



PATIENT

Jolene Petralia

SPECIES

Canine

BREED

Cattle Dog Mix

SEX

Spayed female

AGE

12 years

WEIGHT

35 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Grace Jayne CVT

HOSPITAL NAME

Ark Animal Homecare

REFERRING VET

Dr. Dingle

INVOICE

73697

DATE

3/23/26

PRESENTING CLINICAL SIGNS

- History of pancreatitis. The owner notes PU/PD for months. Decreased appetite and mild weight loss. Intermittently soft stool.
- Currently taking gabapentin for pain and telmisartan
- Feb 2026 CHOLESTEROL 512 12/25 BUN 35 SDMA 15 ALBUMIN 4.1 ALT 236 ALP 1566 GGT 16 LIPASE 515 RBC 5.39 HGB 13.1 HCT 39.4 PLATELET 542 UA SPECIFIC GRAVITY 1.019 PH 5 Spec CPL 776

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 5.0 cm, right measured 5.5 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. A few small incidental cortical cysts are present in the left kidney. No infarcts, mineralization or renoliths evident. Normal color flow pattern is evident in both kidneys.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.52 cm and 0.65 cm in width. The right adrenal gland measured 0.96 cm and 0.7 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 1.3 cm in width.

Liver

Normal size with a diffuse, increased echogenic and coarse appearance, normal portal markings, and regular curvilinear capsule. A few, small hyperechogenic parenchymal nodules measuring up to 0.7 cm in size. No masses are evident. Focal parenchymal cysts are noted in the left lobe measuring 1.1 x 1.4 cm in width. 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.

Pancreas

Normal size (left pancreas measured 0.6 cm in width) with a diffuse mottled echogenic appearance and an irregular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Chronic pancreatitis.
- Hepatopathy.
- Hepatic cysts.
- Hepatic nodules.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the hepatopathy would be reactive hyperplasia, nodular hyperplasia, vacuolar and metabolic with hepatitis and infiltrative neoplasia less likely differential diagnosis.

The hepatic cysts can be considered an incidental finding.

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

Further assessment would be FNA cytology of the liver, However, a tru cut or wedge biopsy may be required for a final etiological diagnosis.

Specific therapy would be dependent on an etiological diagnosis.

Symptomatic management of the hepatopathy would be the use of Ursodiol with regular monitoring of liver enzyme activity.



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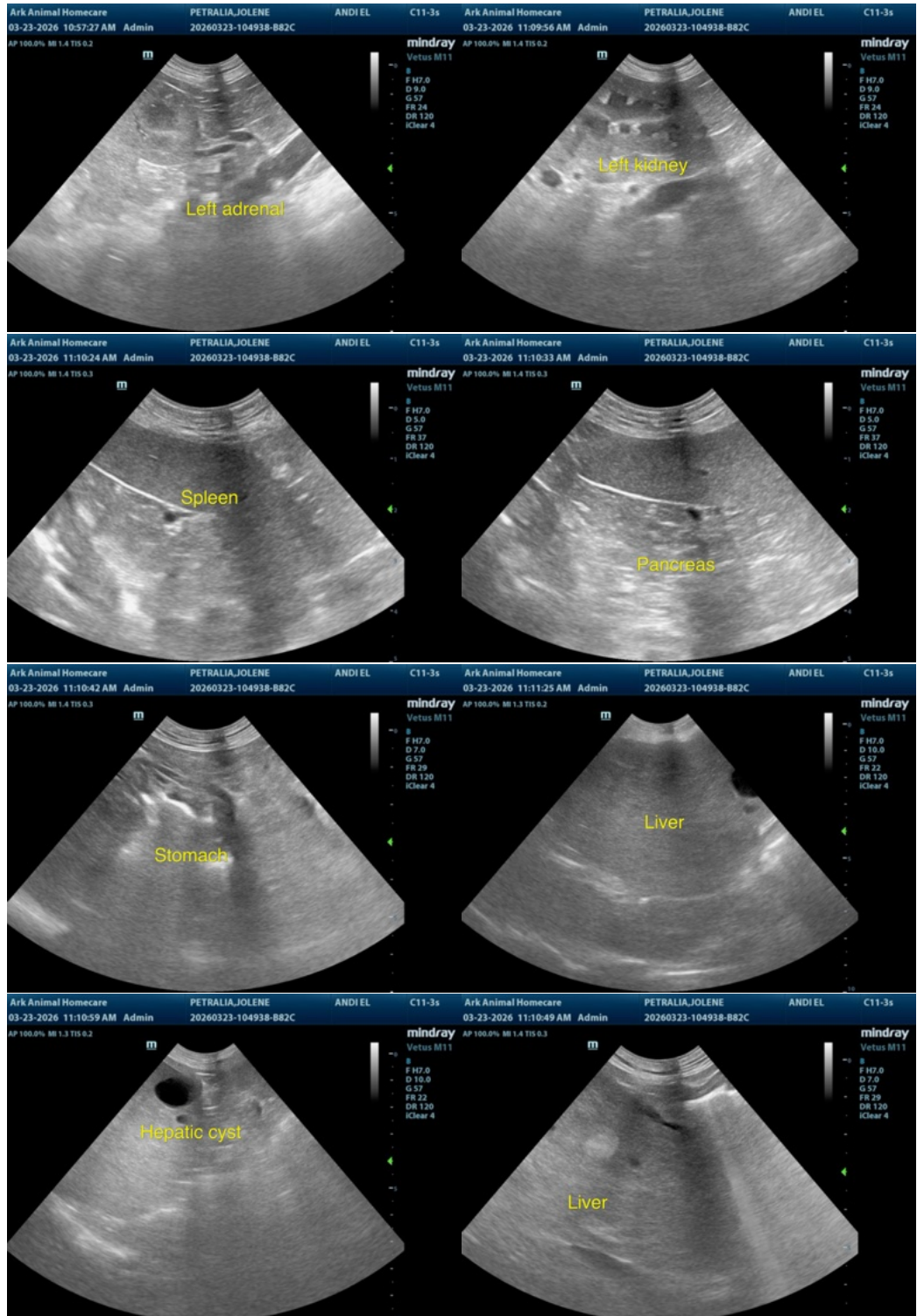
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Management of the chronic pancreatitis would be feeding small frequent meals of a low fat intestinal type diet and the use of antiemetics and analgesics as needed.





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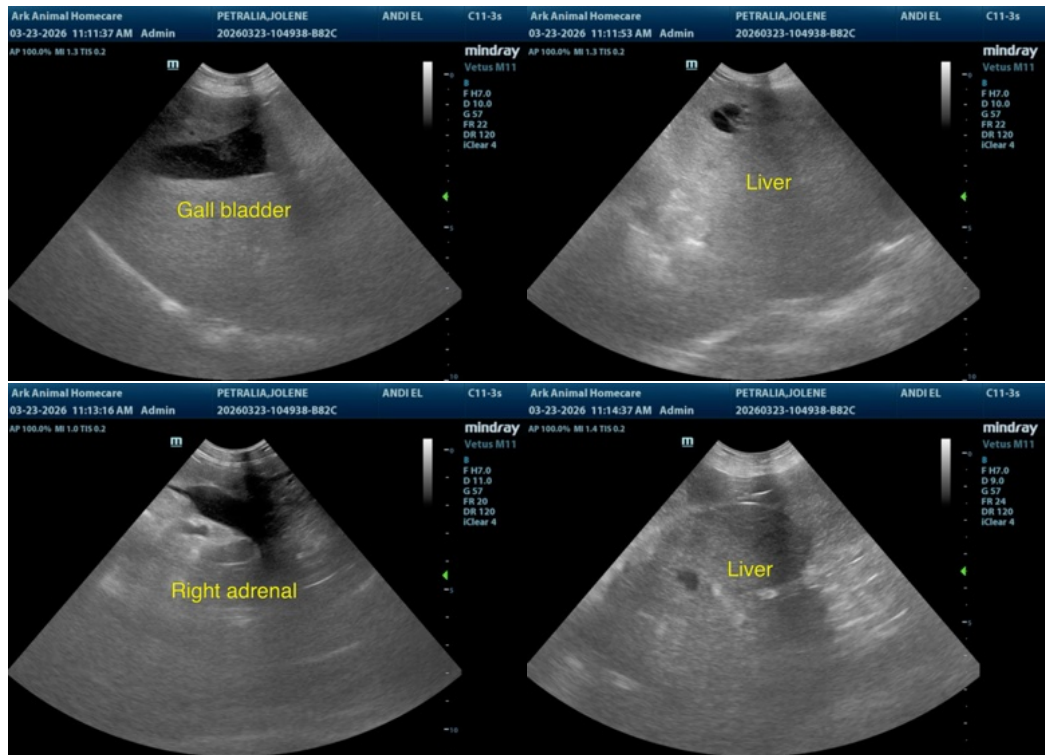
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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