



PATIENT

Mandy Anderson

SPECIES

Canine

BREED

Siberian Husky

SEX

Spayed female

AGE

12 years

WEIGHT

65 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gordon

HOSPITAL NAME

Coral Ridge AH

REFERRING VET

Dr. Gordon

INVOICE

74445

DATE

4/14/26

PRESENTING CLINICAL SIGNS

History: Patient was seen at E clinic for vomiting and abdominal pain. Labwork consistent with pancreatitis. Symptomatic therapy initiated - cerenia, buprenorphine and famotidine. She has had prior episodes of pancreatitis and history of seizures - on Keppra Er. She had AUS with internist in July 2025 - it was suggested she has chronic enteropathy /IBD- low cobalamin levels. On presentation panting and abdomen painful. Abnormal PE/Chem/CBC/UA Results: Cpl 989 - (0-200 ul) Lipase 4206 (200-1800 ul)

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 5.1 cm, right measured 7.3 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 2.15 cm in length x 0.6 cm and 0.68 cm in width. The right adrenal gland measured 2.2 cm in length x 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 2.2 cm in width.

Liver

Normal size, diffuse increased echogenic appearance, normal 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 is present in the stomach.

Pancreas

Enlarged right pancreas measuring 1.1 cm in width. Normal size of the left pancreas measuring 0.6 cm in width. The left and right pancreas have a hypoechoic appearance and an irregular capsule. Hyperechoic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Pancreatitis.
- Hepatopathy.
- Ingesta filled stomach.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the pancreas is consistent with acute pancreatitis and in line with the patient's presenting clinical signs and elevated CPL activity.

The most likely etiology for the hepatopathy would be reactive hyperplasia secondary to the pancreatitis.

Etiologies for the ingesta within the stomach would be either a recent meal or gastric hypomotility secondary to the pancreatitis.

Management of the pancreatitis would be to continue with the current therapy, fluid therapy if indicated, correction of any electrolyte anomalies if needed and feeding small frequent meals of a low fat intestinal type diet. The latter is recommended to continue indefinitely.



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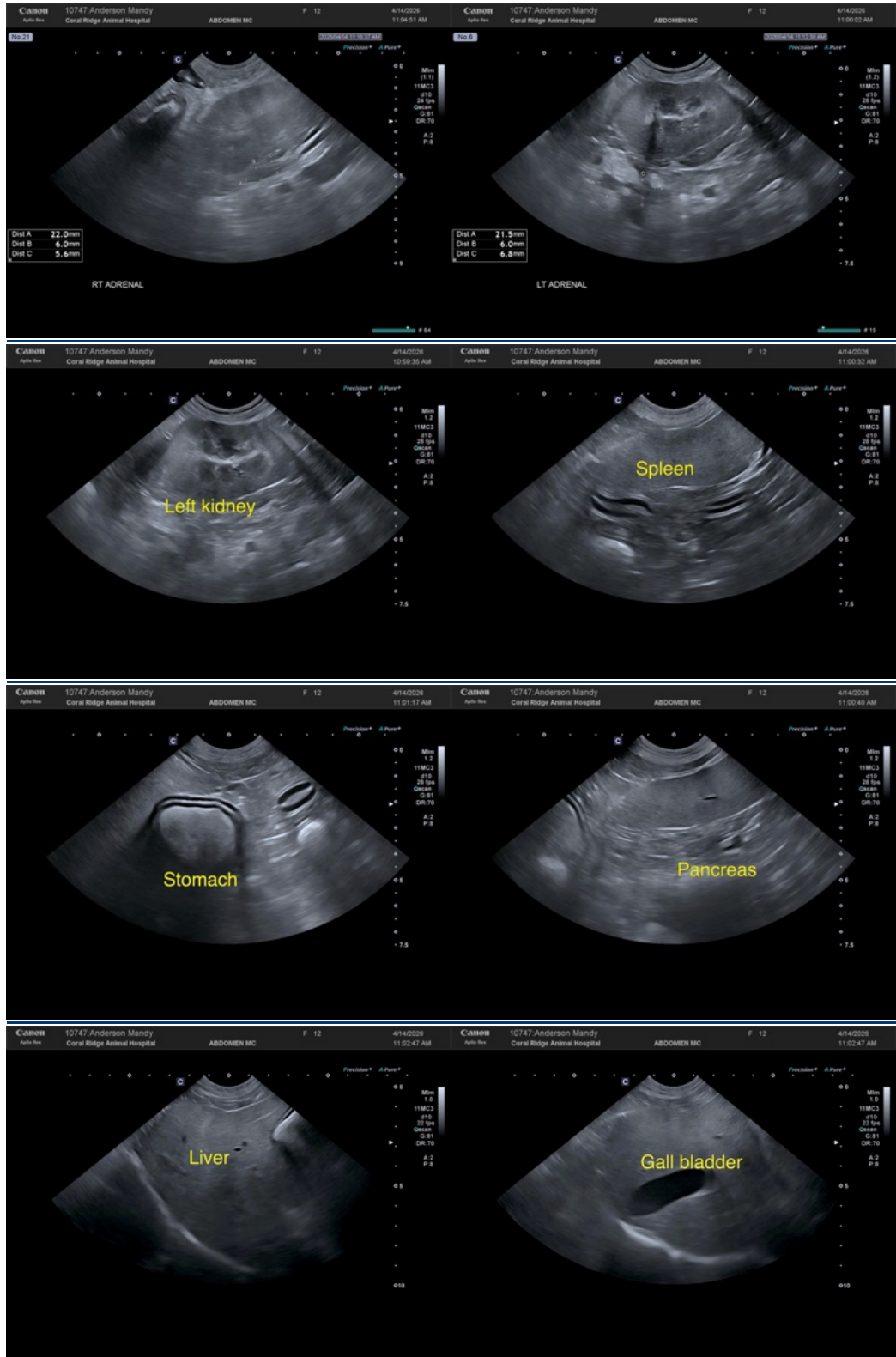
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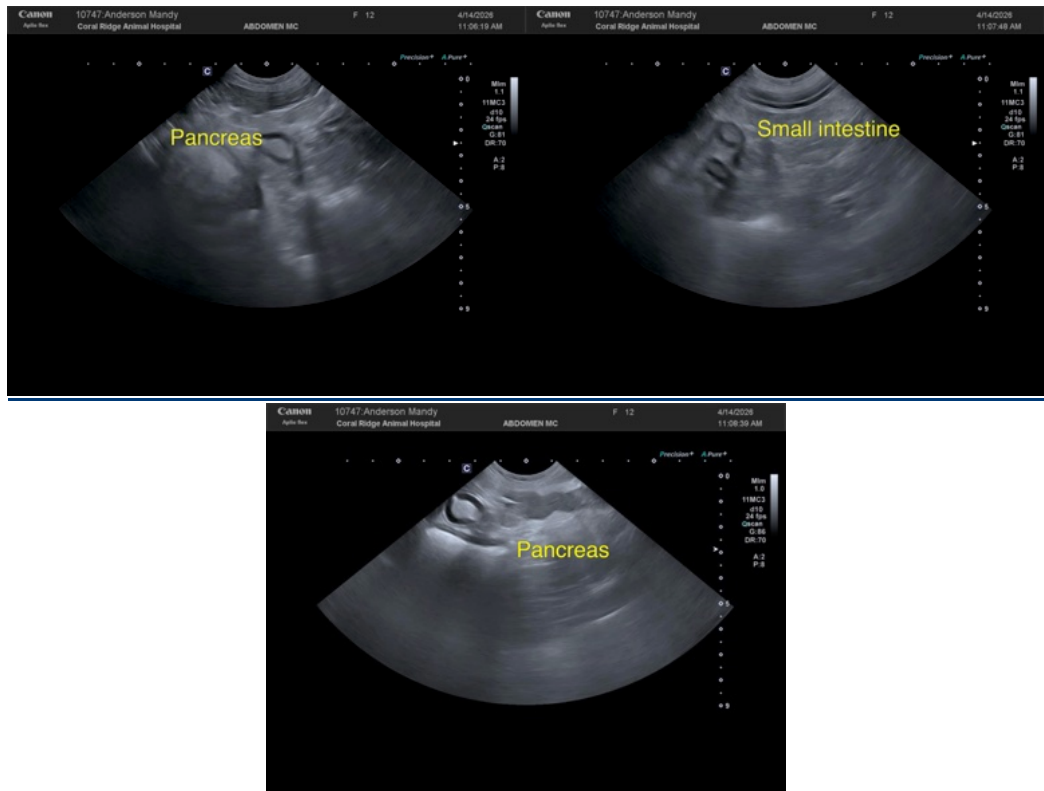
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com