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 7.5 cm. The right kidney measured 6.0 cm. Normal color flow pattern was evident in both kidneys.

Adrenal Glands

The left adrenal gland was normal in shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. The left adrenal gland measured 0.48 cm in width.

The right adrenal gland was not clearly visualized but appears to be of normal shape, echogenic appearance and size.

Spleen

Normal size (2.26 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.



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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

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

A moderate amount of ingesta was present within the stomach, but with the stomach wall maintaining normal thickness, with no loss of layering, and maintaining a 1:3 muscularis to mucosa ratio. A small amount of chyme was present within the duodenum. Fluid-filled hypomotile loop of small intestine was noted with shadowing material present within the lumen and extending distally. The rest of the small intestine appears empty with normal thickness, no loss of layering and a 1:3 muscularis to mucosa ratio. The ileocecal junction and colon were normal.

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

- Small intestinal foreign body

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A laparotomy would be recommended.



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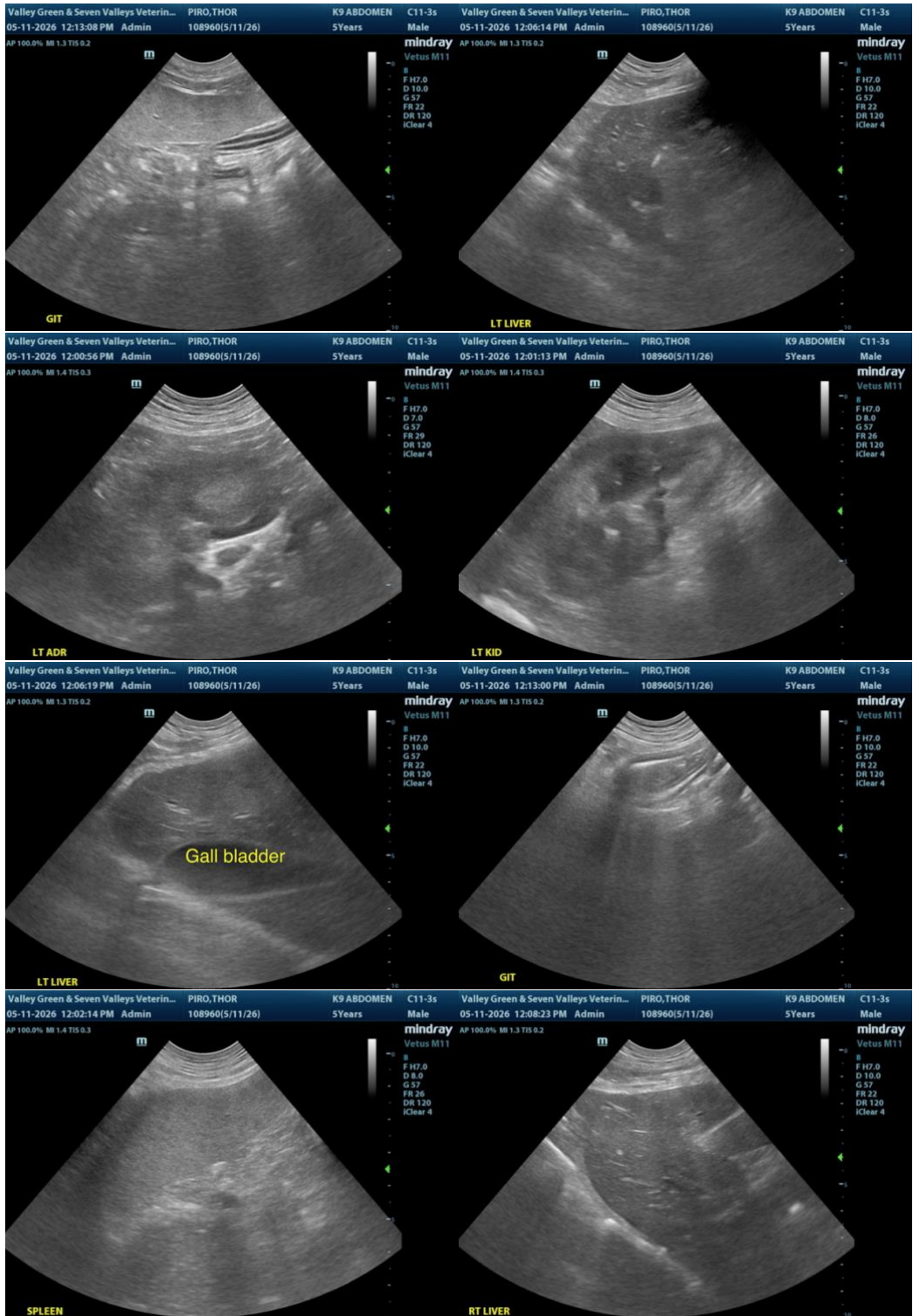
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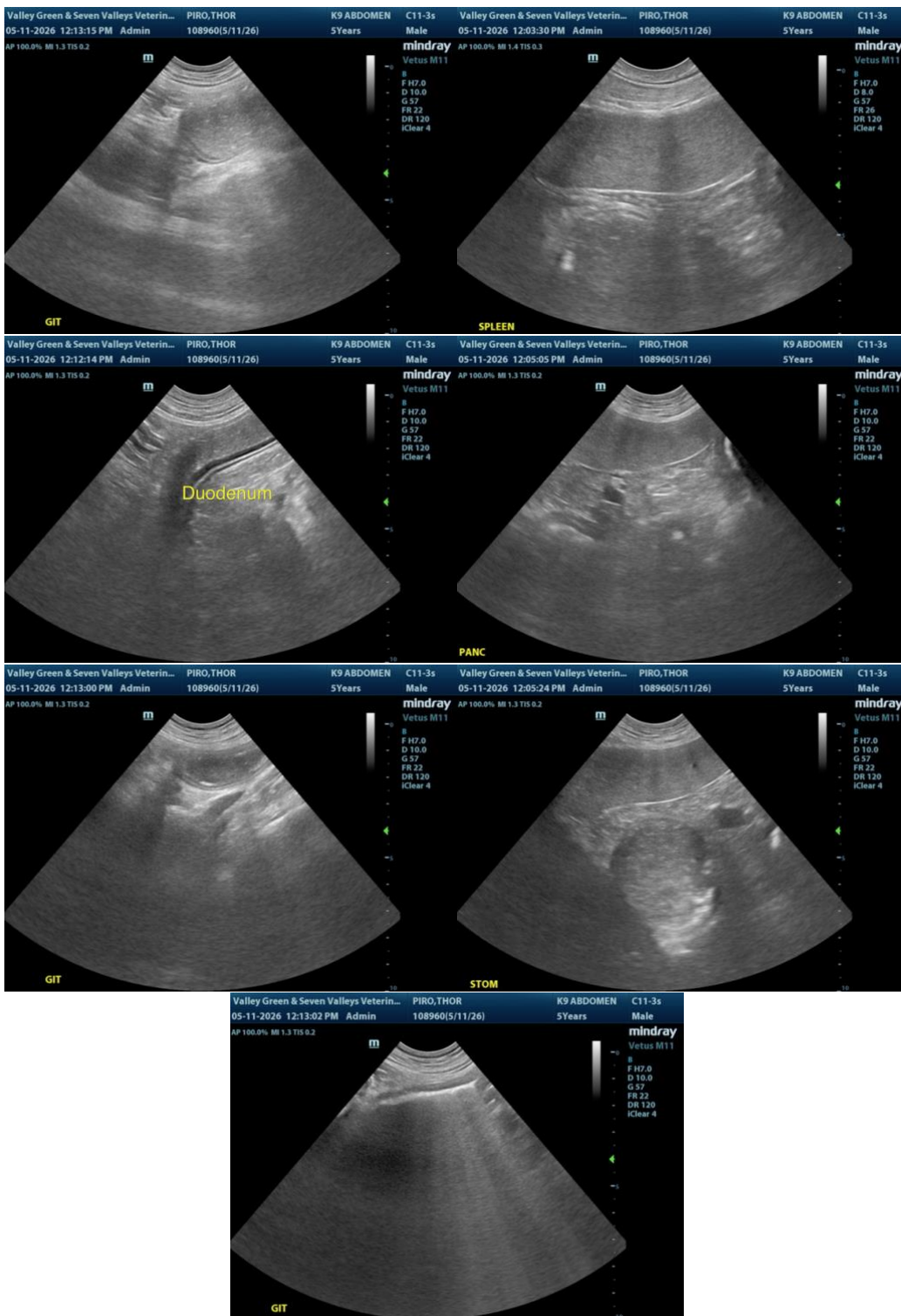
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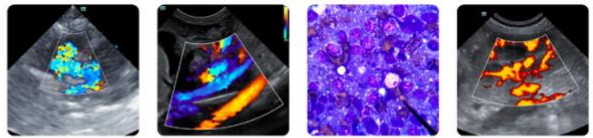
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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