



PATIENT

Chloe Switzer

SPECIES

Canine

BREED

Cavalier King Charles
Spaniel

SEX

Spayed Female

AGE

10 years 2 months

WEIGHT

9.1 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Mariusz
Chmielinski

HOSPITAL NAME

Apex Veterinary
Services Ltd.

REFERRING VET

VetDirect / Dr.
Bregliano

INVOICE

10721

DATE

11/10/2025

PRESENTING CLINICAL SIGNS

Owner reports onset of reduced mobility and slowing since Tuesday night, progressively worsening through Wednesday and Thursday. By Thursday evening (8 PM), Chloe stopped eating and only took a small amount when hand-fed. No food intake this morning. Straining to defecate noted, followed by loose stools. No vomiting reported. No recent diet change. Marked lethargy: moves short distances (bed → water dish → couch) and lies down frequently. Still drinking water and urinating normally. Owner notes Chloe dislikes changes in routine or environment.

Abnormal PE/Chem/CBC/UA Results: Vital Signs: Temperature [Celsius]:37.4, Heart Rate/min (HR):98, HR: Pulse Ratio: 1:1, Respiratory Rate/ min: 26, Respiratory Effort: 0, Mucus Membranes/ CRT: pink, moist/ CRT< 2 sec ,Mentation: BAR ,Hydration: Adequate , BCS (scale 1 to 5): 3.5/5, Abdomen: Mild tension, Heart: Regular rhythm, previously known heart disease (on Vetmedin, Fortekor, Furosemide). CBC: WBC 30.09 x10⁹/L (5.05 - 16.76); Neutrophils 27.1 x10⁹/L (2.95 - 11.64); - otherwise, the results are WNL. BCHEM: Creatinine 133 umol/L (27- 124); BUN 10.8 mmol/L (2.5 - 9.6); Phosphorus 2.72 mmol/L (0.81 - 2.20); Sodium 129 mmol/L (144 - 160); Potassium 3.8 mmol/L (3.5 - 5.8); ALT 135 U/L (10 - 125); ALP 1441 U/L (13 - 212); otherwise, the results are WNL.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full urinary bladder containing scant amount of hyperechogenic sediment with a normal thickness and smooth appearance of the wall. Normal anechoic urine with no 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 kidney 4.9 cm, right 5.8 cm), with normal echogenic appearance, cortico-medullary differentiation, and a regular curvilinear capsule. Mild bilateral pyelectasia present. No infarcts or renoliths evident. Small amount of mineralization present in the right kidney. No mineralization evident in the left kidney.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measures 0.47 cm and 0.49 cm in width. The right adrenal measures 0.56 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. Small, focal, non-vascularized hypoechogenic parenchymal nodule in the body of the spleen, measuring approximately 0.7 cm in size. The spleen measures 1.2 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 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. Small amount of ingesta and gas present within the stomach. Fecal material present within the colon.

Pancreas

Normal size with a mottled echogenic and coarse appearance, of especially the right lobe, and the body of the pancreas with an irregular capsule. Mild increased echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Pancreatic pathology.
- Splenic nodule.
- Pyelectasia.
- Gallbladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

The most likely etiology for the splenic nodule would be incidental reactive hyperplasia/extramedullary hematopoiesis with granuloma, hematoma, and neoplasia less likely differential diagnoses.

Although, the pyelectasia may be an incidental age-related change, underlying low grade pyelonephritis should still be considered.

The gallbladder sediment is most likely an incidental finding.

Further assessment would be urinalysis, possibly urine culture, CPL/PSL assay, and possibly FNA cytology of the pancreas.

Specific therapy would be dependent on an etiological diagnosis.

Monitoring of the splenic nodule would be recommended and if there's any progressive enlargement or bulging of overlying capsule noted, then splenectomy should be considered.



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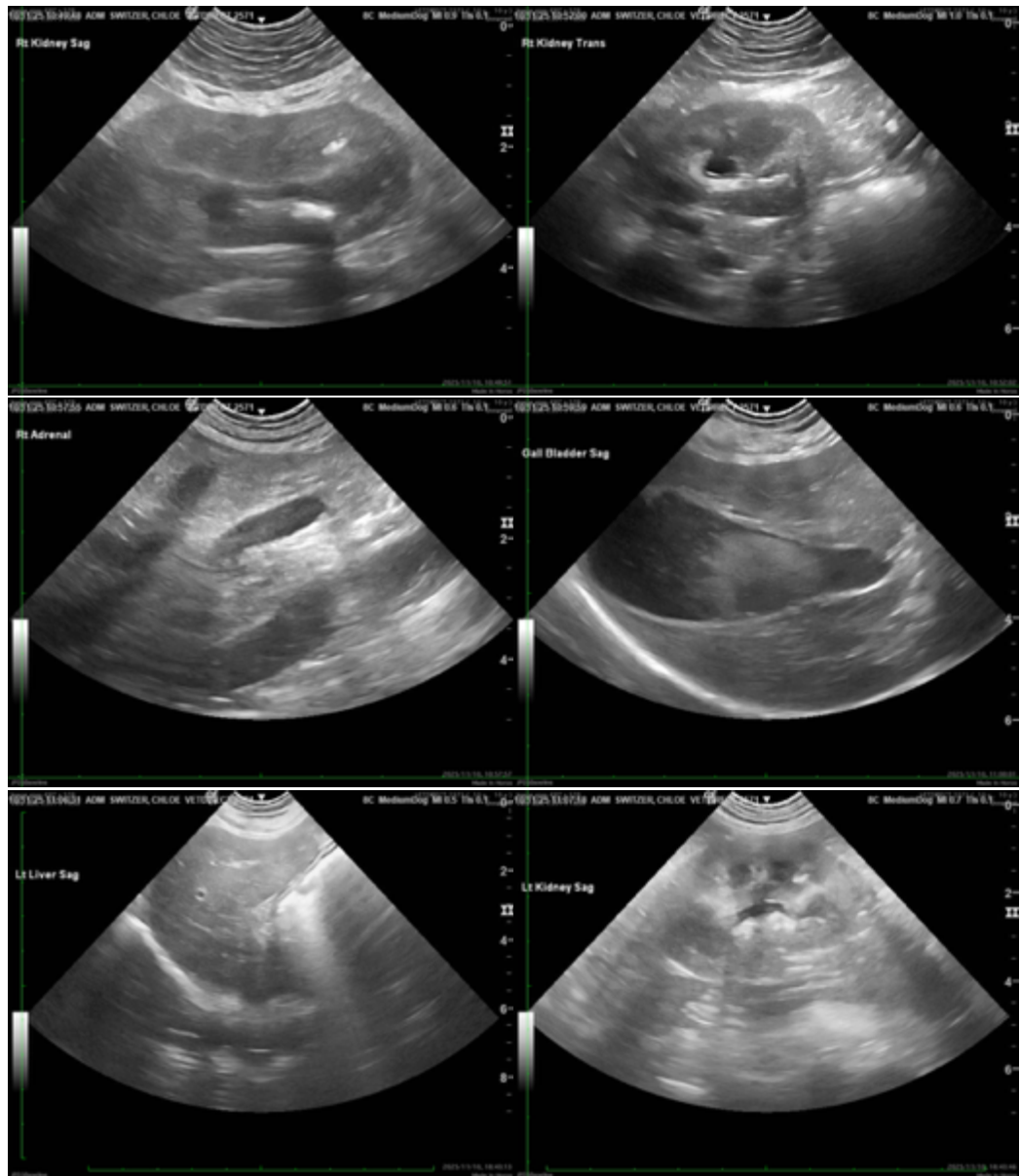
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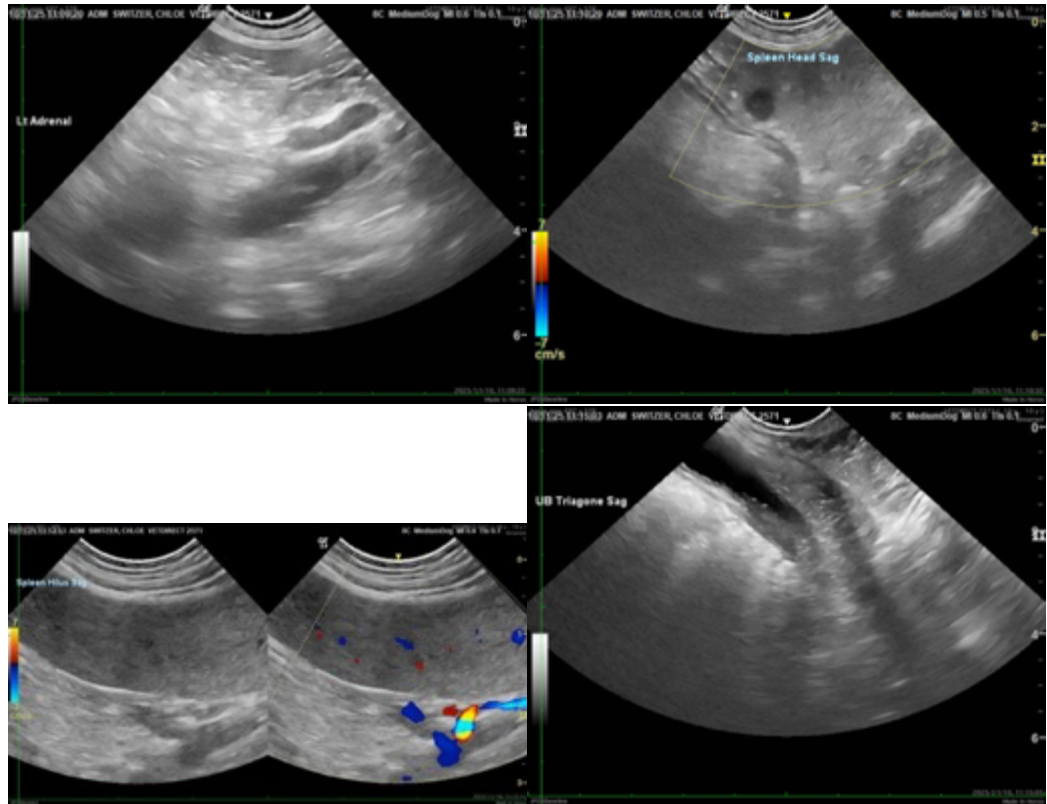
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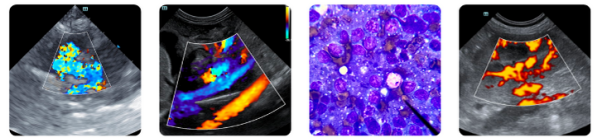
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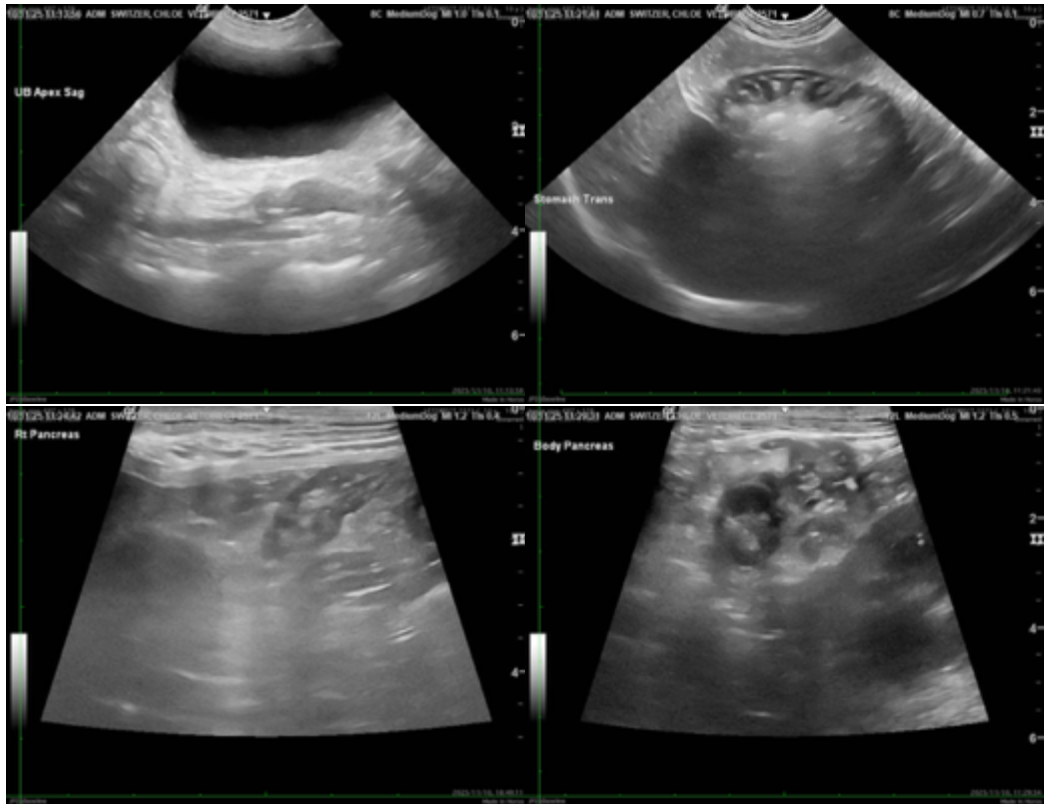
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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