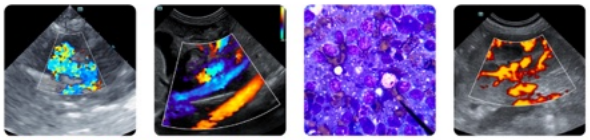


PATIENT

Sasha Dobbins

SPECIES

Canine

BREED

Pomeranian

SEX

Spayed female

AGE

12 years

WEIGHT

6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. McCaughan

HOSPITAL NAME

Marina Village Veterinary & Integrative Care

REFERRING VET

Dr. McCaughan

INVOICE

69024

DATE

11/25/25

PRESENTING CLINICAL SIGNS

History: Recent vomiting, diarrhea. Chronic polydipsia. Urinating in the home (on the bed) inappropriately recently. Started Atopica 5 days ago for severe, mucocutaneous atopy (dermatologist directed). Suspect acute pancreatitis causing GI signs. Check for cholestasis cause. Patient doing well in hosp today on IVF and cerenia/cefazolin. Send home oral antibiotics for skin infection secondary to atopy (skin culture yielded Staph aureaus and S pseudointermedius)
Abnormal PE/Chem/CBC/UA Results: In house labs 11/25/25: GGT (41), PLI (not reading on catalyst), APL 451 CBC = mild neutrophilia (12,000) labwork from 11/15/25: (send out to Antech) ALP 880 - r/o cushing's alb 2.2 mild hyperglobulinemia glob 3.8 - r/o skin inflammation or infection mild elevation to phosphorus 6.2 - r/o renal excretion elevation to PSL 338 - r/o pancreatitis, and correlate to clinical signs. amylase 1300. T4 < 0.5 (sick eu) WBC 22,000; neutrophils 18,000; monocytes 1300

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full 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 3.0 cm, right measured 3.2 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

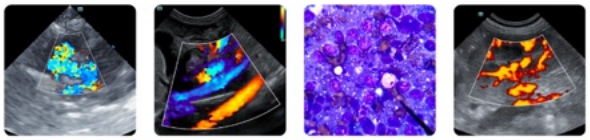
Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.34 cm and 0.35 cm in width. The right adrenal gland measured 0.31 cm and 0.43 cm in width.

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. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 1.5 cm in width.

Liver

Normal size with a diffuse increased echogenic and coarse appearance, prominent 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 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. The small intestine measured up to 0.38 cm. Fecal material is present in the colon.

Pancreas

The pancreas is of normal size with increased echogenic appearance and 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

- Pancreatitis.
- Hepatopathy.
- Gallbladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the pancreas would be consistent with resolving pancreatitis and in line with the patient's history.

Etiologies for the hepatopathy would be reactive hyperplasia, early nodular hyperplasia, vacuolar, metabolic and secondary to the pancreatitis with hepatitis and infiltrative neoplasia a highly unlikely differential diagnosis.

The gallbladder sediment is most likely an incidental finding.

With the PU/PD and increased ALP activity underlying Cushing's disease should still be considered even though the adrenal glands appear ultrasonographically normal.

Adrenal function testing (ACTH stimulation/LDDST) should be considered once the patient has fully recovered from the pancreatitis. If Cushing's disease has been excluded then further assessment of the

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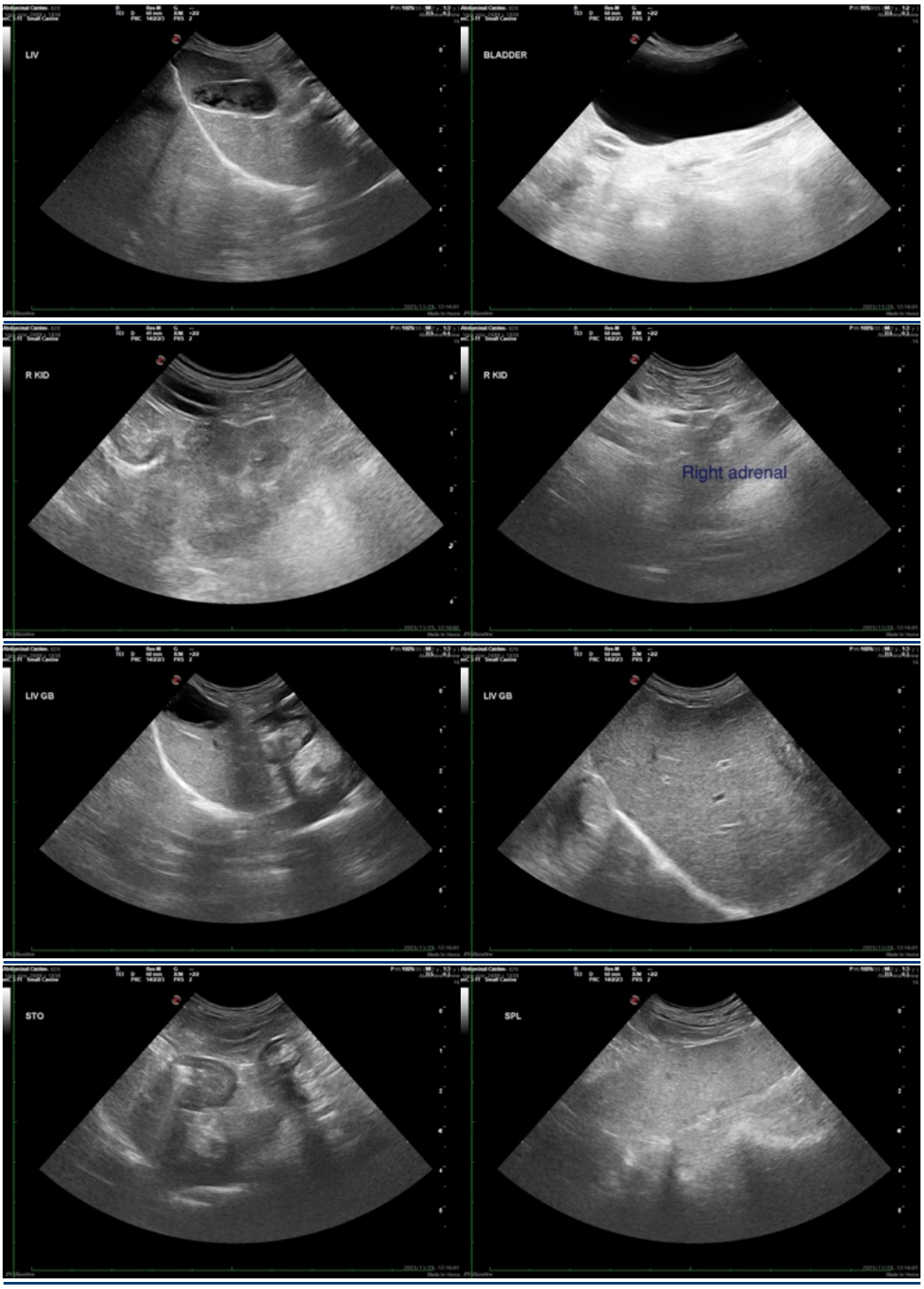
hepatopathy would be FNA cytology; however, a tru cut or wedge biopsy may be required for a final etiological diagnosis.

Further specific therapy would be dependent on an etiological diagnosis.



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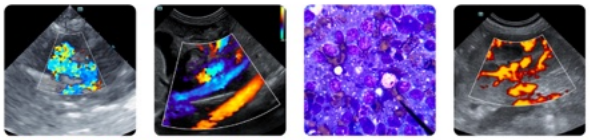

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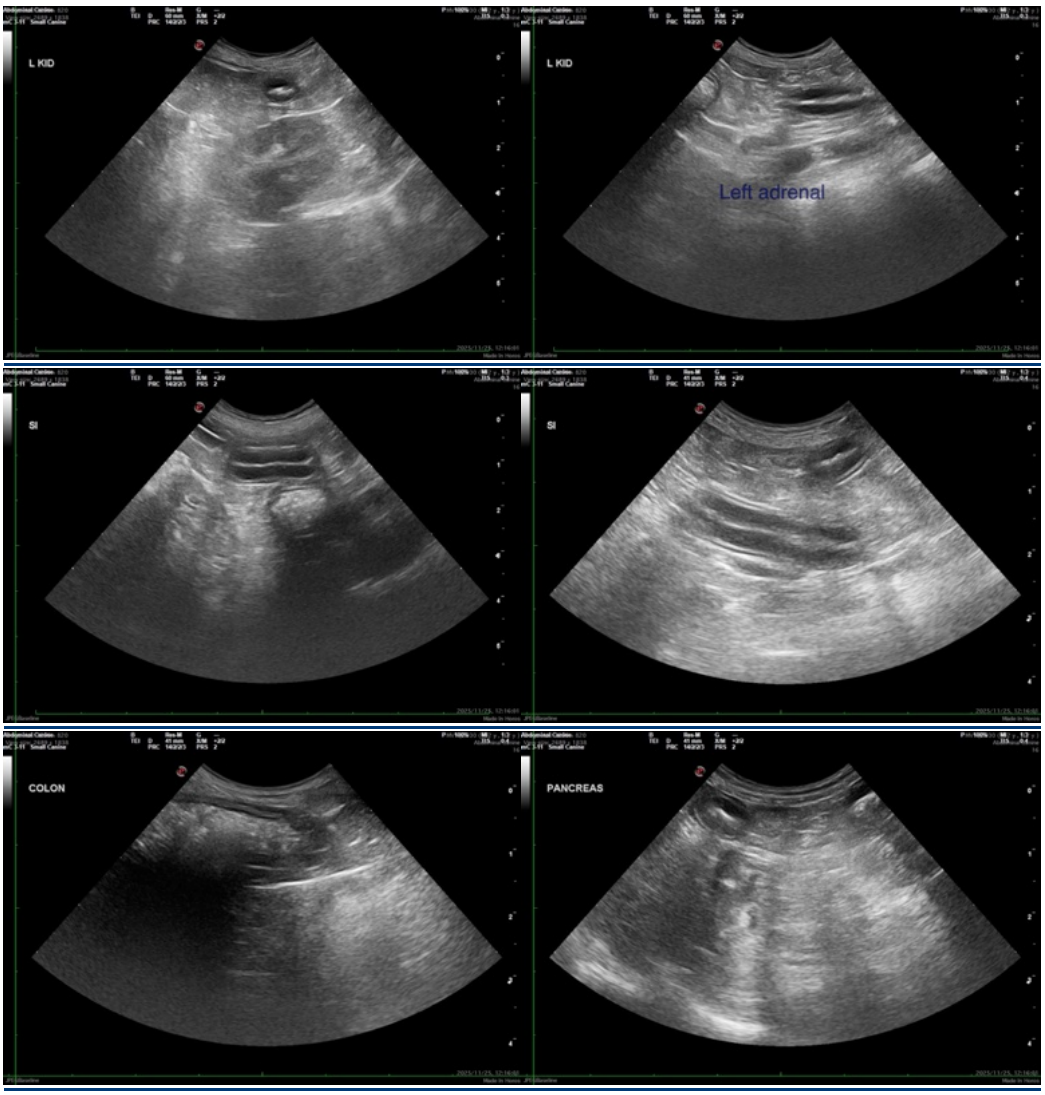

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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