



PATIENT	PRESENTING CLINICAL SIGNS
Negri Miranda	Pt presented as a referral for an abdominal u/s to r/o DKA, pancreatitis, etc, and evaluate hx of lethargy, weight loss, bloody diarrhea. Increased water intake. Symptoms started 4 days ago. Pt is currently hosp at ER, currently w/ IV fluids, Insulin CRI, Unasyn 22mg/kg iv tid, cerenia 1mg/kg iv sid, famotidine 1mg/kg iv sid, ondansetron, metronidazole, buprenorphine, panacur, ocular meds (optix care, optimmune, N/P/B).
SPECIES	
Canine	
BREED	
Miniature Pinscher	Abnormal PE/Chem/CBC/UA Results: cbc hct 32%. chem - Glu 545, alkp 1938. fecal positive- suspect hooks UA - glucosuria, ketonuria, hematuria, proteinuria. cPL - abnormal 1558 Radiographs, bloodwork cPL, and UA attached as supporting documents.
SEX	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Neutered Male	Urinary System
AGE	Full urinary bladder containing a scant amount of floating hyperechogenic sediment, with a normal thickness and smooth appearance of the wall.
7 Years	Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.
WEIGHT	Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.
16 lbs	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 5.4 cm. Right kidney measures 5.7 cm.
INTERPRETED BY	Reproductive System
Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM	Small, hypoechogenic prostate measuring 0.90 cm in width.
IMAGING PERFORMED BY	Adrenal Glands
Gabriel Ferrer, DVM	Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left measures 2.18 cm in length x 0.50 cm and 0.42 cm in width. Right measures 2.35 cm in length x 0.53 cm and 0.40 cm in width.
HOSPITAL NAME	Spleen
Pulse: Pet Ultrasound	Normal size (1.1 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.
REFERRING VET	Liver
Dr. Mayra Fonseca	Normal size, with a diffuse increased echogenic appearance, decreased portal markings, and a regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.
INVOICE	Gallbladder
72055	Full containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.
DATE	
11/21/25	



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Miniature Pinscher

SEX

Neutered Male

AGE

7 Years

WEIGHT

16 lbs

INTERPRETED BY

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MMedVet (Med),
PhD, Dipl. ECVIM

IMAGING PERFORMED BY

Gabriel Ferrer, DVM

HOSPITAL NAME

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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. Stomach wall measured 0.30 cm. Duodenum wall measured 0.42 cm. Small intestinal wall measured 0.38 cm. Colon wall measured 0.27 cm.

Pancreas

Enlarged (left 1.7 cm in width, right 1.8 cm in width) with a hypoechoogenic appearance and an irregular capsule. Hyperechoogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes, measuring up to 1.2 cm x 1.3 cm.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Pancreatitis.
- Hepatopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

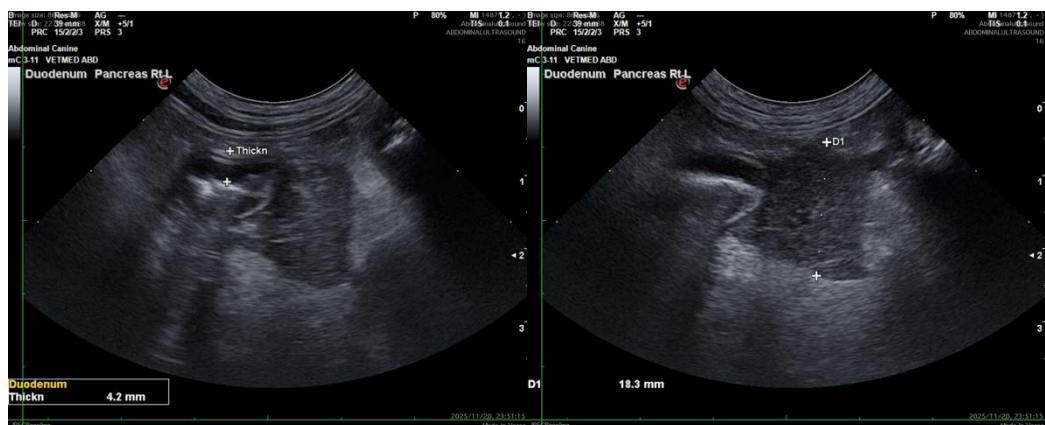
The appearance of the pancreas is consistent with acute pancreatitis.

The most likely etiology for the hepatopathy would be reactive hyperplasia secondary to the pancreatitis, with vacuolar and metabolic being differential diagnoses. Hepatitis and infiltrative neoplasia would be highly unlikely differential diagnoses.

Although the hyperglycemia most likely represents transient diabetes mellitus secondary to the pancreatitis, Fructosamine assay should be done to rule out preexisting diabetes.

Additional assessment that could be considered would be FNA cytology of the liver.

Management would be to continue with the current therapy. Monitoring of the pancreas by means of ultrasound would be recommended, as pancreatic cysts or abscessation can develop secondary to the pancreatitis.





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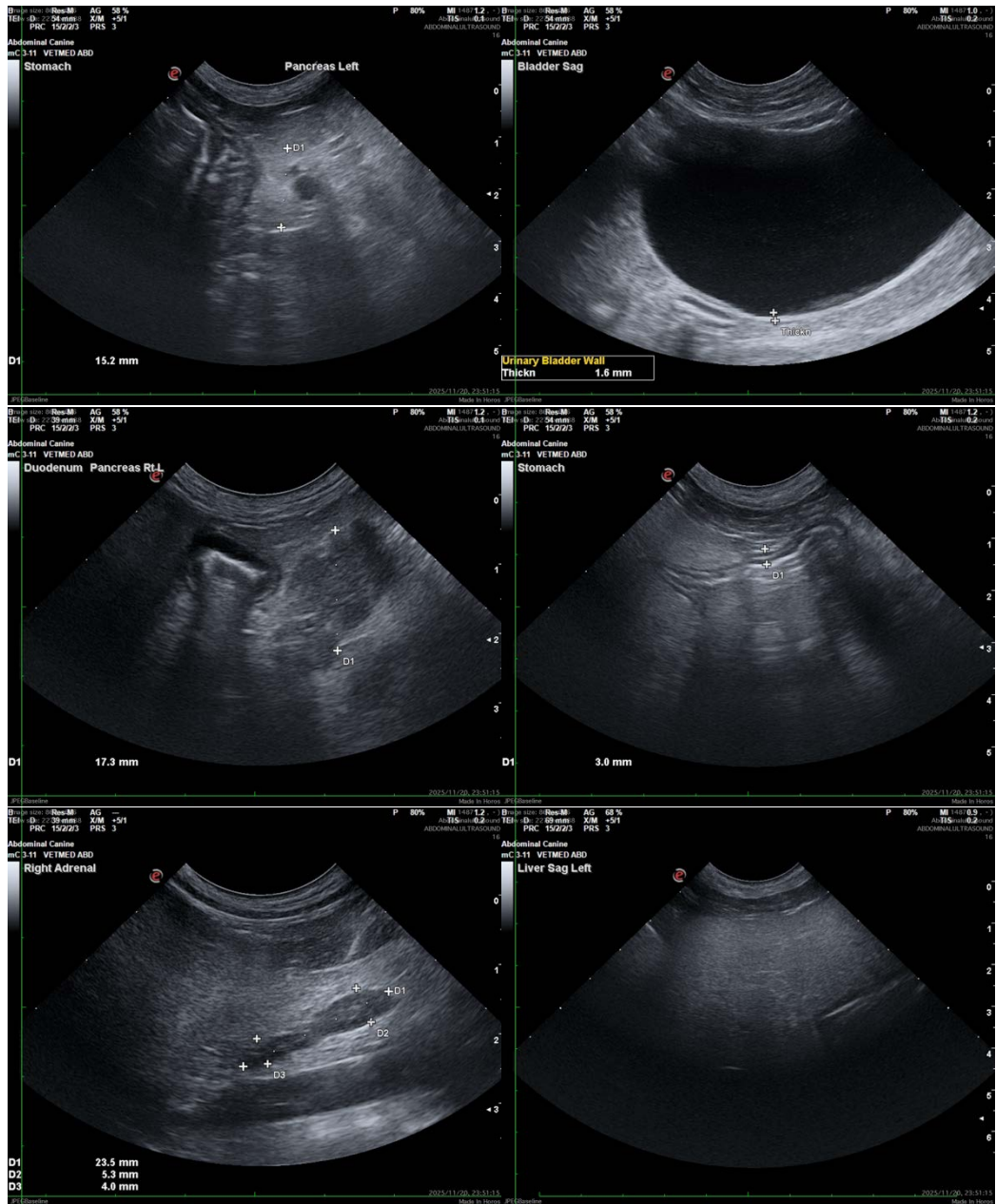
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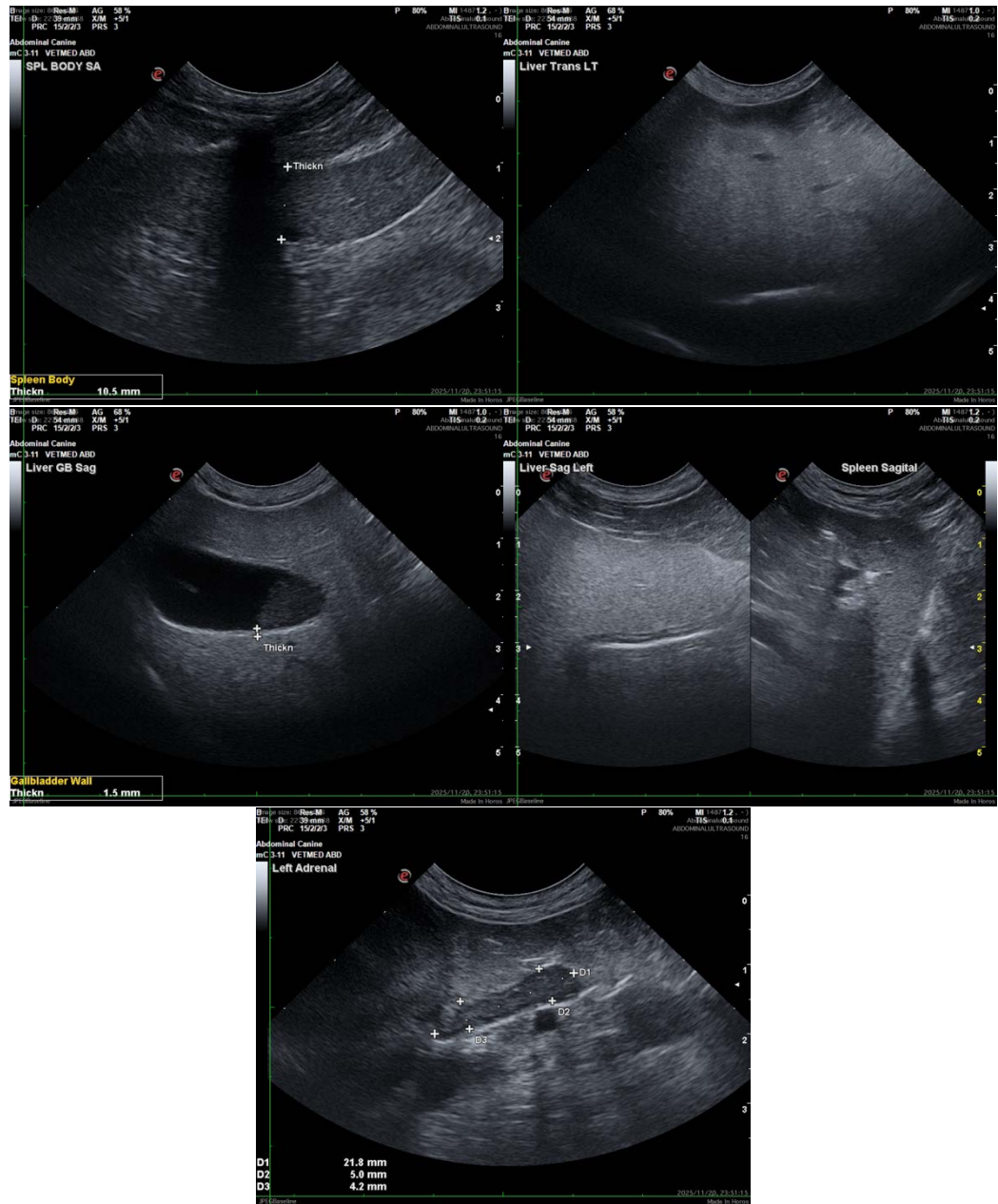
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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