



PATIENT

Elsie Dunn

SPECIES

Canine

BREED

American Staffordshire
Terrier Mix

SEX

Female

AGE

13 years

WEIGHT

68.9 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Danielle Shemanski,
DVM, MA

HOSPITAL NAME

Western New York VS

REFERRING VET

Spencerport County
Vet and Ridgemont VH

INVOICE

69882

DATE

1/6/26

PRESENTING CLINICAL SIGNS

History: RDVM REASON FOR REFERRAL: Presented to rDVM 2 weeks ago for the first time. ADR started as vomiting yellow bile, then progressed to diarrhea and straining as well. Patient was started on a bland diet, given injectable Cerenia, and had in-house blood work run. Has been doing better off and on with the bland diet and Cerenia combination. MEDICATIONS: Cerenia 80mg SID
Abnormal PE/Chem/CBC/UA Results: Increased ALP (1118) and ALT (136) as well and amylase (1955).

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is small 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 (left measured 6.7 cm, right measured 7.7 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 2.08 cm in length x 0.65 cm and 0.69 cm in width. The right adrenal gland measured 4.0 cm in length x 0.89 cm and 0.91 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. Incidental myelolipomas are present. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 2.1 cm in width.

Liver

Normal size with a diffuse mottled echogenic and coarse appearance, prominent portal markings, and an irregular curvilinear capsule especially of the left lobe. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.



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Gallbladder

The gallbladder is full containing a small amount of non-adhered, hyperechogenic sediment. 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.

Pancreas

Normal size with a mottled echogenic appearance and an irregular capsule. There was a mild increase in the echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

Thorax

Normal appearance of the heart. No pericardial or pleural effusion evident.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy.
- Pancreatic pathology.
- Gallbladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the hepatopathy would be chronic hepatitis, granulomatous disease, nodular hyperplasia and possibly emerging neoplasia.

Etiologies for the pancreas would be chronic pancreatitis, pancreatic fibrosis and possibly neoplasia.

The gallbladder sediment can be considered an incidental finding.

Further assessment would be CPL/PSL assay and FNA cytology of the liver and the pancreas. A tru cut or wedge biopsy of the liver may be required for a final etiological diagnosis.



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Specific therapy would be dependent on an etiological diagnosis.

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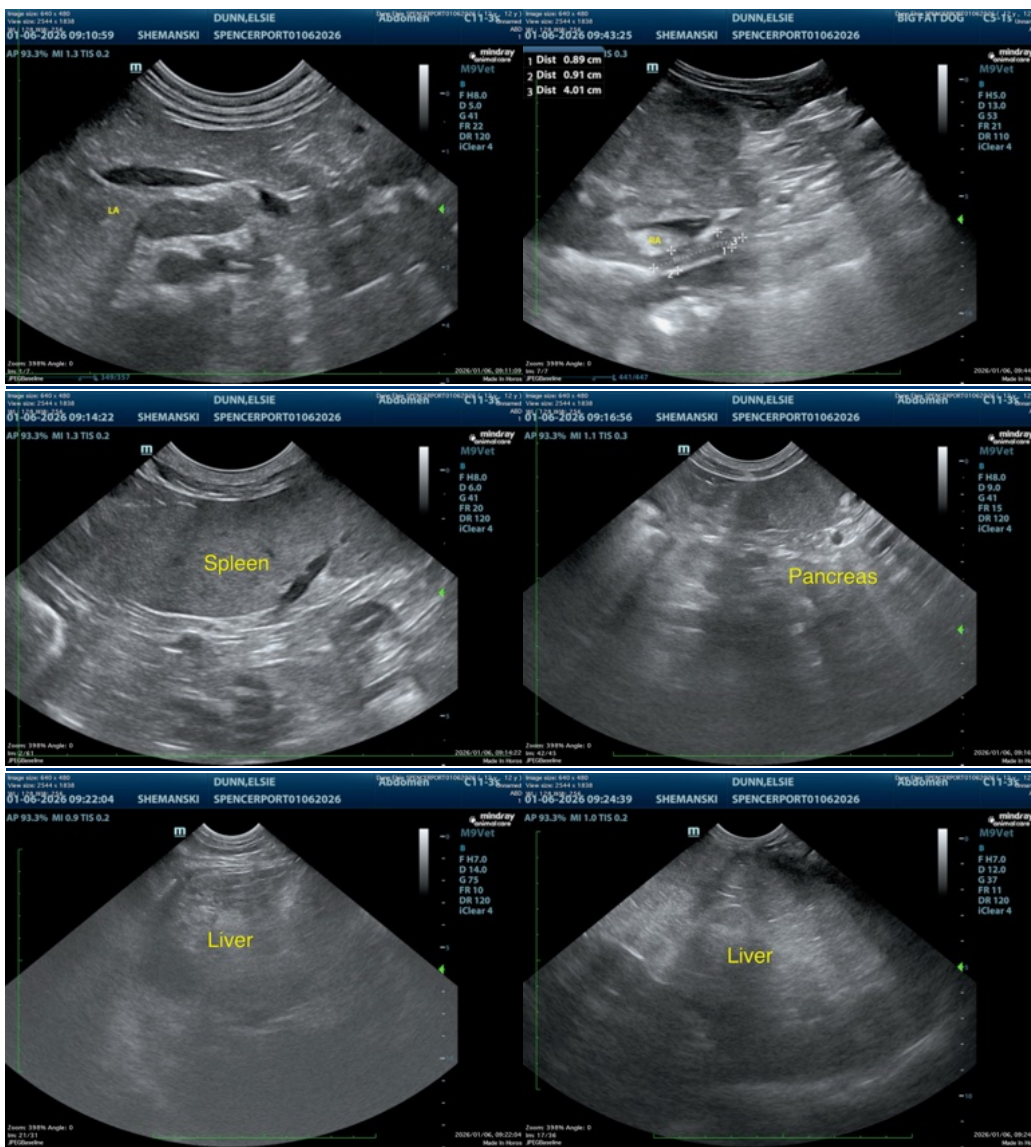
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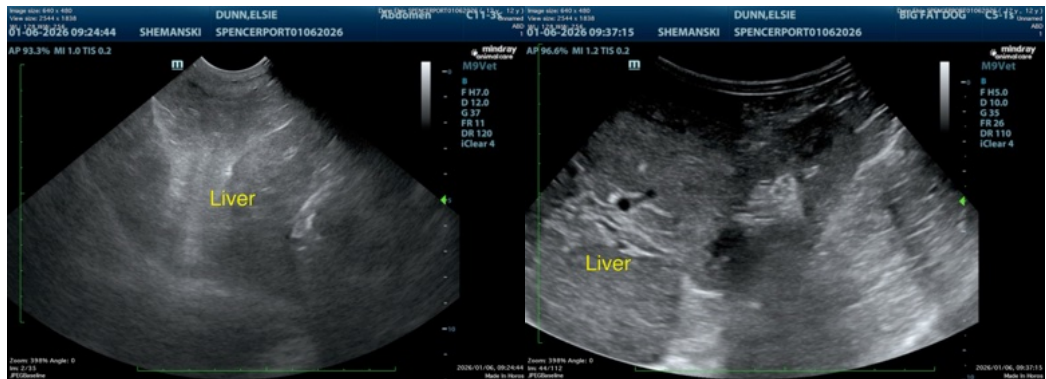
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com