



PATIENT

Cissy Wagner

SPECIES

Canine

BREED

Cocker Spaniel

SEX

Spayed female

AGE

12 years

WEIGHT

30.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Danielle Shemanski,
DVM, MA

HOSPITAL NAME

Western New York
Veterinary Service

REFERRING VET

Dr. DeLucia

INVOICE

74559

DATE

4/16/26

PRESENTING CLINICAL SIGNS

CLINICAL SIGNS AND BRIEF PATIENT HISTORY Presented to rDVM for vomiting and not eating for <24 hours. An enlarged spleen was noted on exam. Bloodwork showed a severe pancreatitis. Patient was hospitalized to treat pancreatitis. I do not think the spleen is the cause for the sudden vomiting or pancreatitis. The owner states there has been no other vomiting prior to this. Owner reports that Cissy got into a container of the other dog's food (not her kidney diet) and ate about half of it. She was also given a marrow bone with a lot of meat on it around the same time. This is the suspected cause of the pancreatitis. Cissy has since made a clinical recovery and is eating again

CLINICAL SIGNS: Acute vomiting (<24 hours duration), Inappetence (<24 hours), Severe pancreatitis on bloodwork. Enlarged spleen noted on exam (incidental finding). Recent dietary indiscretion (ate non-prescription dog food). Recent high-fat intake (marrow bone with meat). No prior vomiting history reported before current episode

MEDICATIONS: - Fluoxetine 10 mg, 1.5 tablets once a day
- On an antibiotic for pancreatitis (owner could not recall name).

Abnormal PE/Chem/CBC/UA Results: - WBC: 17.56 K/uL (elevated) - Neutrophils: 13.53 K/uL (elevated) - Suspected bands - Lymphocytes: 2.89 K/uL - Monocytes: 0.85 K/uL - Eosinophils: 0.28 K/uL - Hematocrit: 39.3% - BUN: 6 mg/dL (low) - Potassium: 3.4 mmol/L (low) - ALP: 50 U/L (elevated)

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 5.5 cm, right measured 6.6 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.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 1.63 cm in length x 0.46 cm and 0.54 cm in width. The right adrenal gland measured 1.76 cm in length x 0.5 cm and 0.54 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 1.8 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 small amount of fluid and ingesta is present in the stomach.

Pancreas

The pancreas is enlarged (left pancreas measured 1.5 cm in width) with a hypoechogenic appearance and an irregular capsule. Hyperechogenic appearance of the mesentery and fat surrounding the pancreas. A small amount of fluid accumulation is noted around the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

Thorax

Normal appearance of the heart. No pericardial or pleural effusion evident.

ULTRASONOGRAPHIC FINDINGS

- Pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the pancreas is consistent with acute pancreatitis.

Management of the pancreatitis would be fluid therapy, correction of any electrolyte anomalies, opioid analgesics, antiemetics, and feeding small frequent meals of a low-fat intestinal diet. The use of fuzapladi (Panoquell) could also be considered.



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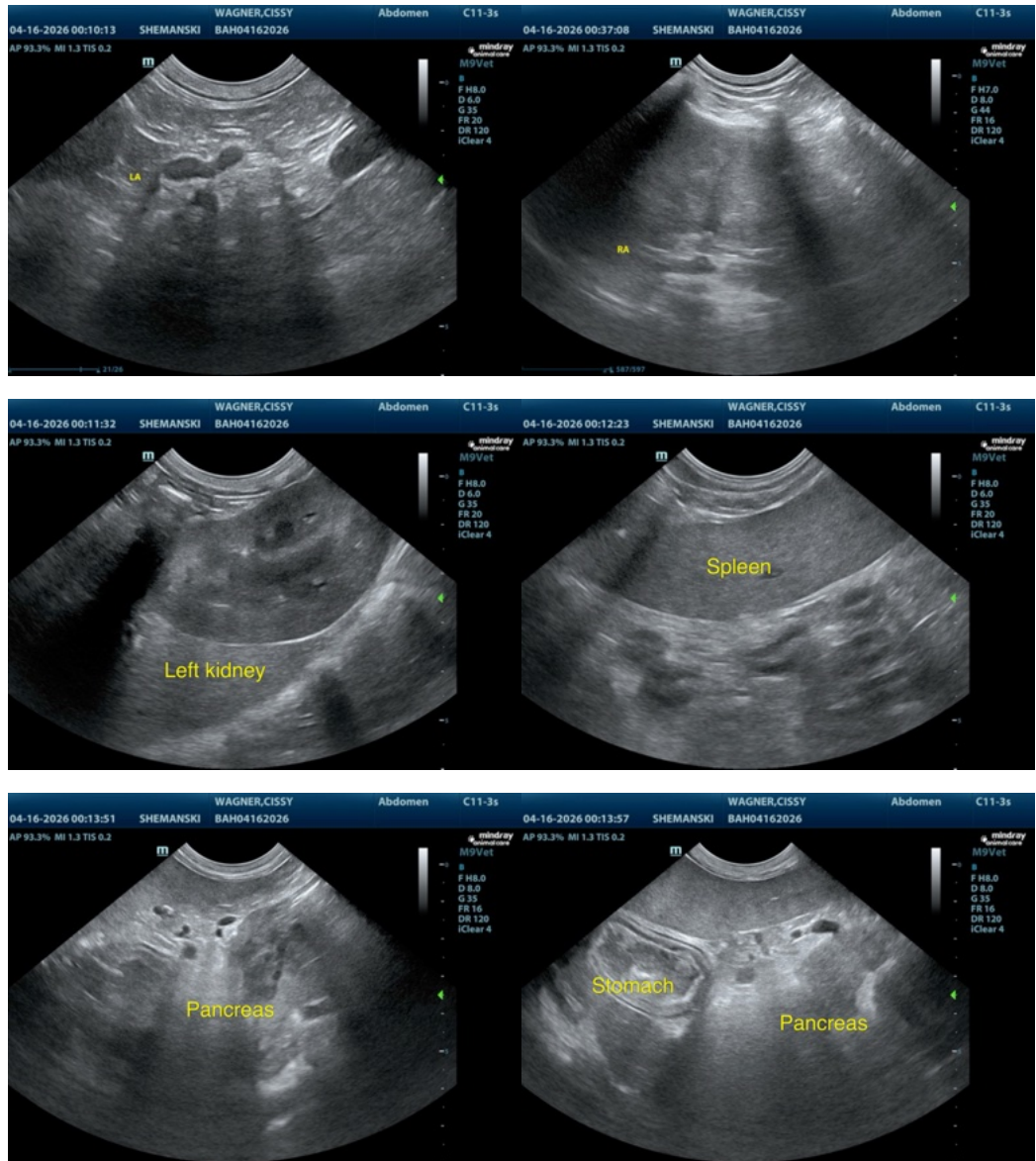
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Ultrasound monitoring of the pancreas would be recommended for the possible development of either a pseudocyst or abscessation.





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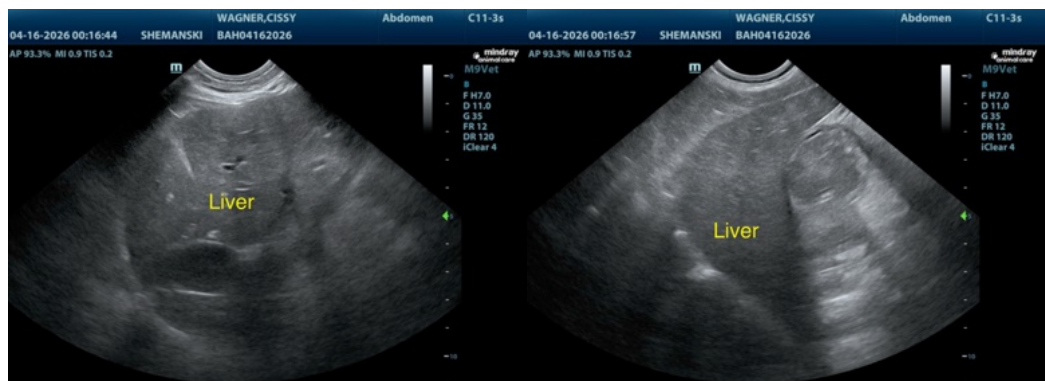
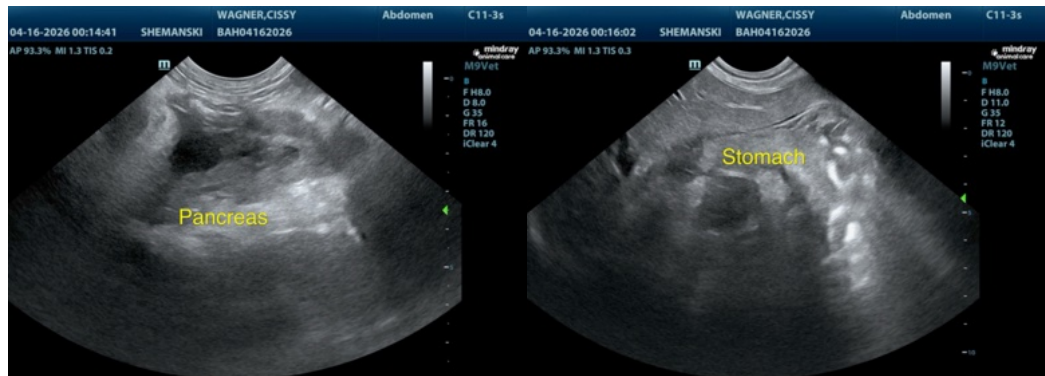
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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