



PATIENT

Prada Cowie

SPECIES

Canine

BREED

Pomeranian

SEX

Spayed female

AGE

13 years

WEIGHT

3.42 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Rankin

HOSPITAL NAME

Signal Hill Animal Clinic

REFERRING VET

Dr. Sweet

INVOICE

69148

DATE

11/27/25

PRESENTING CLINICAL SIGNS

History: Prada is a 13-year-old Pomeranian who was hospitalized for pancreatitis, presenting with SQ edema, anorexia, and notable laboratory abnormalities including electrolyte imbalances and non-regenerative anemia. The primary diagnosis was pancreatitis, which was confirmed by a high spec CPL of 1723 and an elevated lipase of 1379. The patient was hospitalized on Tuesday due to clinical signs that included significant anorexia and unspecified gastrointestinal issues, though it was noted there was no vomiting. On Monday, the day prior to admission, she was reportedly reluctant to move. Upon admission, the patient presented with, SQ edema, which was most prominent in the front limbs. She also displayed increased respiratory effort. Grade 5 heart murmur with possible arrhythmia on exam (extra beat) Treatment with furosemide resulted in a noted improvement in both the edema and the respiratory signs.

Abnormal PE/Chem/CBC/UA Results: Bloodwork revealed a non-regenerative anemia, an inflammatory leukogram, and elevated liver enzymes (ALP 1249, GGT 24). Key electrolyte disturbances included hyponatremia (low sodium), hyperkalemia (potassium 5.5), and a low sodium-to-potassium ratio of 25. Additionally, her T4 was low, and while total protein was low, albumin was within the low-normal range. X-rays were reportedly performed, but no significant findings were noted that prompted further action.

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 3.2 cm, right measured 3.3 cm), increased echogenic appearance, normal cortico-medullary differentiation, pelvis and capsule. No infarcts, mineralization or renoliths evident. Small, focal, incidental cortical cysts are present in the cranial pole of the left kidney measuring 0.4 cm in size.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.4 cm in width. The right adrenal gland measured 0.36 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 0.7 cm in width.



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Liver

Normal size with diffuse, increased echogenic and coarse appearance, normal portal markings, and regular curvilinear capsule. Focal, well circumscribed, hypoechoic, parenchymal mass in the left lobe measuring 2.2 x 2.5 cm in size. No nodules or additional masses evident. Normal appearance of the hepatic and portal vasculature.

Gallbladder

The gallbladder is full containing a large 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 hypoechoic appearance and an irregular capsule. Hyperechogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Prominent mesenteric lymph nodes in the region of the ileocecal junction maintaining normal shape and echogenic appearance. The rest of the mesenteric lymph nodes appear normal.

A small amount of acellular ascites evident.

Hyperechogenic appearance of the mesentery.

ULTRASONOGRAPHIC FINDINGS

- Pancreatitis.
- Mesenteric inflammation with ascites.
- Focal, mesenteric lymphadenomegaly.
- Hepatopathy.
- Hepatic mass.
- Gallbladder sediment.
- Age related renal changes versus early chronic kidney disease.



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the pancreas would be consistent with low-grade pancreatitis or resolving pancreatitis.

Both the mesenteric inflammation and ascites can be ascribed as secondary to the pancreatitis with sterile peritonitis and bacterial peritonitis a less likely differential diagnosis.

The most likely etiology for the focal mesenteric lymphadenomegaly would be reactive hyperplasia with lymphadenitis and infiltrative neoplasia a highly unlikely differential diagnosis.

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

Etiologies for the hepatic mass would be hepatoma, severe nodular hyperplasia and possibly emerging primary hepatocellular carcinoma.

Although the gallbladder sediment is most likely an incidental finding, an emerging mucocele would be a differential diagnosis.

Further assessment that can be considered would be analysis of the ascitic fluid and FNA cytology of the liver, hepatic mass and lymph nodes.

Further specific therapy would be dependent on an etiological diagnosis.





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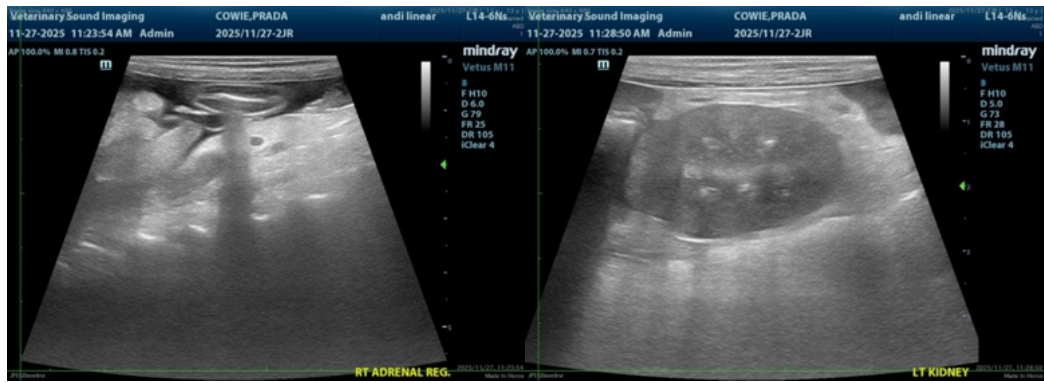
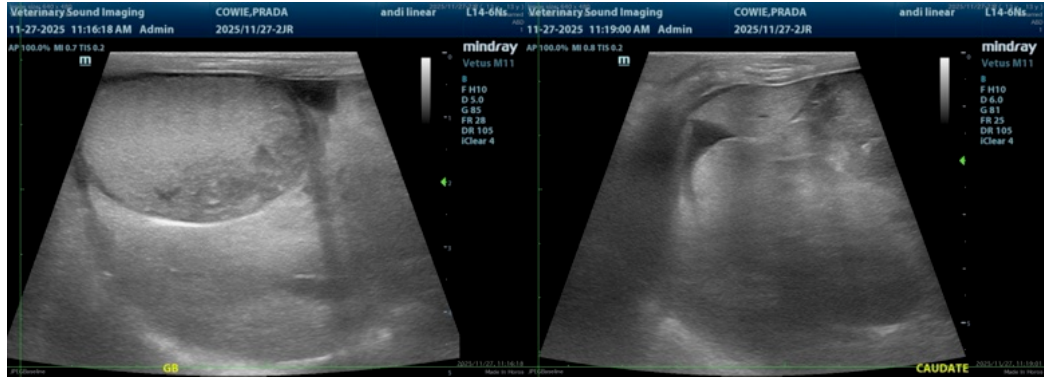
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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