



PATIENT

Sparky Bandur

SPECIES

Canine

BREED

Miniature Poodle

SEX

Neutered male

AGE

15 years

WEIGHT

7.9 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Celine Ward

HOSPITAL NAME

Kenora VC

REFERRING VET

Dr. Ward

INVOICE

69307

DATE

12/15/25

PRESENTING CLINICAL SIGNS

History: Increasing elevations of ALT over 6 months, although remaining mild. No c/s until Nov 15 when presented with sudden pancreatitis and severe abdominal pain. At this time, ALT was too high to read and quick u/s revealed markedly distended gallbladder. Recovered well with outpatient tx. Flare up occurred Dec 12 and recovered well again. Recd abd u/s to evaluate further. Today, ALT has recovered to normal range. Current medications: Gabapentin, Cerenia, Ursodiol

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 4.1 cm, right measured 4.4 cm), increased echogenic appearance, some loss of cortico-medullary differentiation, and normal pelvis and capsule. No infarcts or renoliths evident. Mild, bilateral pinpoint mineralization is present. Normal color flow pattern is evident in both kidneys.

The prostate is small and hypoechogenic.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.48 cm in width. The right adrenal gland measured 0.49 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, 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 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. A small amount of gas and ingesta is present in the stomach. This is compatible with a recent meal.

Pancreas

Normal size with increased echogenic appearance and an irregular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Chronic pancreatitis versus pancreatic fibrosis.
- Age related renal changes versus early chronic kidney disease.
- Gallbladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further assessment would be urinalysis and CPL/PSL assay.

Specific therapy would be dependent on an etiological diagnosis.

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

Regular ultrasound screening of the gallbladder would be recommended to monitor for the possible development of a mucocele. Symptomatic management of the gallbladder would be to continue with the Ursodiol.



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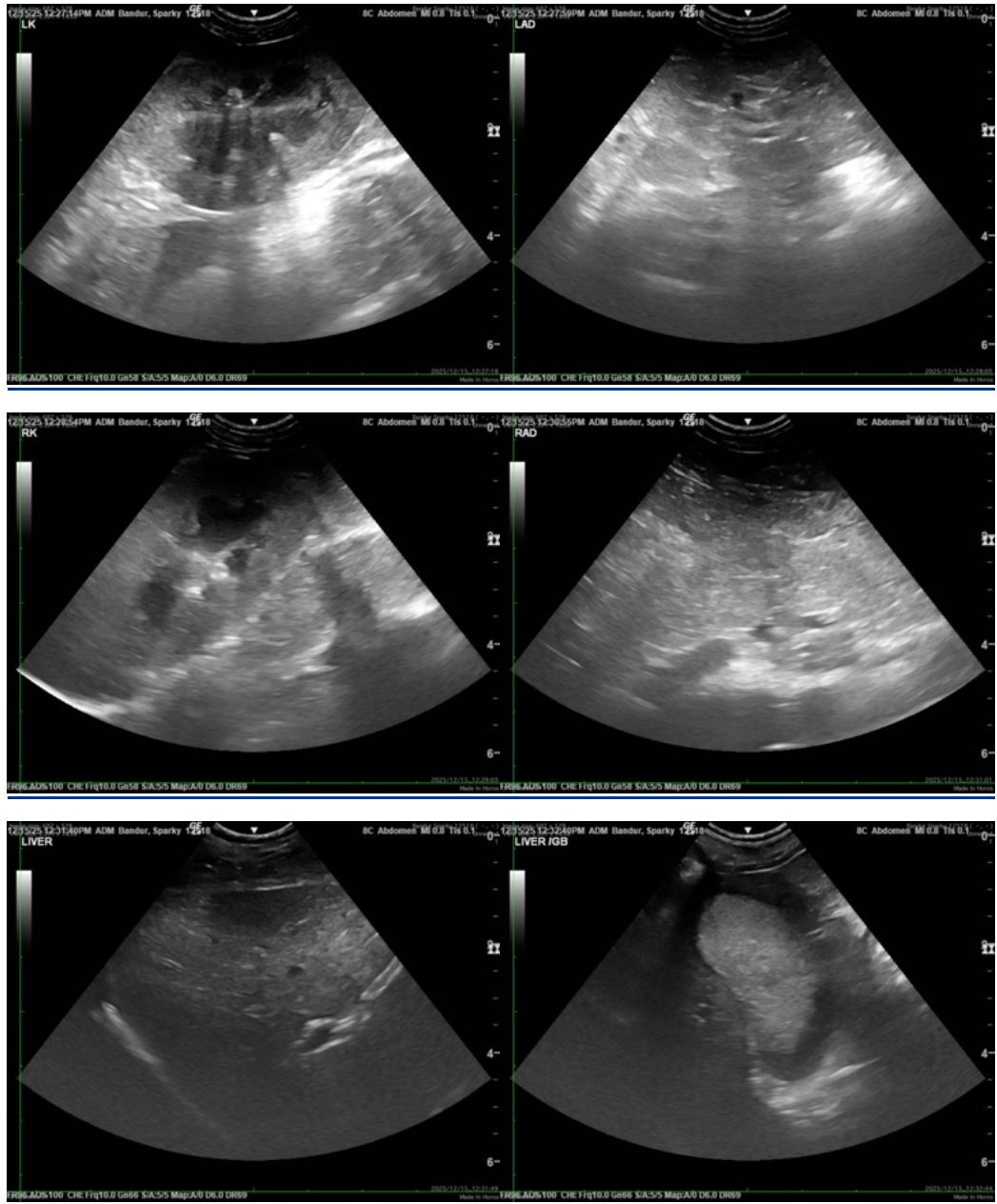
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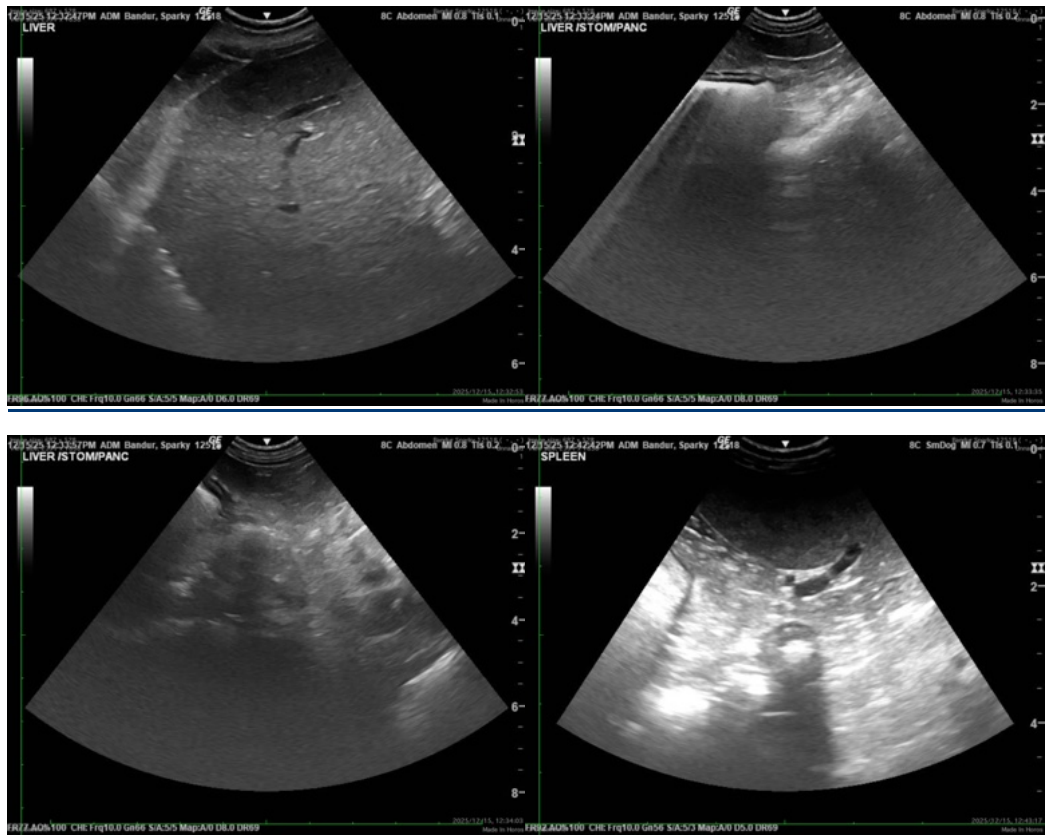
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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