



PATIENT

Jade Redwood

SPECIES

Canine

BREED

Shepherd x

SEX

Spayed Female

AGE

13 Years

WEIGHT

21 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Burford Vet

REFERRING VET

Dr. Fernandes

INVOICE

72625

DATE

1/30/26

PRESENTING CLINICAL SIGNS

Patient had a dental cleaning with extraction of a fractured tooth, was on antibiotics (clindamycin) for dental disease at the end of November. Pre-surgical bloodwork wnl. Presented for vomiting and diarrhea in mid December. was sent home with probiotics and GI diet and cerenia. Vomiting stopped, diarrhea persisted and started showing signs of discomfort. Patient was tested for pancreatitis due to persistence of clinical signs and tested positive. Owner was instructed to give low fat food, GI low fat or bland chicken and rice, probiotics, metronidazole and was also given codeine for pain management. Patient still having diarrhea and has days where she appears to be quite uncomfortable, was started on tylan powder. Now intermittently inappetent, painful and still having diarrhea.

Current Medications: Codeine 22.5 mg TID will also receive gabapentin (400 mg) and trazodone (100 mg) day of ultrasound.

Abnormal PE/Chem/CBC/UA Results: Positive cPLI Primary Question to Be Answered in This Exam Evidence of IBD or possible neoplasia - intestinal vs pancreatic? Next recommended steps therapy recommendations

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.

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. Left kidney measures 6.7 cm. Right kidney measures 6.2 cm.

Adrenal Glands

The left adrenal gland presents normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left measures 1.95 cm in length x 0.29 cm and 0.43 cm in width.

The right adrenal gland was not visualized.

Spleen

Normal size (1.4 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.



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Gallbladder

Small 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. Moderate amount of ingesta present within the stomach, compatible with a recent meal.

Pancreas

Normal size, with a mottled echogenic appearance and an irregular capsule. Hyperechogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

Small amount of acellular ascites present.

Diffuse hyperechogenic appearance of the mesentery.

ULTRASONOGRAPHIC FINDINGS

- Pancreatitis.
- Ascites.
- Mesenteric inflammation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the pancreas is consistent with chronic pancreatitis, with chronic active pancreatitis being a differential diagnosis.

Although both the ascites and the mesenteric inflammation can be ascribed to the pancreatitis, underlying peritonitis needs to be considered.

Further assessment would include cPL/PSL assay and analysis of the acidic fluid.

Management of the pancreatitis would include feeding small, frequent meals of a low-fat intestinal diet and the use of analgesics and antiemetics as needed.

Further specific therapy would be dependent on an etiological diagnosis.



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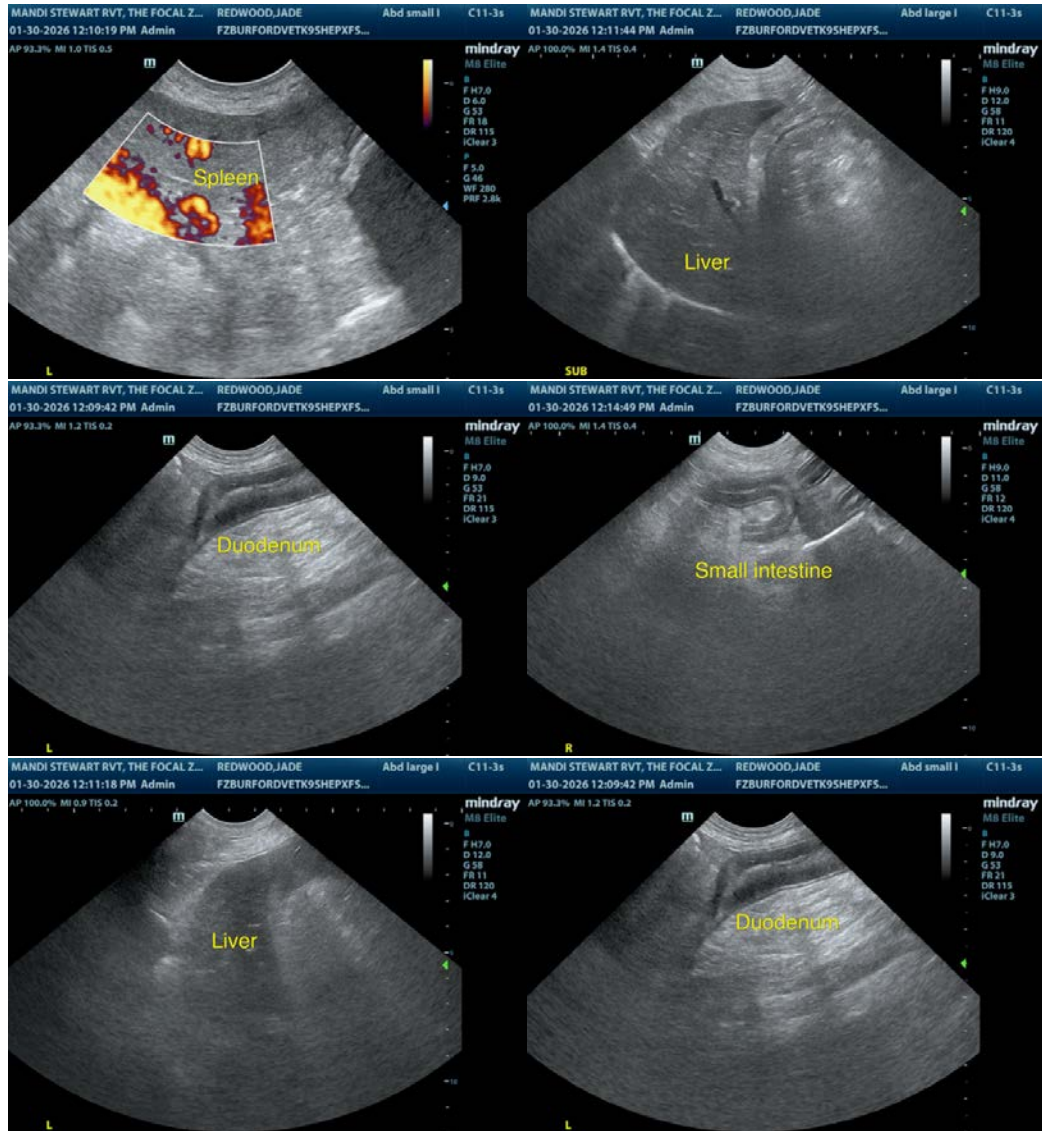
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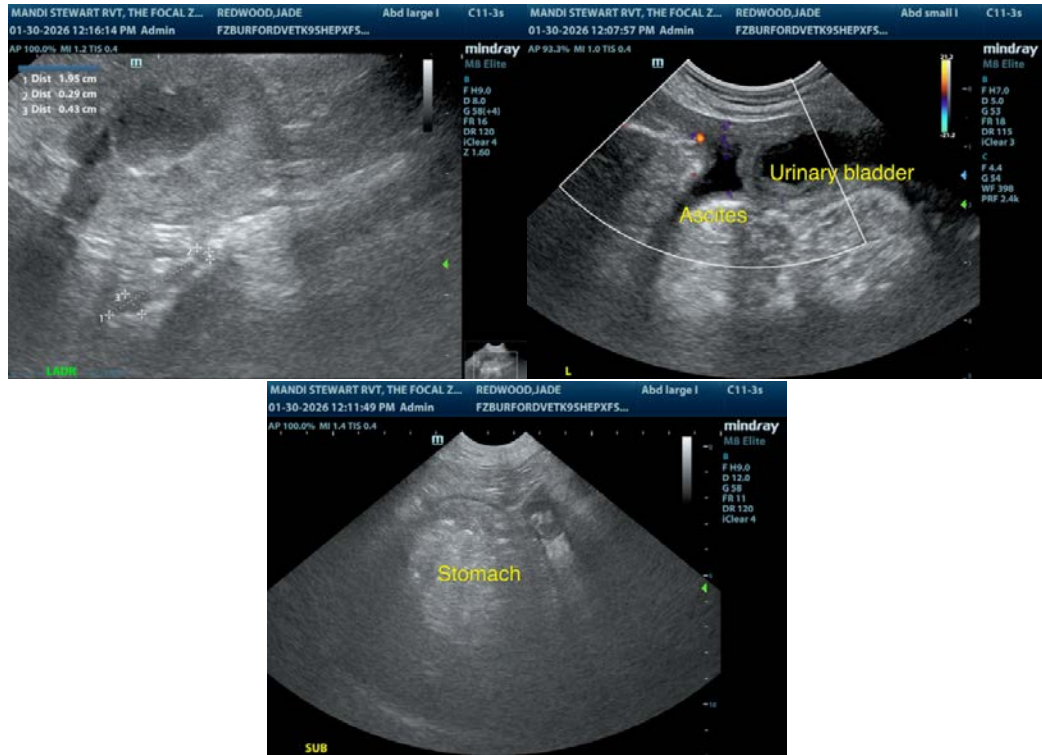
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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