



PATIENT

Zelda Lepera

SPECIES

Canine

BREED

Mixed

SEX

Spayed Female

AGE

11 Years

WEIGHT

32.6 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Renee Trionfetti, VMD

HOSPITAL NAME

Blue Pearl Wyomissing

REFERRING VET

Heatherlynn
McFarlane, DVM
(Internal Med)

INVOICE

74222

DATE

4/6/26

PRESENTING CLINICAL SIGNS

AUS to further evaluate vomiting and elevated WBC count. Coughing the last few months and receiving prednisone and Baytril. Last dose of prednisone was Friday. Now patient vomiting/diarrhea/not eating. History of heart disease as well. PMHx: Stage B1 valve disease, Grade 3/6 HM

Abnormal PE/Chem/CBC/UA Results: Unremarkable chest and abdominal rads CBC: HCT 47.4%, WBC 39.01k H, lymph 0.42k L, monos 11.11k H, neut 20.39k H, eos 6.61k H, basos 0.48k H, plt 49k L Manual platelet count: 57,000 with moderate platelet clumping PCV/TS: 46/7 Chem: Alb 3, ALP 843 H, TCa 8.7 L Phos 7.4 H, rest wnl EPOC: iCa 1.26, lac 3.04 H, pH 7.326 L, BE -5.3 L, rest wnl QPL: 340 H (0-200) T4: 3.4 4Dx: Neg x4

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full urinary bladder 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, architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident. Left kidney measured 6.7 cm. Right kidney measured 7.6 cm. Normal color flow pattern evident in both kidneys.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left measured 3.22 cm in length x 0.79 cm and 0.62 cm in width. Right measures 3.56 cm in length x 0.44 cm and 0.51 cm in width.

Spleen

Normal size (2.7 cm in width) 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

Full containing normal anechoic bile. 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.

Pancreas

Normal size (right pancreas 0.70 cm in width) with a hypoechoic appearance and an irregular capsule (right worse than left). Hyperechoic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Enlarged pancreatic lymph node measuring approximately 0.70 cm x 1.5 cm in size, maintaining a normal shape and echogenic appearance. Hyperechoic appearance of the mesentery surrounding the lymph node.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Pancreatitis.
- Pancreatic lymphadenomegaly.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the pancreatic lymphadenomegaly would be reactive hyperplasia, with lymphadenitis being a possible differential diagnosis, and infiltrative neoplasia being a highly unlikely differential diagnosis.

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 fuzapladib (Panoquell) could also be considered.





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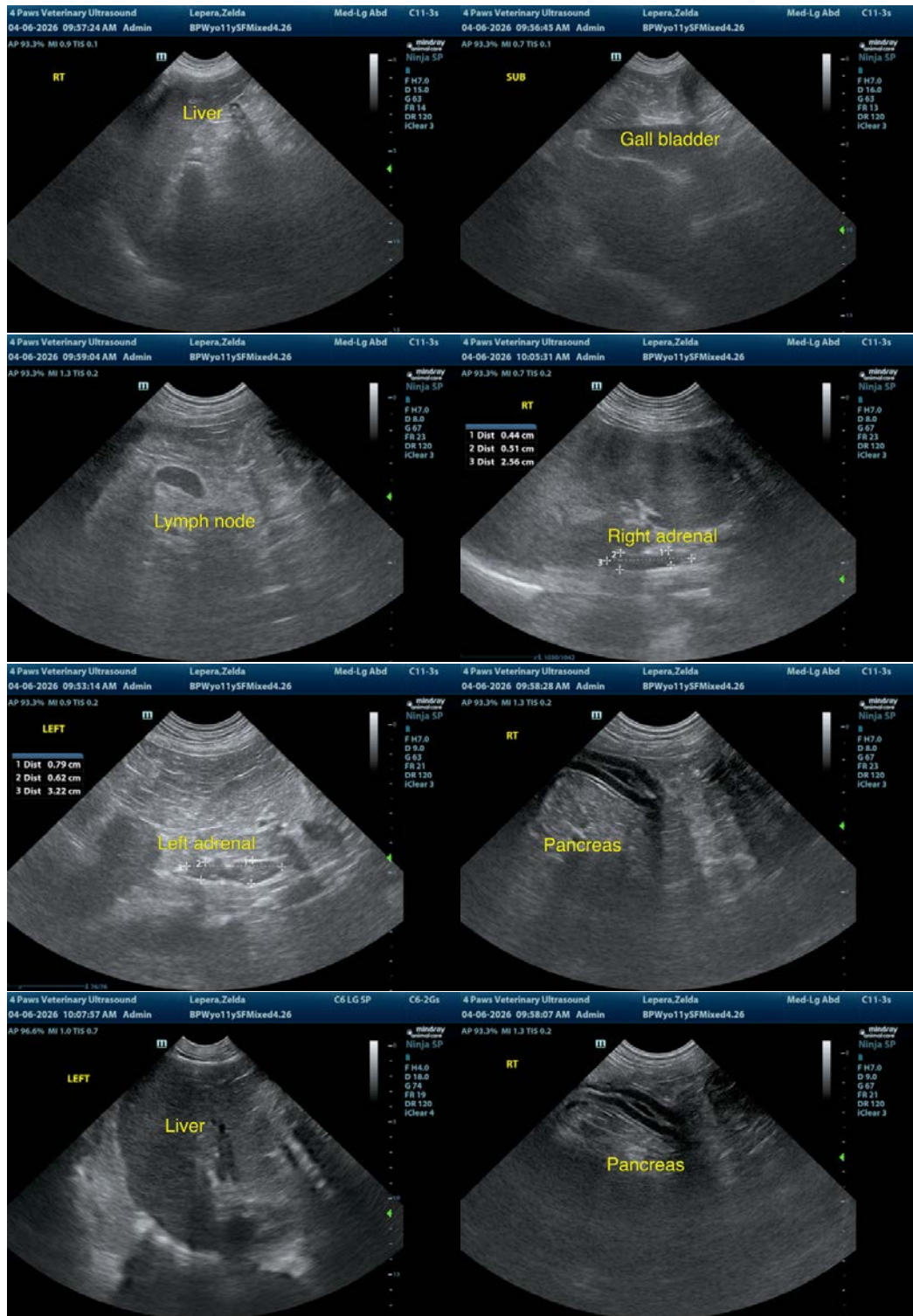
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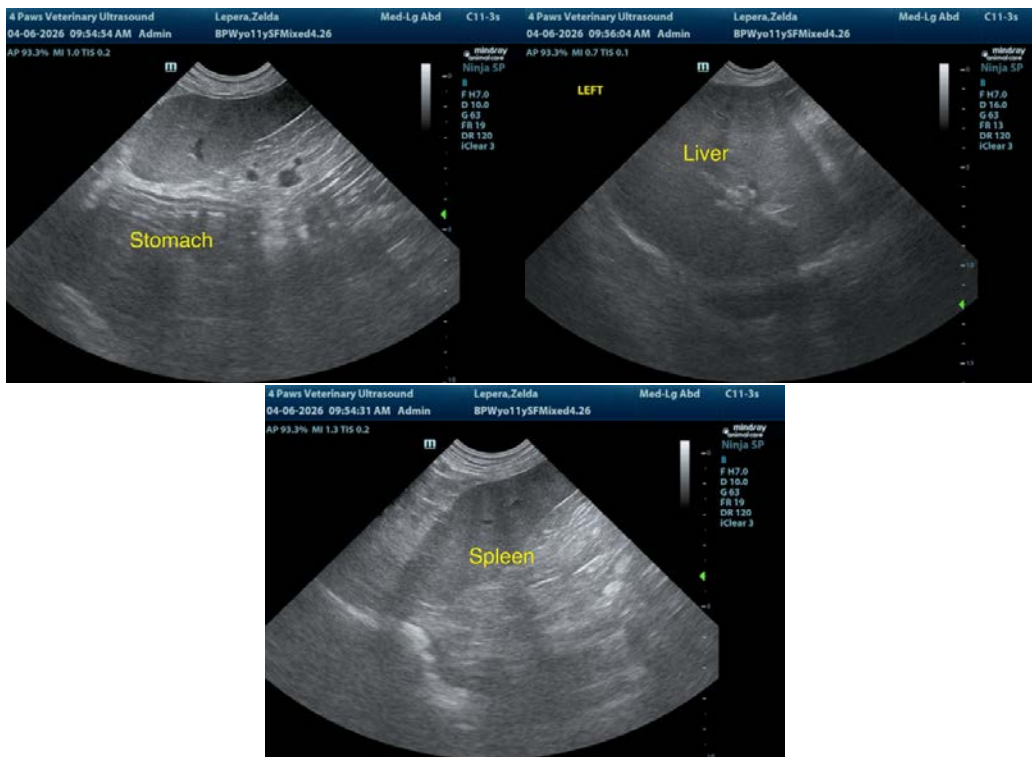
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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