



PATIENT

Dexter McGowan

SPECIES

Canine

BREED

Miniature Pinscher

SEX

Neutered male

AGE

14 years

WEIGHT

4.1 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Carlie Koltek, RVT

HOSPITAL NAME

Tuxedo AH

REFERRING VET

Dr. Pura

INVOICE

71576

DATE

2/11/26

PRESENTING CLINICAL SIGNS

- 1 week history of lethargy, intermittent vomiting, diarrhea (very dark/black), and inappetence.
- Current meds: Pimobendan, furosemide, amoxicillin, metronidazole, omeprazole, sulcrate. Vanectyl-P (long term med)
- Dexter was given "small meal" in morning (3-4 hours prior to scan) - proceeded with scan otherwise unable to repeat ultrasound until after long weekend
- PE: pale mm. Grade 4/6 systolic heart murmur, NSF otherwise. RBC 5.12 (5.65 - 8.87 x10¹²/L) Hematocrit 0.293 (0.373 - 0.617L/L) Hemoglobin 104 (131 - 205g/L) MCV 57.2 (61.6 - 73.5 fL) MCH 20.3 (21.2 - 25.9 pg) WBC 30.12 (5.05 - 16.76 x10⁹/L) Neut 24.50 (2.95 - 11.64 x10⁹/L) Mono 1.99 (0.16 - 1.12 x10⁹/L) Plat 604 (148 - 484 x10⁹/L) Plateletcrit 0.71 (0.14 - 0.46) CHEM: BUN 15.3 (2.5 - 9.6 mmol/L) TP 38 (52 - 82 g/L) ALB 15 (22 - 39 g/L) GLOB 23 (25 - 45 g/L) CHOL 2.04 (2.84 - 8.26 mmol/L) CAL 1.82 (1.98 - 3.00 mmol/L) K 3.0 (3.5 - 5.8 mmol/L) QPLI 1258 (0 - 200 U/L)

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 3.8 cm, right measured 3.8 cm), normal echogenic appearance, loss of cortico-medullary differentiation, and normal pelvis and capsule. No infarcts, mineralization or renoliths evident.

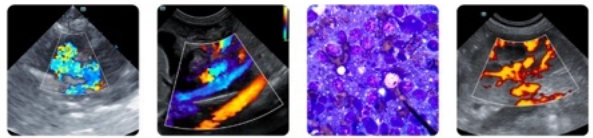
The prostate is small and hypoechogenic.

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 0.57 cm and 0.62 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. Incidental myelolipoma was present. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 0.8 cm in width.



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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

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 was present in the stomach compatible with a recent meal.

Pancreas

Normal size (left pancreas measured 0.8 cm in width and right pancreas measured 0.7 cm in width) 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 scant amount of ascites is present.

ULTRASONOGRAPHIC FINDINGS

- Pancreatitis.
- Ascites.
- Age related renal changes versus early chronic kidney disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the pancreas is consistent with pancreatitis.

Likely etiologies for the scant ascites would be the hypoalbuminemia and the pancreatitis.

The microcytic hypochromic anemia, thrombocytosis and hypoproteinemia together with the clinical signs is indicative of gastrointestinal ulceration and most likely secondary to the pancreatitis or the drug therapy.



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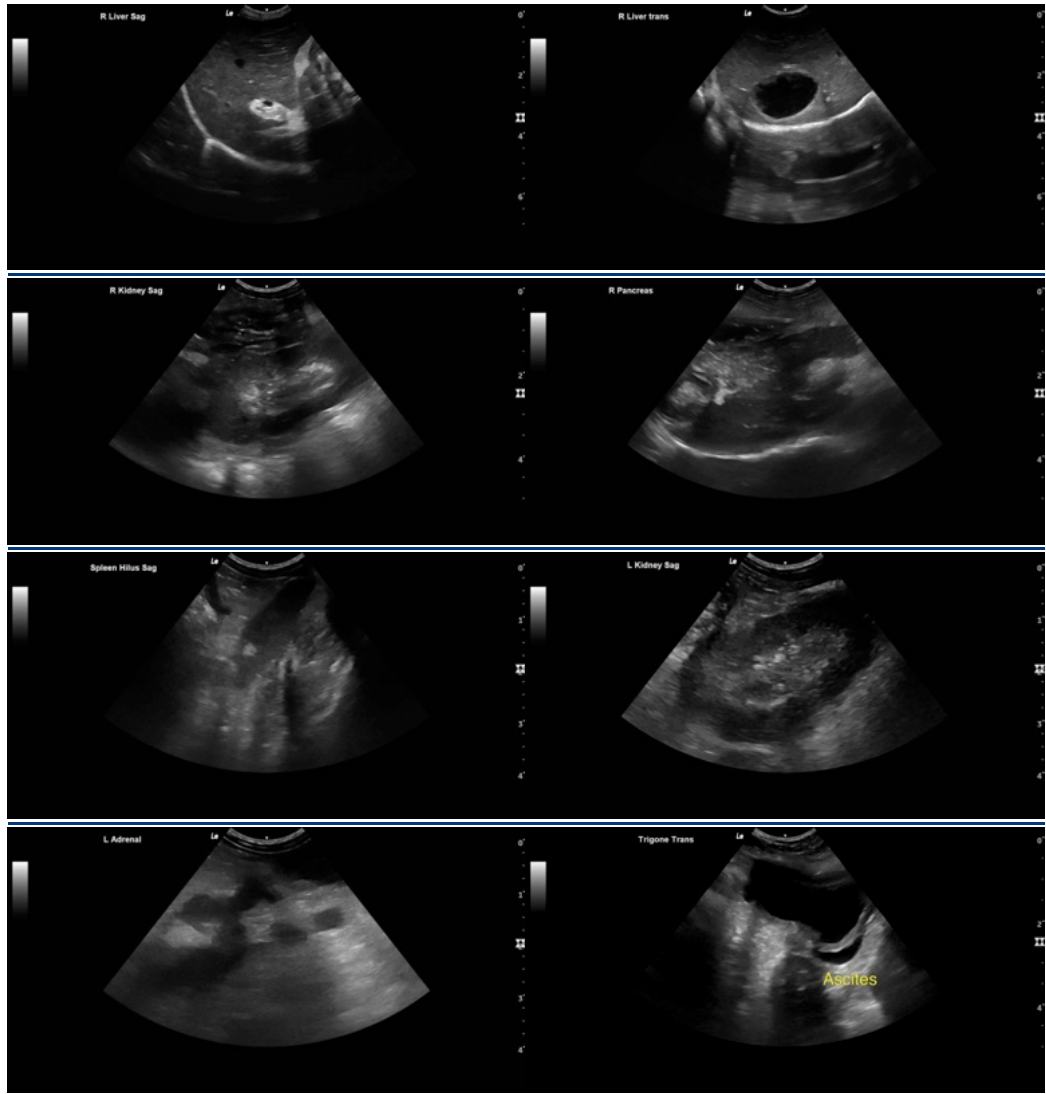
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Management of the pancreatitis would be fluid therapy, correction of the hypokalemia, opioid analgesics, antiemetics, gastric protectants (Sucralfate, Omeprazole) and feeding small frequent meals of a low fat intestinal type diet.





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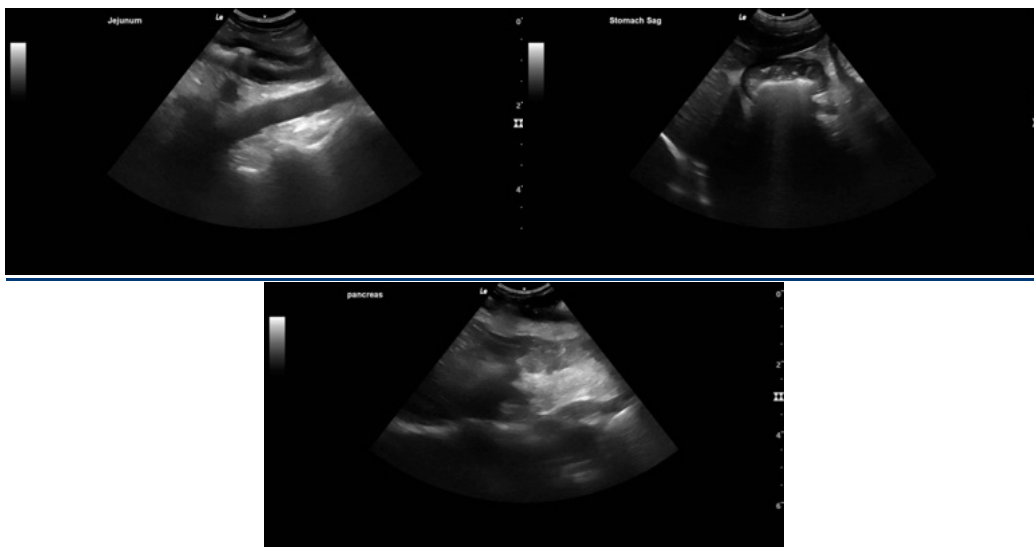
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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