



## PATIENT

Tobey Crampton

## SPECIES

Canine

## BREED

American Cocker  
Spaniel

## SEX

Neuered male

## AGE

12 years

## WEIGHT

32 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Eckenrode

## HOSPITAL NAME

Carlisle Small Animal  
VC

## REFERRING VET

Dr. Eckenrode

## INVOICE

73370

## DATE

3/10/26

## PRESENTING CLINICAL SIGNS

Patient History : Ultrasound performed 9/23/25 for on/off diarrhea/colitis signs. Chronic pancreatitis and gall bladder sediment noted. Newly noted azotemia = pu/pd. Appetite has improved and routines are back to normal now.

- Primary concern or rule out: Assessment of kidneys, pancreas, small bowel - progression signs for cause of recent loss of appetite.
- Diet: Hill's Science Diet Digestive Care Low Fat since August Advanced hip joint support supplements, FortiFlora probiotic, Diclofenac eye drops SDMA 22; Creat 1.9 (down from 2.4 on 2/20); BUN 40 USG 1.017, quiet sediment Pancreatic Lipase 856 on 2/20; 1172 on 3/5 RBC 7.57; HCT 53.2% ALT 78; ALKP 194; Alb 3.4 T4 1.2

## 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 5.3 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. Normal color flow pattern is evident in both kidneys.

The prostate is small and hypoechogenic measuring 0.7 cm in width.

### *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 0.51 cm in width and 0.52 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. Incidental myelolipomas are present. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 2.4 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 a moderate amount of non-adhered, hyperechogenic sediment. 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 small amount of ingesta is present in the stomach. A small amount of chyme was present in the proximal small intestine both compatible with a recent meal. Fecal material was present within the colon.

## *Pancreas*

Normal size with a mottled echogenic appearance and an irregular capsule. Mild increase in the echogenic appearance of the mesentery and fat surrounding the pancreas.

## *Free Abdomen*

Normal mesenteric lymph nodes.

No ascites evident.

## ULTRASONOGRAPHIC FINDINGS

- Chronic pancreatitis.
- Gallbladder pathology.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the gallbladder and the pancreas is similar to that of the previous ultrasound.

Management of the chronic pancreatitis would be feeding small frequent meals of a low fat intestinal type diet and the use of antiemetics and analgesics as needed.

Symptomatic management of the gallbladder that can be considered would be the use of Ursodiol.



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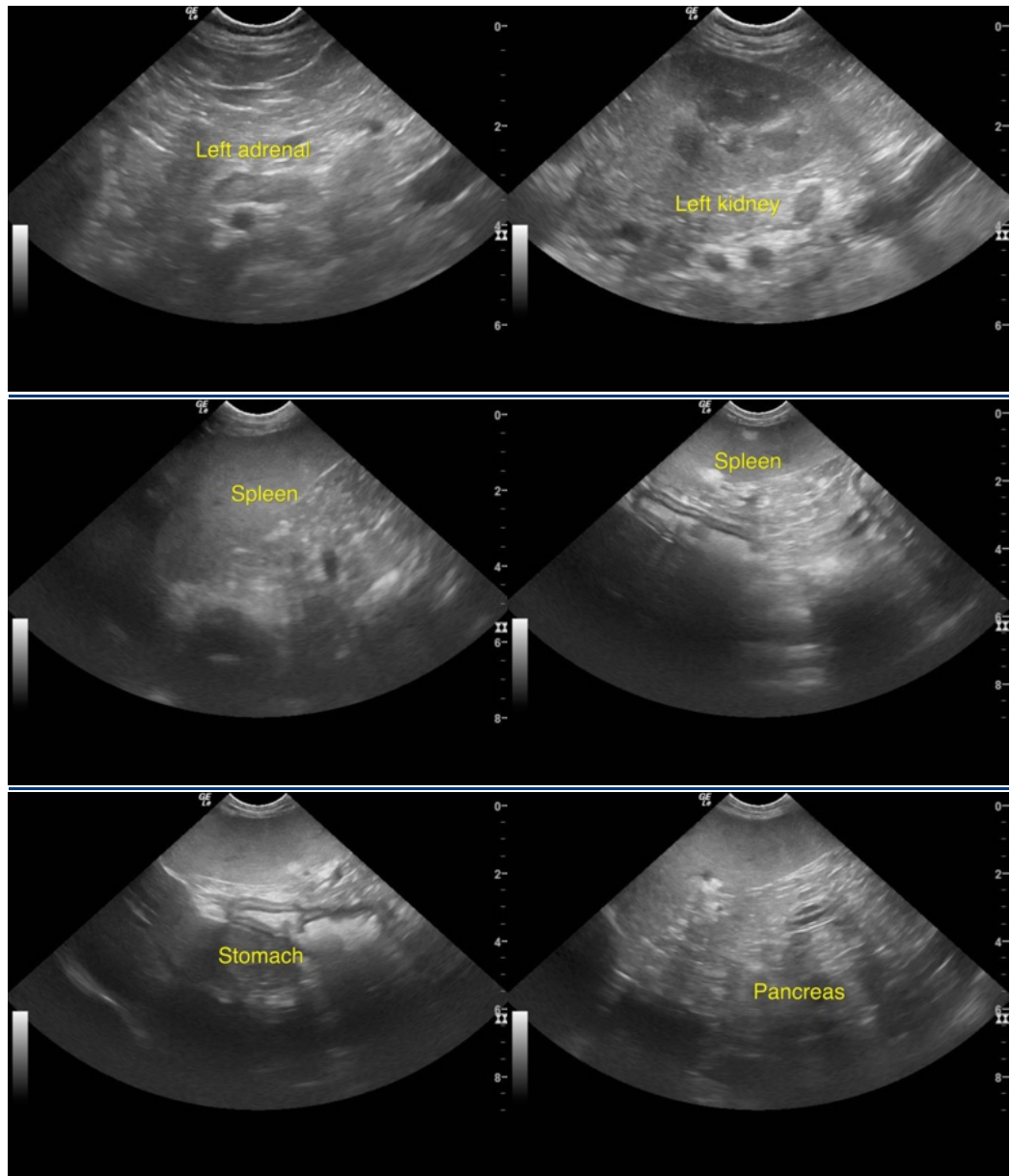
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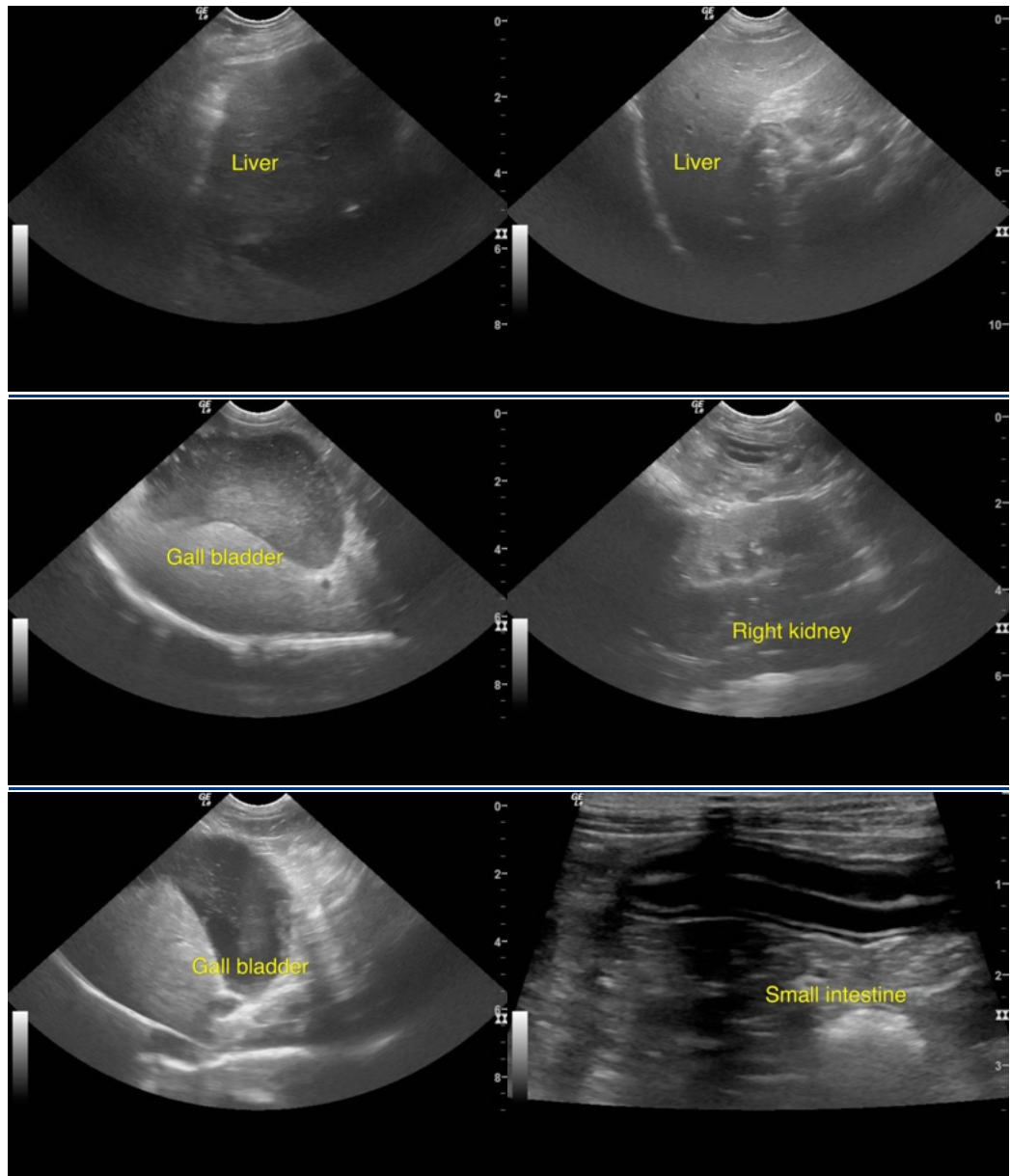
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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