



PATIENT

Pip Jones

SPECIES

Canine

BREED

English Setter

SEX

Spayed female

AGE

11 years

WEIGHT

25.6 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Myers

HOSPITAL NAME

Hershey Animal
Emergency Center

REFERRING VET

Dr. Lang

INVOICE

74527

DATE

4/17/26

PRESENTING CLINICAL SIGNS

History: Pip was initially seen 4/10 for toenail sloughing/fraying - dx urinary tract infection and Lyme positive (historical), started on doxycycline, pentoxifylline, niacinamide, gabapentin, and Provable. Clavamox was added 4/14 after urine culture came back positive for E. coli.

returned 4/16, developed progressively decreased appetite and lethargy, not taking her medications. BW = dehydration and pancreatitis. maropitant SQ, SQ fluids, and a first dose of Panoquell. ate/drank last night. No diarrhea overnight.

Oral Cavity: Mucous membranes pink/slightly tacky, CRT <2s, mild tartar/gingival erythema, sublingual clear

Abdominal: Tense and uncomfortable cranially

Integument: Normal skin/haircoat, no evidence of ectoparasites, multiple nails cracked/frayed, nail of the third digit RH is sloughing/detaching from underlying quick

Abnormal PE/Chem/CBC/UA Results: 4/10 (initial visit): CBC: lymphopenia (0.59), eosinopenia (0.01) Chem/lytes: BUN 31 (H), creatinine (1.5, N), ALP (17) T4: 2 (low normal) 4DX: Lyme positive, HW, ehrlichia, anaplasma negative UA: proteinuria (500), WBC (>50/hpf), RBC (16/hpf), suspect presence rods but none on bacterial confirmation Urine culture - positive for E. coli, Rx sent 4/14 Radiographs

Conclusions: 1. Normal thoracic radiographs 2. Normal abdominal radiographs 3. Normal limited radiographic study of the digits There are no thoracic or abdominal masses. There is no aggressive bone disease of the digits. 4/16 (visit for anorexia, lethargy): CBC: MCV 60.9 (L), Lym 1.02 (L) Chem 15:

Unremarkable EPOC: HCT 57 (H), Creat 1.69 (H), Na 152 (H) Pancreatic lipase: 1086 (H)

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 5.8 cm, right measured 6.4 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 0.6 cm and 0.58 cm in width. The right adrenal gland measured 0.84 cm and 0.73 cm in width.



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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.

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.

Pancreas

The visible sections of the pancreas are of normal size and echogenic appearance with a regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Gallbladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gallbladder sediment is most likely an incidental finding.



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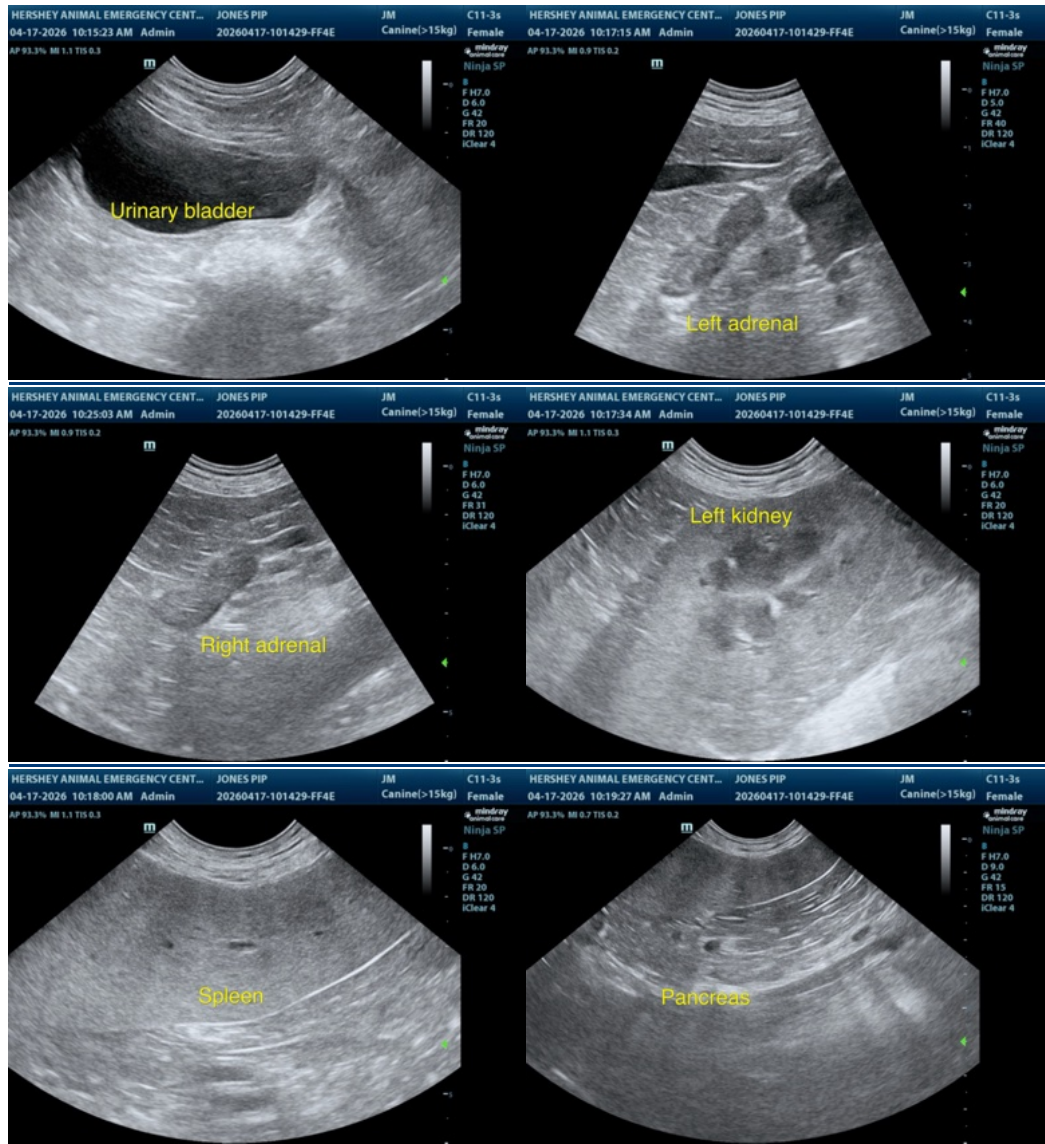
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On this ultrasound there is no obvious evident of pancreatitis. however, the presenting clinical signs and severely elevated pancreatic lipase is indicative of acute pancreatitis.

This discrepancy can be ascribed that pancreatitis can be segmental in some animals. Management would be to continue with the current therapy.





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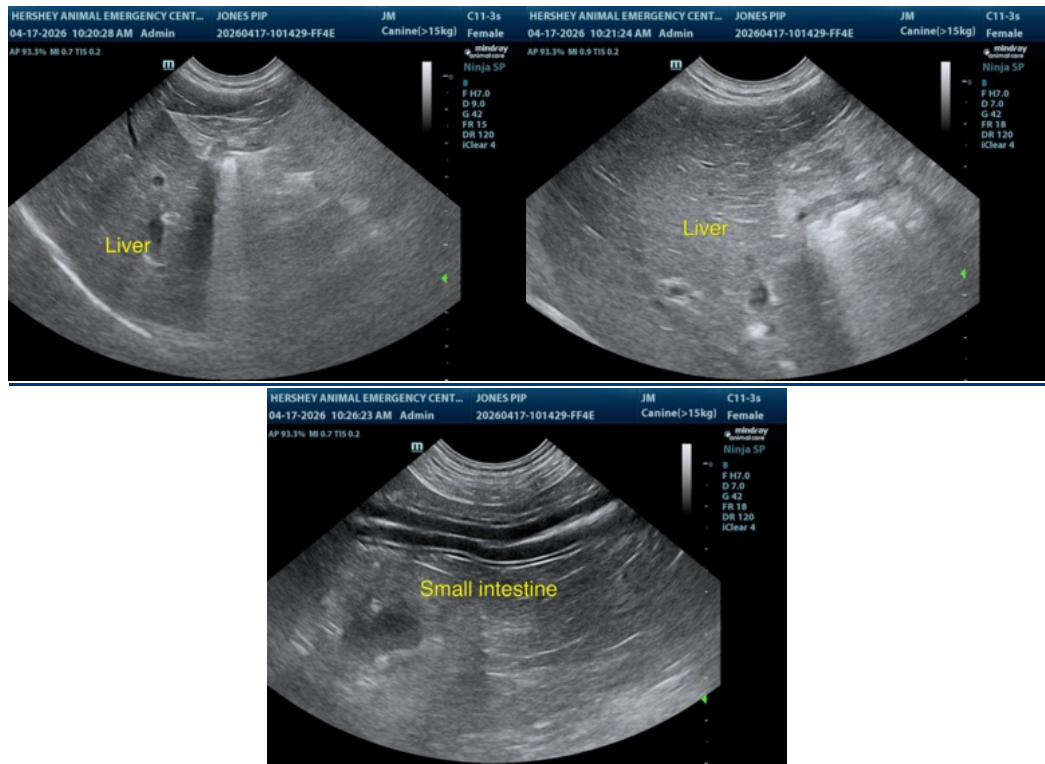
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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