



PATIENT

Maggie Ganzer

SPECIES

Canine

BREED

Bull Terrier

SEX

Spayed Female

AGE

4 years

WEIGHT

22.2 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Mariusz
Chmielinski

HOSPITAL NAME

Apex VS

REFERRING VET

Alpine 24/7, ER Doctor

INVOICE

74604

DATE

4/20/26

PRESENTING CLINICAL SIGNS

Acute vomiting, abdominal pain, restlessness/tremors. No known toxin or foreign body ingestion
Clinically improving with hospitalization (vomiting resolved, appetite returned)
Mild increase cPL (253–323), amylase increased ALT, ALP, GGT (worsening), ± bilirubin increased
(initially) Mild leukocytosis / neutrophilia Mild hypokalemia Low baseline cortisol (recurrent)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is all 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 6.4 cm, right measured 7.2 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 1.8 cm in length x 0.35 cm and 0.38 cm in width. The right adrenal gland measured 0.58 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.

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 large 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.



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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 and gas is present within the stomach. A small amount of chyme is present in the duodenum and proximal small intestine. Both are compatible with a recent meal.

Pancreas

Normal size with a hypoechogenic appearance and an irregular capsule. Hyperechogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

A focal, enlarged lymph node is noted in the region of the left lobe of the pancreas measuring 1.0 x 1.8 cm in size with a hypoechogenic appearance, but maintained a normal shape.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Pancreatitis
- Focal lymphadenomegaly.
- Gallbladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the pancreas would be consistent with acute pancreatitis and with the patient's history most likely represents resolving acute pancreatitis.

The most likely etiology for the lymphadenomegaly in the region of the pancreas would be reactive hyperplasia secondary to the pancreatitis with lymphadenitis a possible differential diagnosis and infiltrative neoplasia an unlikely differential diagnosis.

Although the gallbladder sediment is most likely an incidental finding, monitoring for the development of a mucocele would be recommended.

Therapy would be to continue with the current treatment.



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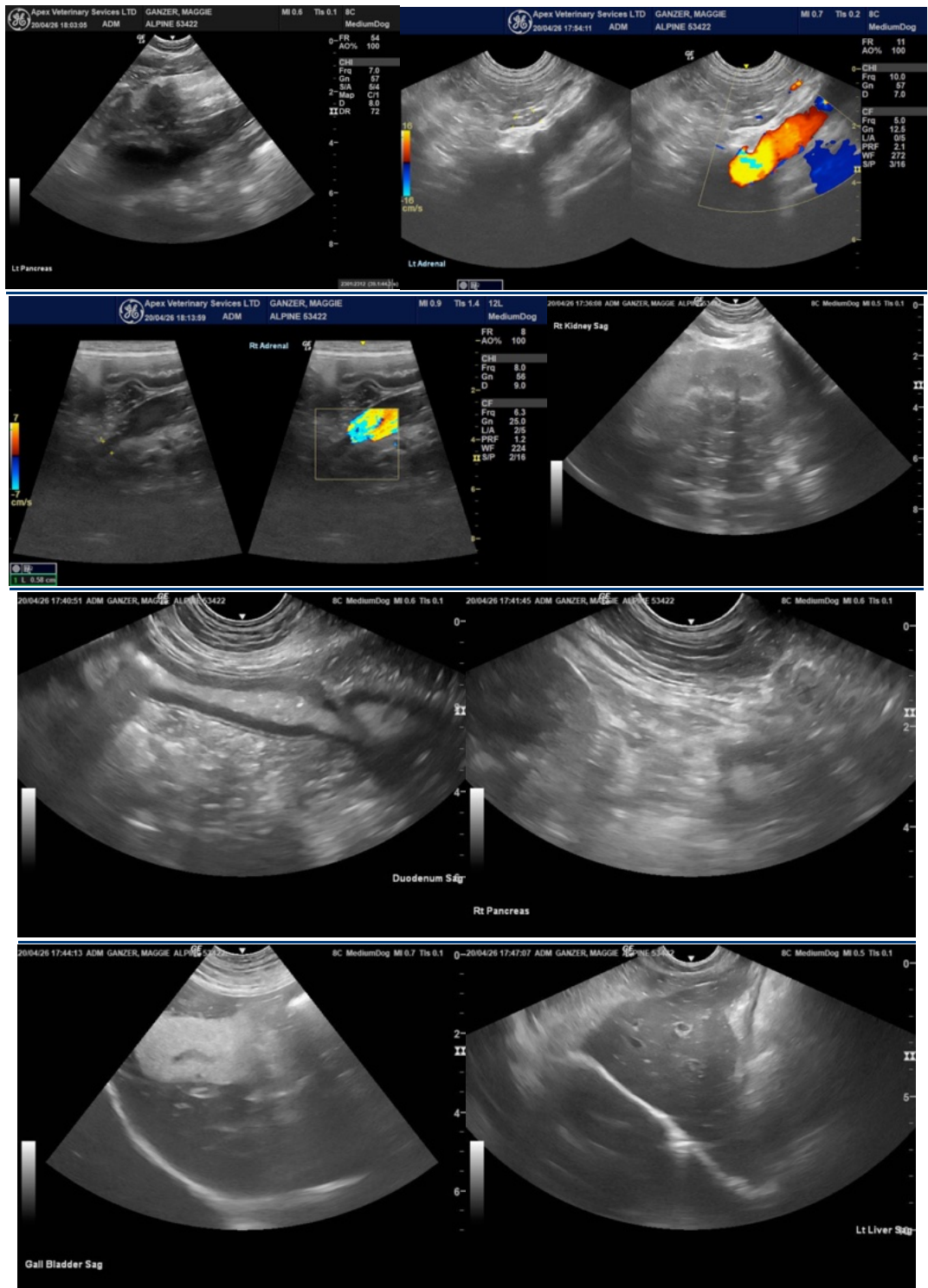
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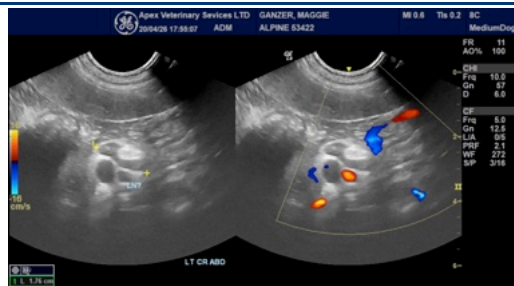
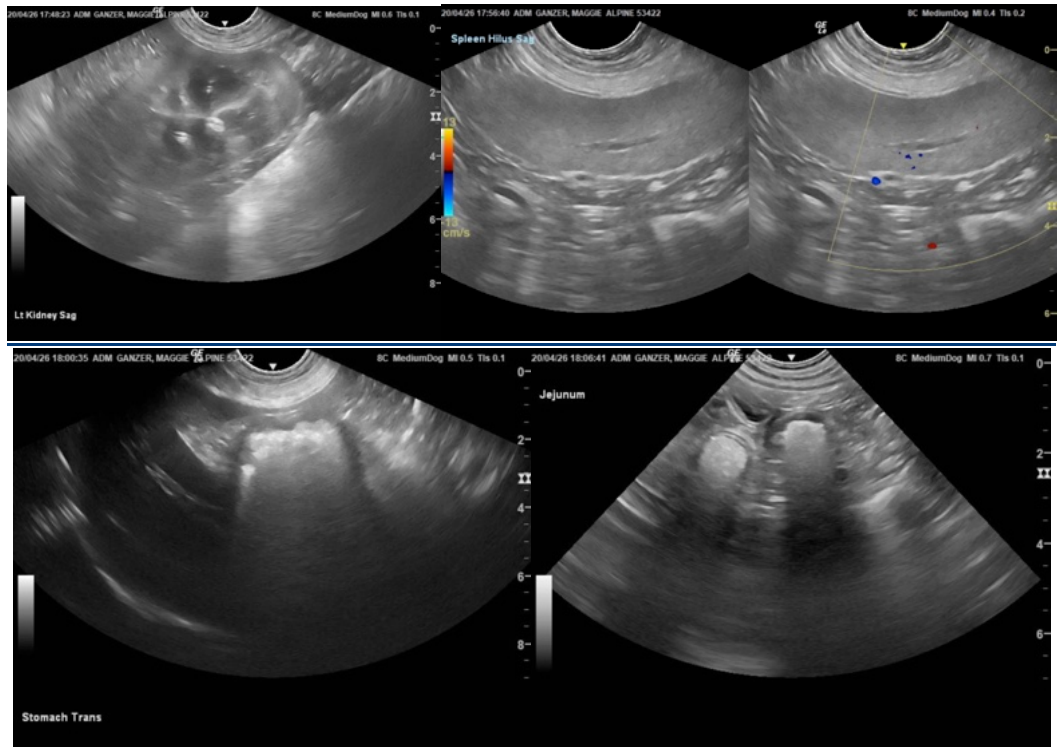
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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