



PATIENT

Frankie Wigle

SPECIES

Canine

BREED

Beagle Cross

SEX

Neutered male

AGE

14 years

WEIGHT

11 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Catherine Alexander,
LVT

HOSPITAL NAME

NorthStar Veterinary
Sonography, PLLC

REFERRING VET

Dr. Robinson

INVOICE

69376

DATE

12/17/25

PRESENTING CLINICAL SIGNS

History: Due to recently noted GI issues last dose of oral chemotherapy Palladia given Monday. Took Cerenia 3 days, vomiting possibly undigested food from days prior. Restarted Prednisone EOD due to worsened cough. AUS scheduled based on clinical signs reports by owner last night and this a.m. Hx of: - Ventral cervical mass - thyroid carcinoma vs carotid body tumor - invasive, fixed, difficult intubation - CT neck/chest 10/29/24 -Palliative RT 8 Gy x 3 (days 0, 7, 21) last dose on 12/10/24 with Dr. Treuil (VCA Capital Specialists) -The mass has reduced in size when compared to his initial presentation. - Systolic focal heart murmur -Right renal mass - CT chest 10/29/24 - suspect primary -Nephrectomy 11/5/24 -Histopathology results: renal tubular carcinoma MI <10
Abnormal PE/Chem/CBC/UA Results: CHEM on 12/10: Amylase >2500 Lipase 5810

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 left renal size (left measured 5.1 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. The left kidney had a normal color flow pattern.

The right kidney is absent (previous nephrectomy).

The prostate is small and hypoechogenic measuring 1.0 cm in width. Parenchymal mineralization is present.

Adrenal Glands

The left adrenal gland is normal in shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.5 x 0.4 cm in width. The right adrenal gland was not visualized.

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 1.0 cm in width.



PATIENT

Frankie Wigle

SPECIES

Canine

BREED

Beagle Cross

SEX

Neutered male

AGE

14 years

WEIGHT

11 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Catherine Alexander,
LVT

HOSPITAL NAME

NorthStar Veterinary
Sonography, PLLC

REFERRING VET

Dr. Robinson

INVOICE

69376

DATE

12/17/25

Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

Gallbladder

The gallbladder is 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

A small amount of gas and fluid is present in the stomach. 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 stomach measured 0.3 cm, colon measured 0.17 cm.

Pancreas

The right pancreas is enlarged with a hypoechogenic appearance and an irregular capsule. Hyperechogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

A small amount of acellular ascites present in the cranial abdomen.

ULTRASONOGRAPHIC FINDINGS

- Pancreatitis.
- Ascites.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the pancreas would be consistent with acute pancreatitis. The ascites can be ascribed as secondary to the pancreatitis.

Further assessment that can be considered would be CPL/PSL assay.

Management of the pancreatitis would be fluid therapy, correction of any electrolyte anomalies, opioid analgesics, antiemetics, and feeding small frequent meals of a low-fat intestinal diet. The use of fuzapladiib (Panoquell) could also be considered.



PATIENT

Frankie Wigle

SPECIES

Canine

BREED

Beagle Cross

SEX

Neutered male

AGE

14 years

WEIGHT

11 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Catherine Alexander,
LVT

HOSPITAL NAME

NorthStar Veterinary
Sonography, PLLC

REFERRING VET

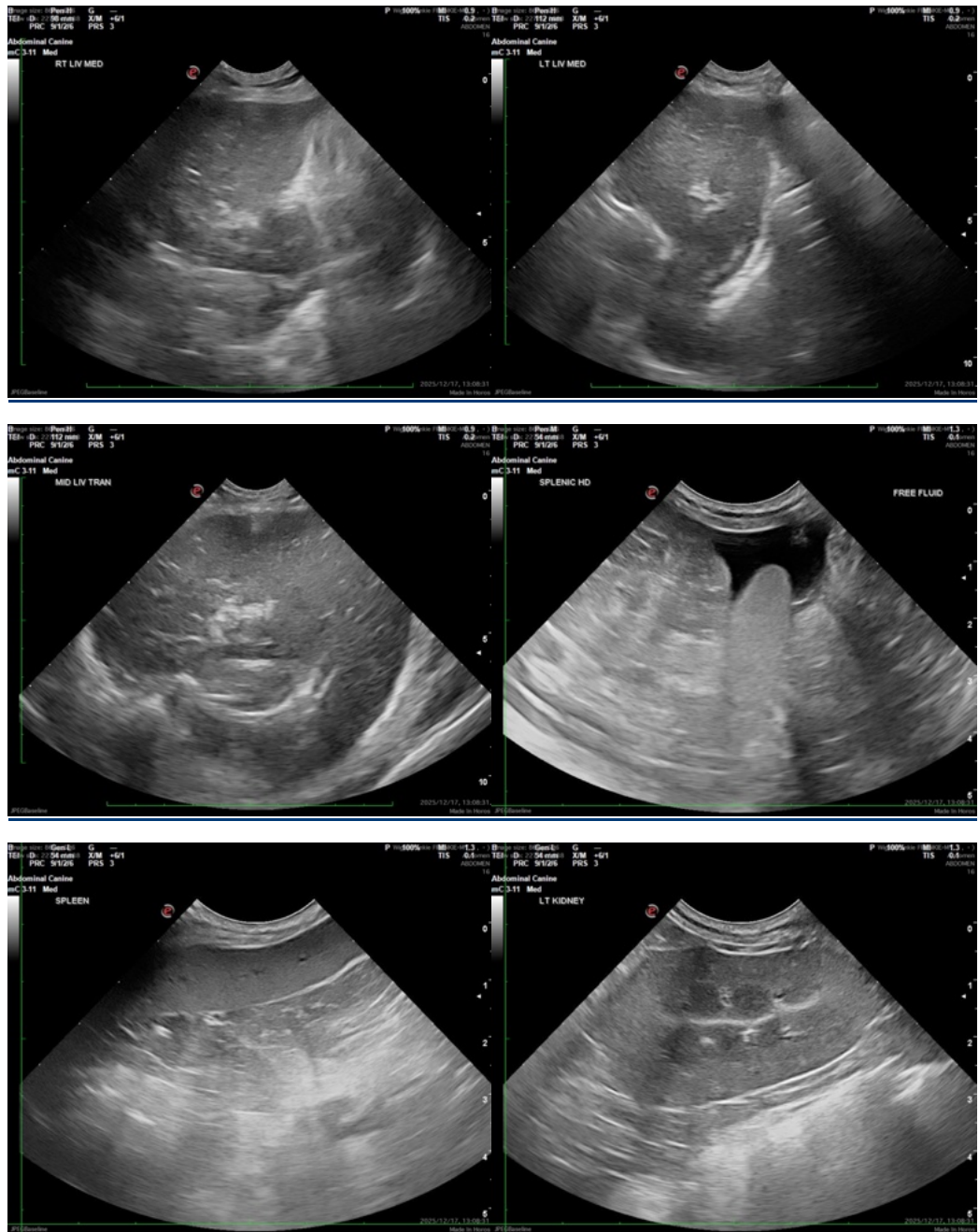
Dr. Robinson

INVOICE

69376

DATE

12/17/25





PATIENT

Frankie Wigle

SPECIES

Canine

BREED

Beagle Cross

SEX

Neutered male

AGE

14 years

WEIGHT

11 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Catherine Alexander,
LVT

HOSPITAL NAME

NorthStar Veterinary
Sonography, PLLC

REFERRING VET

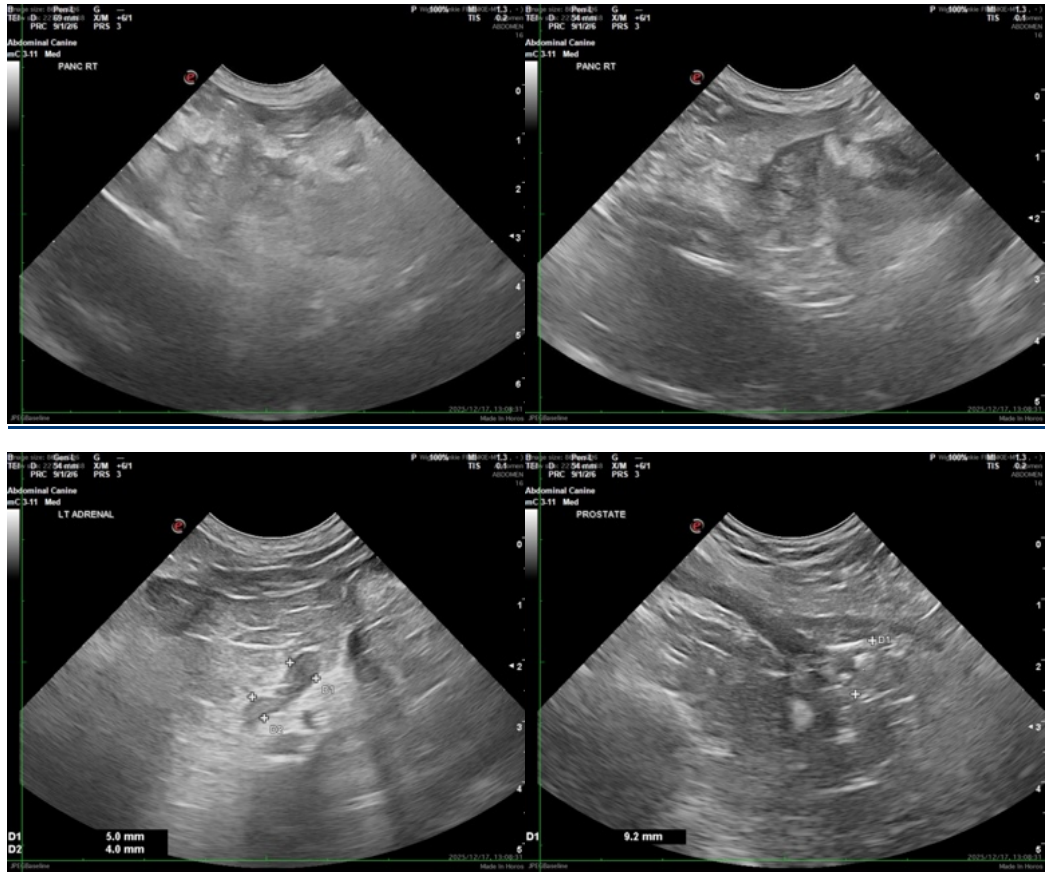
Dr. Robinson

INVOICE

69376

DATE

12/17/25



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