

PATIENT PRESENTING CLINICAL SIGNS

Charlie S. Onge

- Diagnosed with pancreatitis 12/31/2025
- Clinically improved expect for periodic episodes of ongoing discomfort (prayer bow position)
- NSF on PE
- Current Medications: Gabapentin

SPECIES

Canine

BREED

Lab

Abnormal PE/Chem/CBC/UA Results: BW (increased reticulocyte Hg 30.9 [22.3-29.6], increased MPV 14.2 [8.7-13.2], increased amylase >2500 [500-1500], increase lipase 5790 [200-2800], increased cPL >2000 [0-200])

SEX

Neutered Male

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone is normal.

AGE

12

The region of the prostate is not visualized due to its pelvic location.

WEIGHT

29.7 kg

The left kidney is normal in size (6.23 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

Andrea Nicastro DVM
 Diplomate ACVIM
 (Sm Animal Internal Med)

The right kidney is normal in size (5.63 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.62 cm at cranial pole) (0.55 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

IMAGING PERFORMED BY

Kelly Reschny

The right adrenal gland is normal in size (2.22 cm at cranial pole) (0.77 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

HOSPITAL NAME

Chippawa AH

Spleen

REFERRING VET

Van Leeuwen

The spleen is normal in size (2.09 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

INVOICE

22411

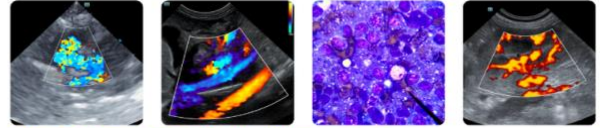
Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion.

DATE

1-19-26

The gallbladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.



PATIENT

Gastrointestinal

Charlie S. Onge

The lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

SPECIES

Canine

Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

BREED

Lab

Lymph Nodes

The abdominal lymph nodes are normal/not visible.

SEX

Neutered Male

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion.

AGE

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ULTRASONOGRAPHIC FINDINGS

Mild Bilateral nonspecific age-related renal changes

WEIGHT

29.7 kg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the suspicion for a prior episode of pancreatitis, a low-fat maintenance diet is recommended long-term to reduce the risk of flare-ups.
- Symptomatic care should also be used as needed.
- Consider a repeat ultrasound when the patient is experiencing clinical signs.

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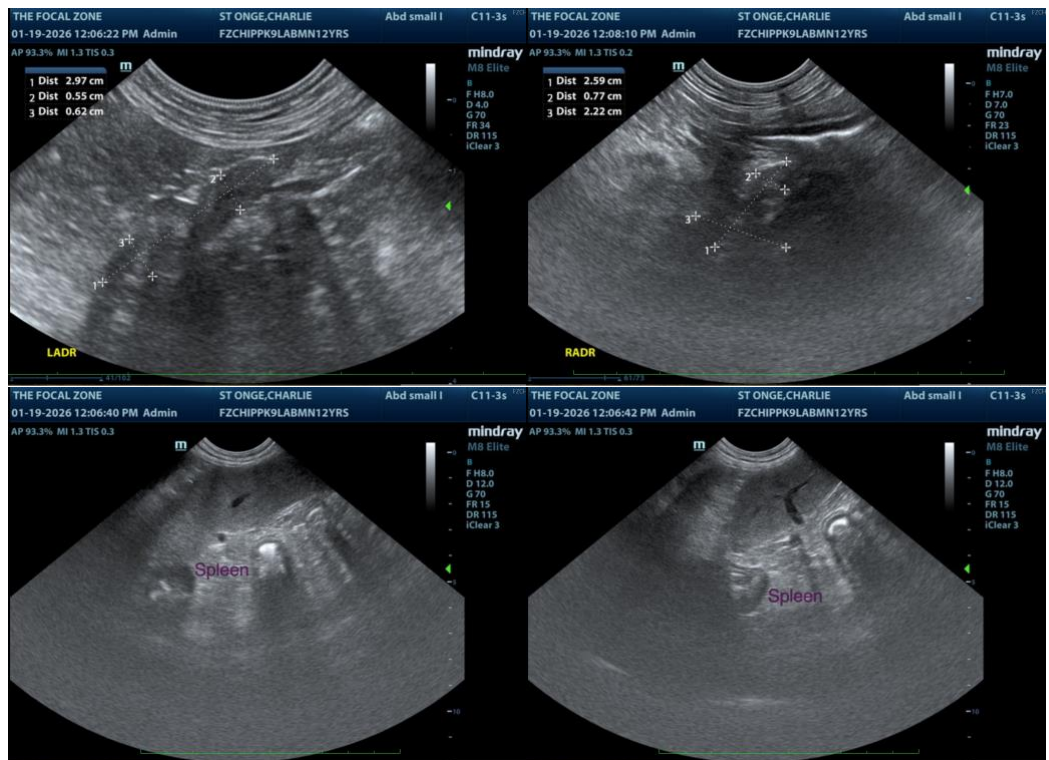
Van Leeuwen

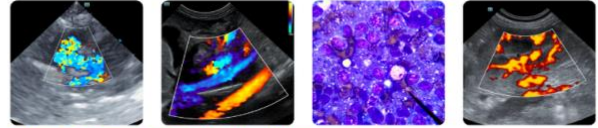
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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