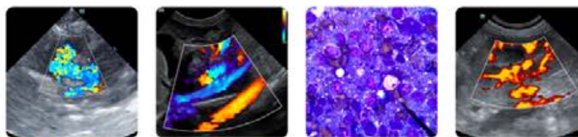


PATIENT

Dante Mull

SPECIES

Canine

BREED

Weimaraner

SEX

Neutered Male

AGE

7 Years

WEIGHT

63.5 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Cristy Fisher, DVM

HOSPITAL NAME

Pine Creek Veterinary Hospital

REFERRING VET

Joshua Fisher, DVM

INVOICE

71577

DATE

11/4/25

PRESENTING CLINICAL SIGNS

Periodic vomiting, anorexia and diarrhea for a few months. Waxing and waning symptoms. Baseline chem/CBC/T4/Lytes normal. Texas A&M dysbiosis and TLI/cobalamin/folate/cortisol testing revealed mild dysbiosis. US report shows:

Abnormal PE/Chem/CBC/UA Results: ****In-house Ultrasonographic findings:**** - Pancreatic parenchyma appears significantly hyperechoic with suspected dilated pancreatic duct - Hyperechoic foci within duodenal wall potentially at the level of a duodenal papilla. - Diffusely thickened muscularis layer within jejunum and portions of the duodenum ****Interpretation and Recommendations:**** Although the intestinal thickness overall appears normal the muscularis layer is thickened suggestive of inflammatory or infiltrative disease - r/o IBD, LSA, parasitism, lymphangectasia. Concern for pancreatic duct / CBD cholelith at major duodenal papilla - recommend consultation with radiologist to review images. Suspected chronic recurrent pancreatitis.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full urinary bladder 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, 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 7.5 cm. Right kidney measures 6.2 cm.

Reproductive System

The prostate was not visualized.

Adrenal Glands

Left adrenal gland presents normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left measures 0.50 cm in width.

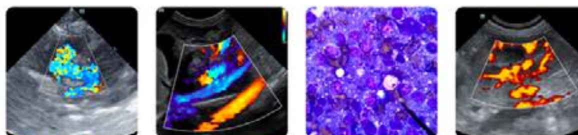
The right adrenal gland was not visualized.

Spleen

Normal size (2.5 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.

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 normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

Gastrointestinal

Mild segmental thickening of the duodenum (up to 0.60 cm) and small intestine (up to 0.56 cm) with no loss of layering but with an increase in the muscularis to mucosa ratio, normal peristaltic activity, and no distention of the lumen. Normal appearance of the stomach, 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 diffuse increased echogenic appearance and an irregular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes, measuring up to 0.40 cm in width.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Enteropathy.
- Chronic pancreatitis versus pancreatic fibrosis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the enteropathy would be parasitic enteritis, dietary hypersensitivity, and inflammatory bowel disease, with emerging lymphoma being an unlikely differential diagnosis.

Further assessment would include fecal analysis, cPL/PSL assay, and endoscopy of the upper GI tract with biopsies.

Specific therapy would be dependent on an etiological diagnosis.

Symptomatic management that could be considered would be feeding small, frequent meals of a novel protein/hypoallergenic diet, course of Fenbendazole, cobalamin supplementation if needed, and if there is still not a satisfactory improvement, then a course of Prednisolone would then be indicated.

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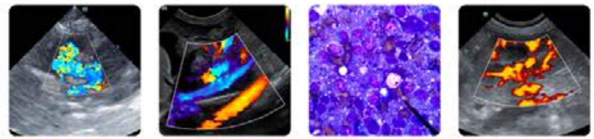

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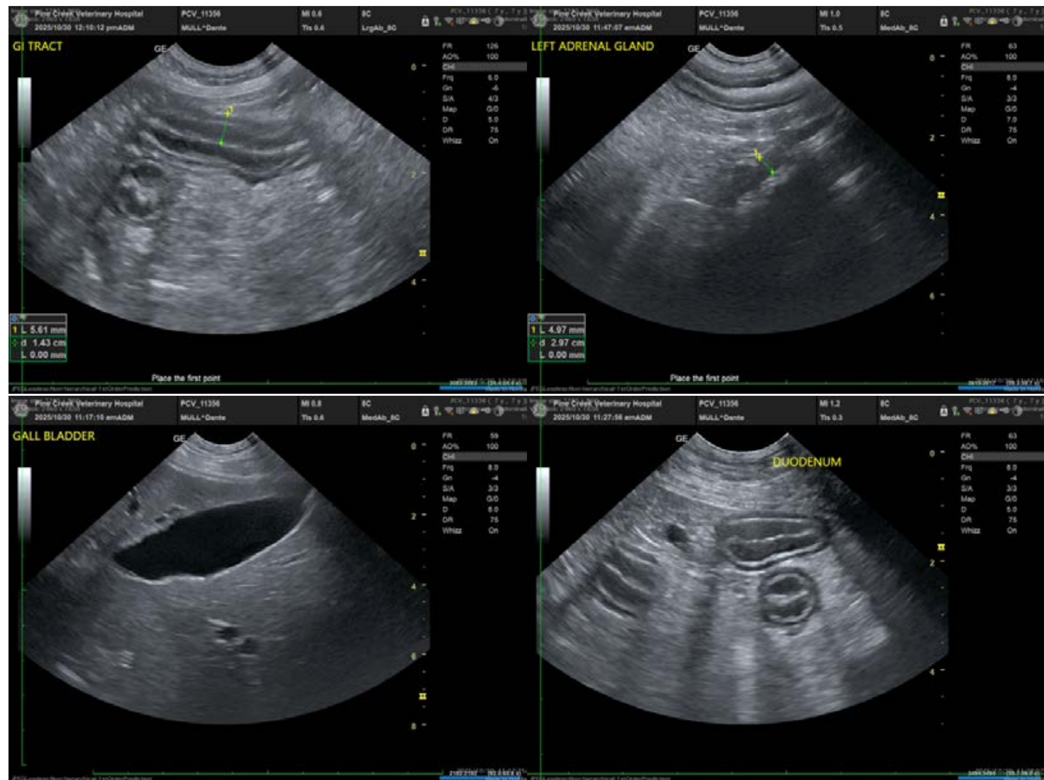

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com