

PATIENT

Zoey Sosa

SPECIES

Canine

BREED

Labradoodle

SEX

Spayed Female

AGE

12 years

WEIGHT

13.3 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Gira

HOSPITAL NAME

Calgary Family Vet

REFERRING VET

Dr. Lopez

INVOICE

11003

DATE

12/19/2025

PRESENTING CLINICAL SIGNS

Ultrasound follow, chronic pancreatitis with consistent elevation of specific cPL. Patient is nonclinical.

Abnormal PE/Chem/CBC/UA Results: Spec cPL in 400 range.

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.

Iliac lymph node measures 0.5 cm x 1.1 cm. 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 4.7 cm, and the right kidney measures 4.9 cm.

Adrenal Glands

Left adrenal gland is enlarged with a rounded shape, but maintaining a normal echogenic appearance, position, and appearance of the visible peri-adrenal vasculature. Left adrenal measures 0.99 cm and 0.86 cm in width.

Right adrenal gland is of normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Right adrenal measures 0.56 cm and 0.62 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. Incidental myelolipoma present. The spleen measures 1.5 cm in width.

Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. Few small parenchymal hypoechogenic nodules measuring up to 1.3 cm in size. No masses evident. Normal appearance of the hepatic and portal vasculature.

Gallbladder

Small containing normal anechoic bile. 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.



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Pancreas

Normal size (left pancreas measures 1.0 cm in width, right pancreas measures 0.7 cm in width) with a mottled echogenic appearance and an irregular capsule. Mild increased echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Mesenteric lymph nodes measure up to 0.3 cm x 0.7 cm.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Chronic pancreatitis.
- Left adrenomegaly.
- Hepatic nodules.

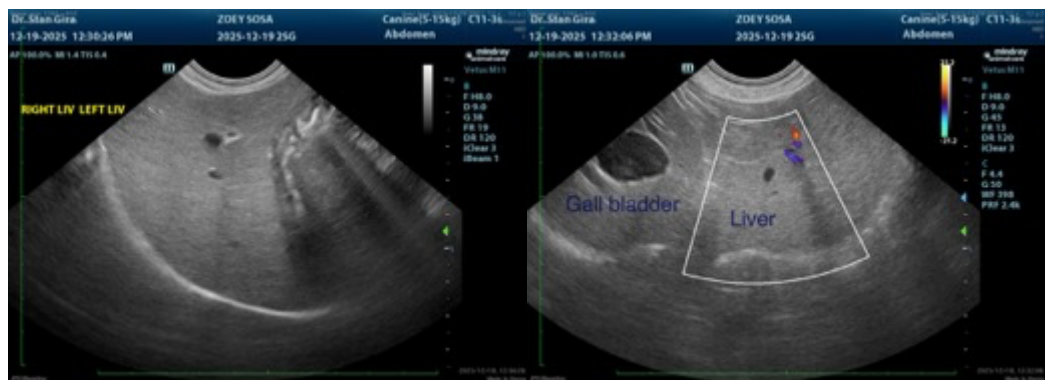
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the pancreas, left adrenal, and hepatic nodules are similar to that of the previous ultrasound.

The most likely etiology for the hepatic nodules be incidental nodular hyperplasia.

The most likely etiology for the left adrenomegaly would be reactive hyperplasia, with emerging neoplasia an unlikely differential diagnosis.

Although the patient is asymptomatic, management of the chronic pancreatitis would be feeding small frequent meals of a low-fat intestinal diet to reduce possible flare ups of acute pancreatitis.





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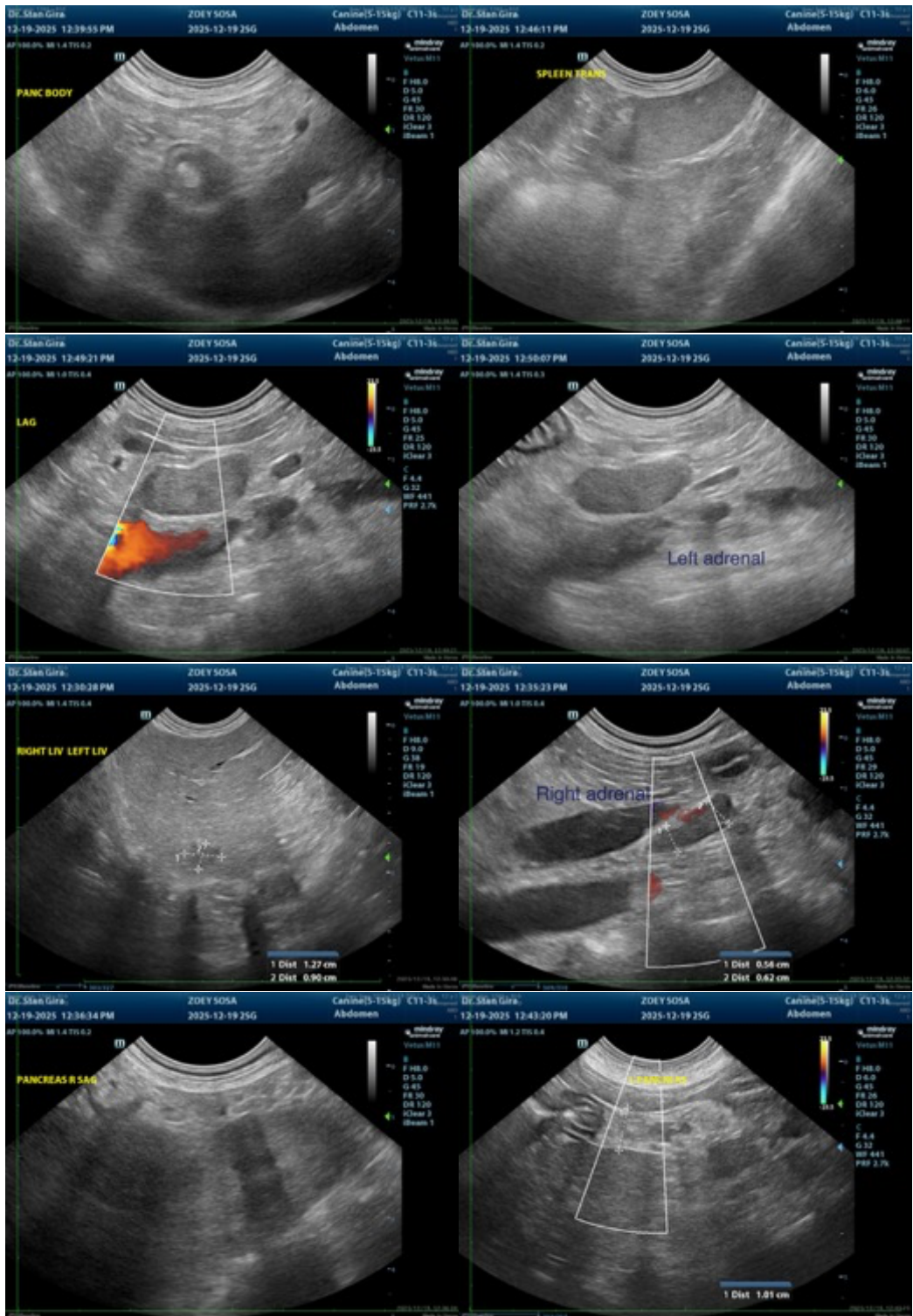
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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