



PATIENT

Meika Conrad

SPECIES

Canine

BREED

Border Collie Mix

SEX

Spayed female

AGE

11 years

WEIGHT

53 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Brandon

HOSPITAL NAME

Dillsburg VC

REFERRING VET

Dr. Pryor

INVOICE

71383

DATE

2/9/26

PRESENTING CLINICAL SIGNS

- Vomiting and diarrhea with weight loss. eats Hill's Science Diet adult but not currently eating for 2 days.
- Abnormal CPL, ALT >1000, ALKP >993, AMYL 2055, TRIG 152, K 5.3, PHOS 7.1, CA 8.4, TP 4.8, ALB 2.2, CHOL 372, WBC 37.33, NEU 35.99, LYM 0.50

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 5.9 cm, right measured 5.5 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

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 1.67 cm in length x 0.51 cm and 0.73 cm in width. The right adrenal gland measured 1.33 cm in length x 0.45 cm and 0.56 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 1.6 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. Thickened and hyperechogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

Gastrointestinal

Segmental thickening of the gastric wall (up to 1.1 cm) with no loss of layering and maintaining a 1:3 muscularis to mucosa ratio. Normal appearance of the 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.

Pancreas

The pancreas is enlarged (right 1.3 cm in width) with a hypoechoic appearance and irregular capsule. Hyperechoic appearance of the mesentery surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Pancreatitis.
- Gastric thickening.
- Gallbladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the pancreas would be consistent with acute pancreatitis.

The gastric thickening is most likely secondary to the pancreatitis with chronic gastritis, Helicobacter gastritis, parasitic disease and inflammatory bowel disease differential diagnosis.

Although the appearance of the gallbladder can be ascribed to the pancreatitis, with the severely elevated liver enzyme activity emerging cholecystitis needs to be considered.

Initial further assessment would be CPL/PSL assay. Initial diagnostics that can be considered if there is not a satisfactory improvement would be cholecystitis for cytology and culture and endoscopy of the upper GI tract with biopsies.



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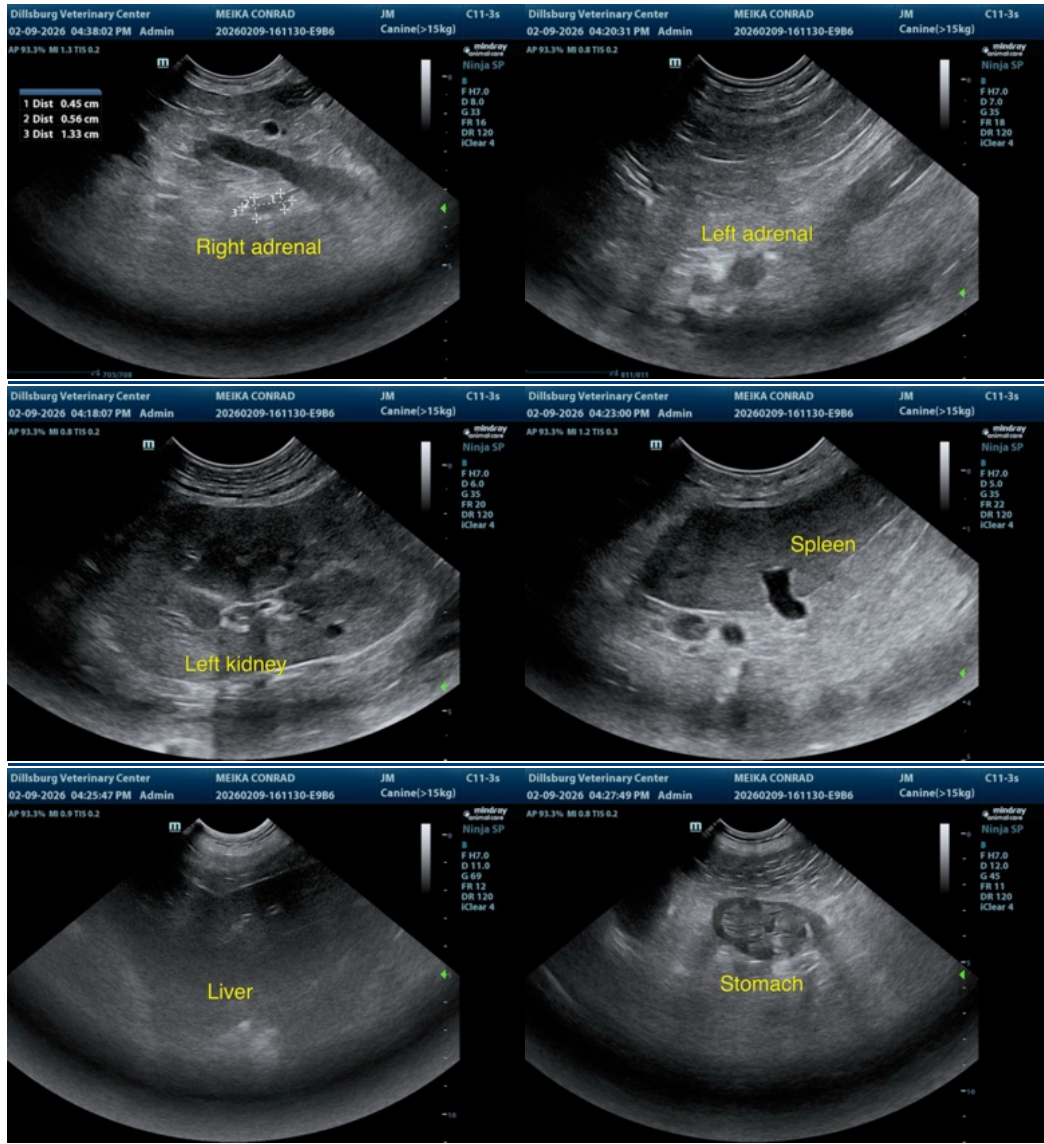
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Management for the pancreatitis would be fluid therapy, correction of any electrolyte anomalies, analgesics, antiemetics and feeding small frequent meals of a low fat intestinal type diet (tube feeding if needed).





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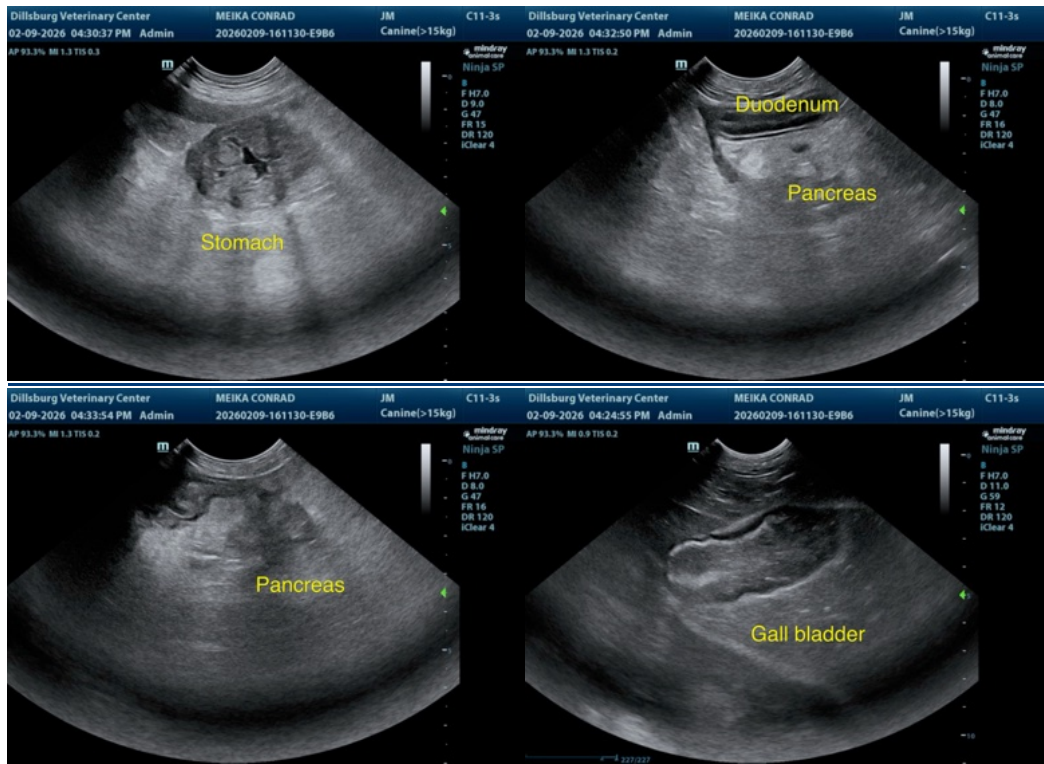
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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