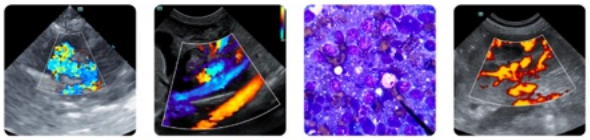


PATIENT

Brody Mallett

SPECIES

Canine

BREED

Pug

SEX

Neutered male

AGE

12 years

WEIGHT

19 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Danielle Shemanski DVM, MA

HOSPITAL NAME

Wester New York VS

REFERRING VET

Dr. Lefler

INVOICE

68832

DATE

11/19/25

PRESENTING CLINICAL SIGNS

History: RDVM REASON FOR REFERRAL: Patient is jaundiced, anorexic, and was vomiting until cerenia started on 11/13/25. Patient has Hx of necrotizing pancreatitis that he recovered from. He had been doing well until recently. CLINICAL SIGNS: Last week: Jaundice, Vomiting, Lethargy, No appetite, tender abdomen This week he started eating again and ravenously! P was BAR today albeit still tender in the abdomen MEDICATIONS: Cerenia 24mg 1 SID, Ursodiol 250mg 1/2 SID, Baytril 68mg 1/2 BID Abnormal PE/Chem/CBC/UA Results: Mildly jaundiced but has improved from last week, according to the owner. Very tense abdomen. Lab work: AST 615 (0 - 50 U/L) H ALP >2,000 (23 - 212 U/L) H GGT 14 (0 - 11 U/L) H Bilirubin - Total 9.0 (0.0 - 0.9 mg/dL) H Alt needs dilution

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 4.4 cm, right measured 4.8 cm), increased echogenic appearance, some loss of cortico-medullary differentiation and normal pelvis and capsule. No infarcts or renoliths evident. Bilateral cortical mineralization is present.

The prostate is small and hypoechogenic measuring 0.8 cm in width.

Adrenal Glands

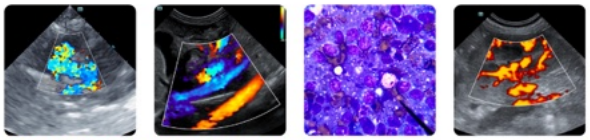
Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 1.42 cm in length x 0.5 cm and 0.51 cm in width. The right adrenal gland measured 2.08 cm in length x 0.41 cm and 0.44 cm in width.

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. Focal, hypoechogenic parenchymal nodule in the tail of the spleen with bulging of the overlying capsule present. The nodule measured approximately 1.1 x 1.3 cm in size. The spleen measures 1.7 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

The gallbladder is full containing a large amount of both adhered and non-adhered, hyperechogenic and hypoechogenic sediment with the adhered sediment arranged in an early stellate pattern. 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. A small amount of ingesta is present in 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. The left pancreas measures approximately 0.9 cm in width.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

Thorax

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

ULTRASONOGRAPHIC FINDINGS

- Chronic pancreatitis.
- Mucocele.
- Splenic nodule.
- Age related renal changes versus early chronic kidney disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

As there is bulging of the overlying capsule with the splenic nodule, the most likely etiology would be emerging neoplasia with hematoma and granuloma a less likely differential diagnosis.

Further assessment would be CPL/PSL assay.

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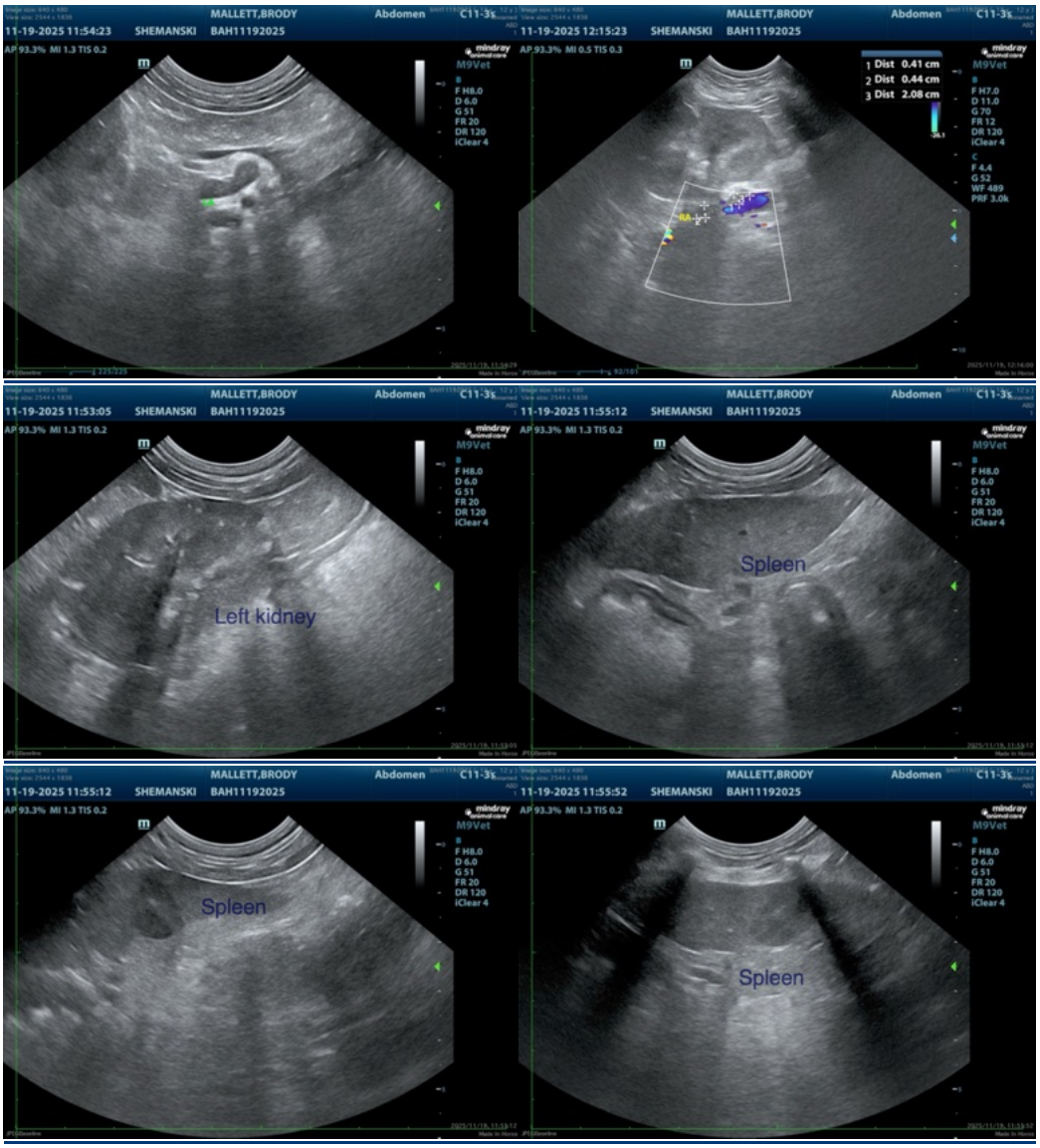
Long term management of chronic pancreatitis would be feeding small, frequent meals of a low fat intestinal type diet and the use of analgesics and antiemetics as needed.

Management of the mucocele would be cholecystectomy or medical management with Ursodiol.



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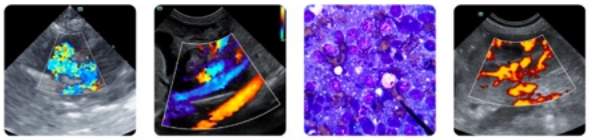

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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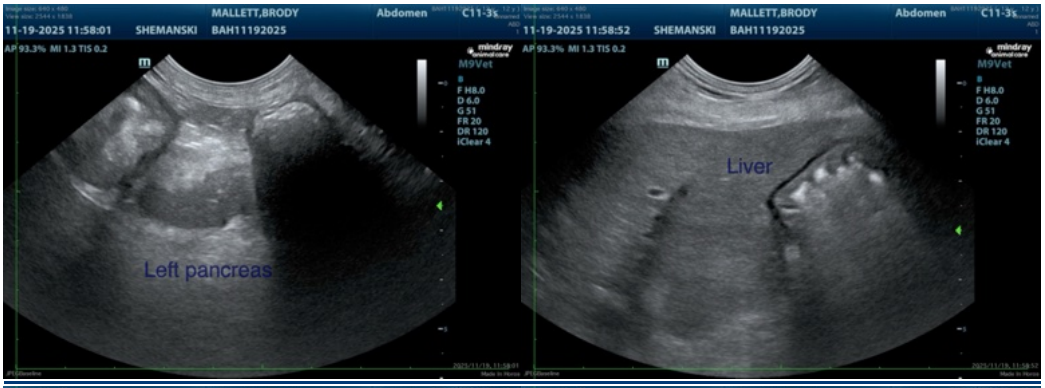

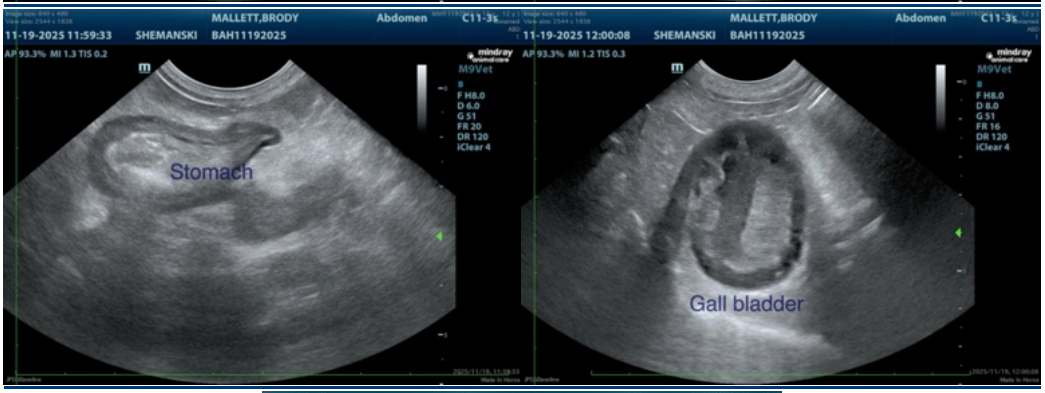

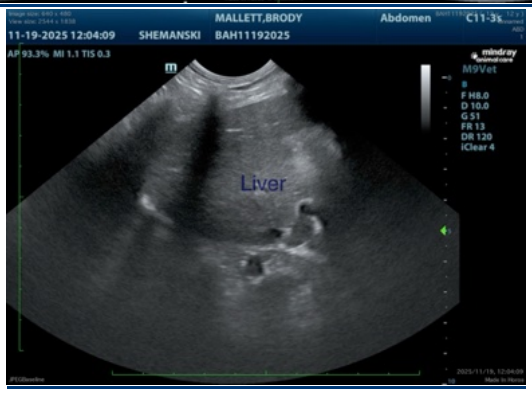

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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