



## PATIENT

Violet Becht

## SPECIES

Canine

## BREED

Yorkie

## SEX

Spayed female

## AGE

6 years

## WEIGHT

15 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Jonathan Moss

## HOSPITAL NAME

Harvest Hills VH

## REFERRING VET

Dr. Garvin

## INVOICE

69355

## DATE

12/5/25

## PRESENTING CLINICAL SIGNS

**History:** The patient has not eaten since the morning of Sunday, November 30th. The owner suspects the inciting cause may have been the ingestion of cheese on Sunday afternoon. Vomiting began on Monday, December 1st, and the last episode was on Wednesday, December 3rd. A small amount of diarrhea was noted on Monday, but subsequent bowel movements have been solid, though small in volume. At the urgent care visit, she received fluids, an injection for pancreatitis, and was sent home with ondansetron for nausea and gabapentin for pain. The owner reports some improvement in energy levels since Wednesday, but the patient remains lethargic and painful. She has refused her normal diet as well as a bland diet of boiled chicken.

**Abnormal PE/Chem/CBC/UA Results:** attached. Patient is tense and exhibits guarding of the abdomen. Palpation of the cranial abdomen elicits a pain response.

## 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 4.2 cm, right measured 3.8 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.

### *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 0.33 cm in width. The right adrenal gland was not clearly visualized, but appears to be of normal shape, echogenic appearance and size.

### *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 measures 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 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. A moderate amount of ingesta and fluid is present within the stomach.

## ***Pancreas***

Normal size and echogenic appearance of the left pancreatic lobe. Enlarged, hypoechoic appearance of the right lobe with an irregular appearance of the capsule. Hyperechoic appearance of the mesentery and fat surrounding the right lobe.

## ***Free Abdomen***

Normal mesenteric lymph nodes.

No ascites evident.

## **ULTRASONOGRAPHIC FINDINGS**

- Pancreatitis.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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 fuzapladib (Panoquell) could also be considered.



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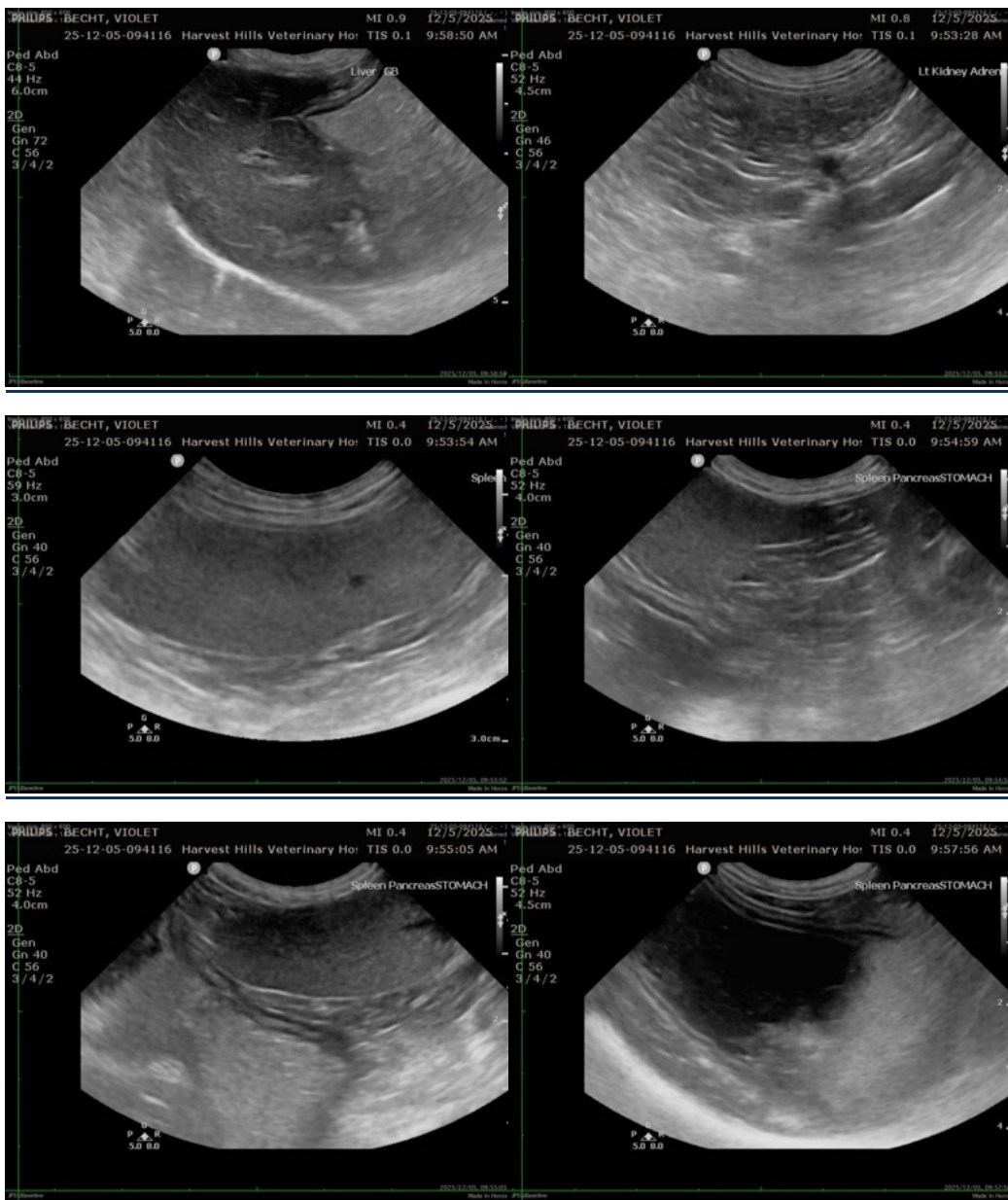
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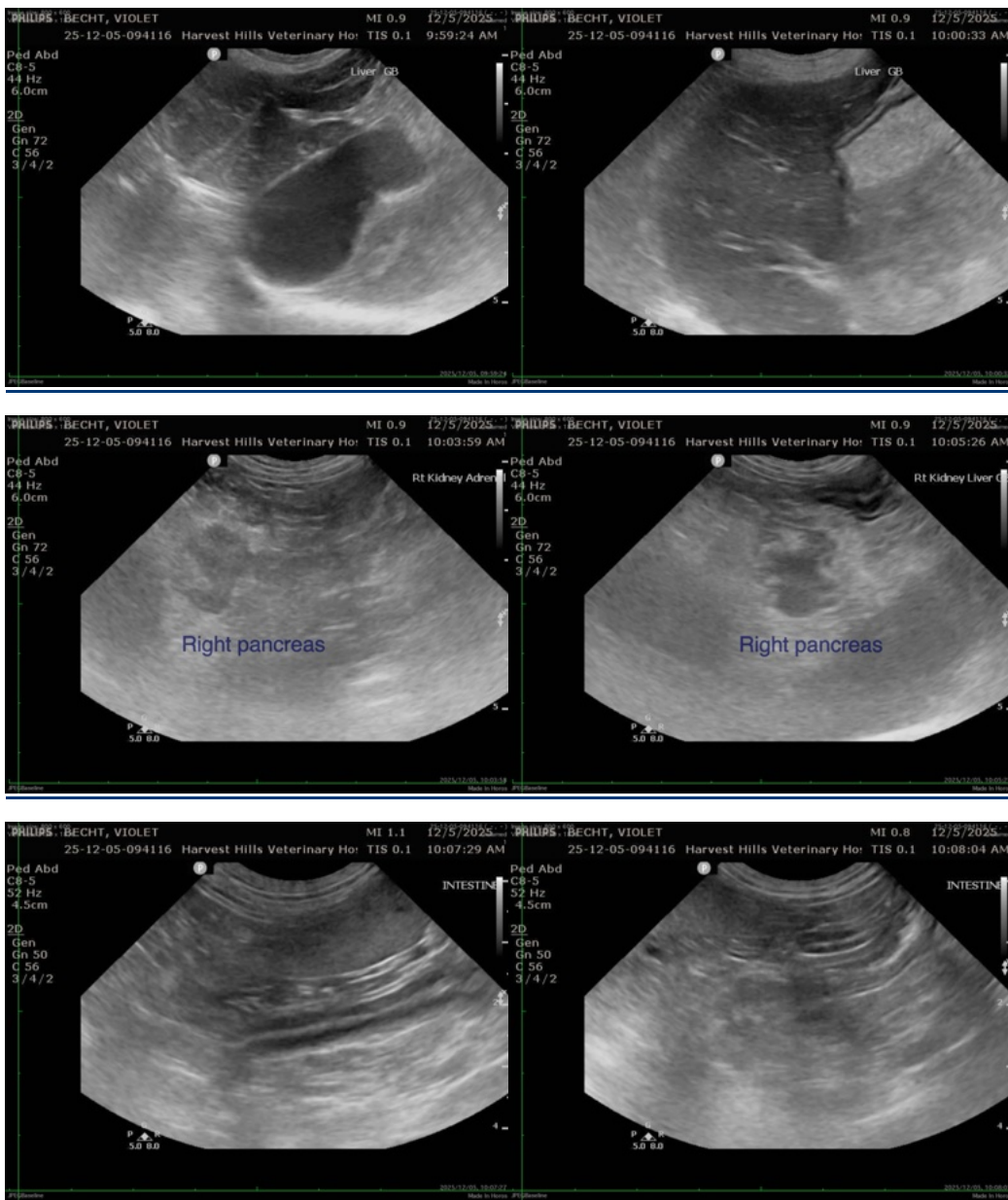
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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