



PATIENT

Bandida Mercedes

SPECIES

Canine

BREED

Mix

SEX

Spayed female

AGE

8 years

WEIGHT

31 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. Demers

INVOICE

78022

DATE

5/27/26

PRESENTING CLINICAL SIGNS

Chronic pancreatitis

Patient was seen on May 3 at Banfield Pet Hospital Webster for vomiting that started 2 days prior. O said P is slow to get up and doesn't want to stand up. O said P wasn't really eating much prior but did eat a little the night before the hospital visit and then again the morning of May 3. Vomit consists of undigested food.

Positive for Ehrlichiosis and Anaplasmosis when tested on May 3, 2026. Patient had low WBC (3.4), Lymphocytes (0.37), and Monocytes (0.04) as well.

CLINICAL SIGNS: weight loss (almost 8lbs per owner), vomiting, hyporexic

MEDICATIONS: Gabapentin 100 mg capsules, Cerenia 24 mg tablets

Abnormal PE/Chem/CBC/UA Results: May 3, 2026 Serology: Ehrlichia spp. POSITIVE Anaplasma spp. POSITIVE CBC: WBC 3.4 LOW LYM 0.47 LOW MONO 0.04 LOW

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 5.3 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. 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 2.43 cm in length x 0.52 cm and 0.54 cm in width. The right adrenal gland measured 2.36 cm in length x 0.52 cm and 0.67 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 2.0 cm in width.

Liver

Normal size, echogenic appearance, 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 small containing a small amount of non-adhered, hypoechoic 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. A small amount of fluid is present within the stomach.

Pancreas

Normal size with a hypoechoic appearance and an irregular capsule. Normal echogenic appearance of the mesentery and fat surrounding 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

- Chronic pancreatitis versus chronic active pancreatitis.
- Gallbladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further assessment would be CPL/PSL assay and possibly PCR for Vector borne disease.

Management of the pancreatitis would be feeding small frequent meals of a low fat intestinal type diet and the use of antiemetics and analgesics as needed.

With the leukopenia and positive serology for Ehrlichiosis and Anaplasmosis a course of Doxycycline should be considered.



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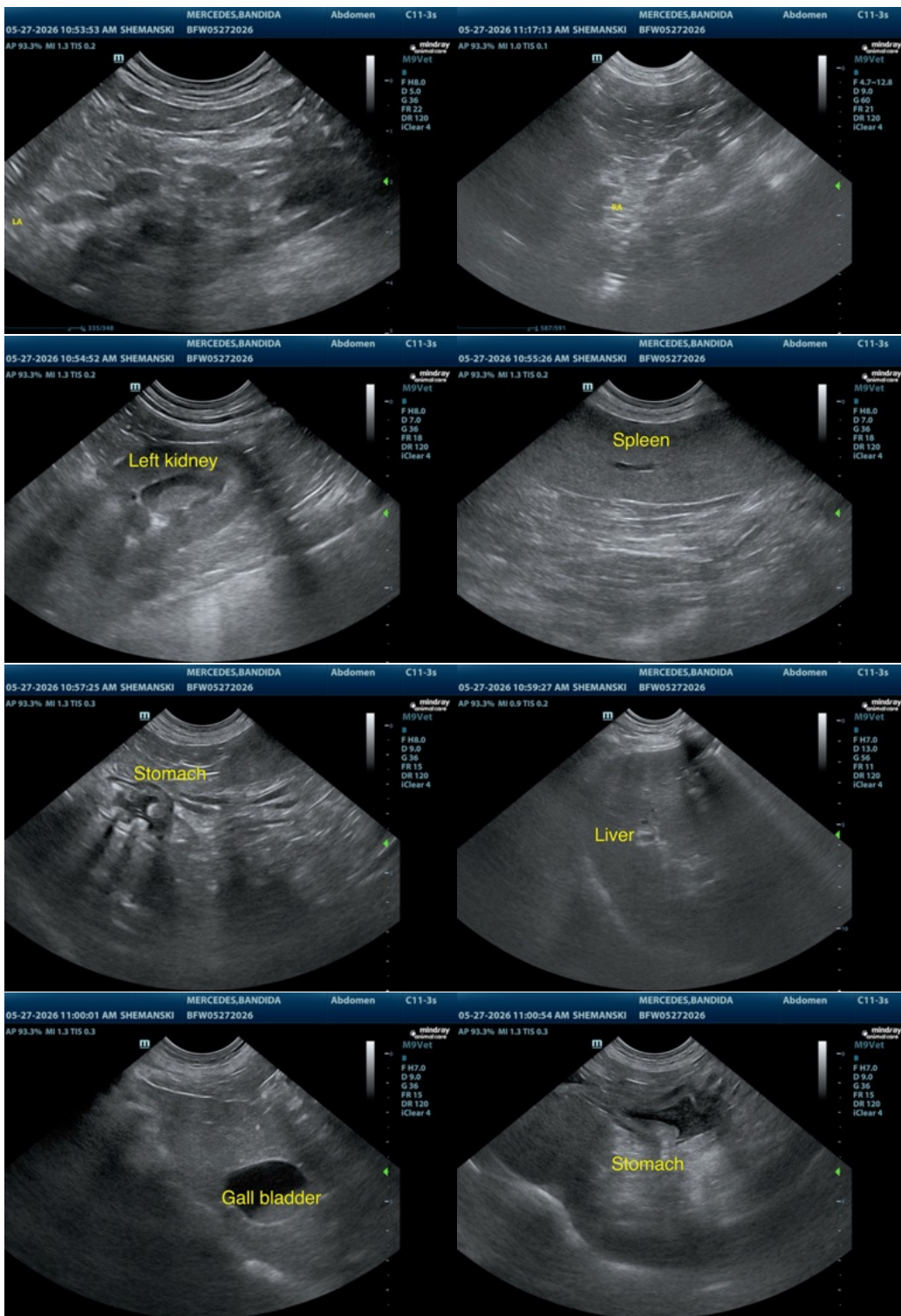
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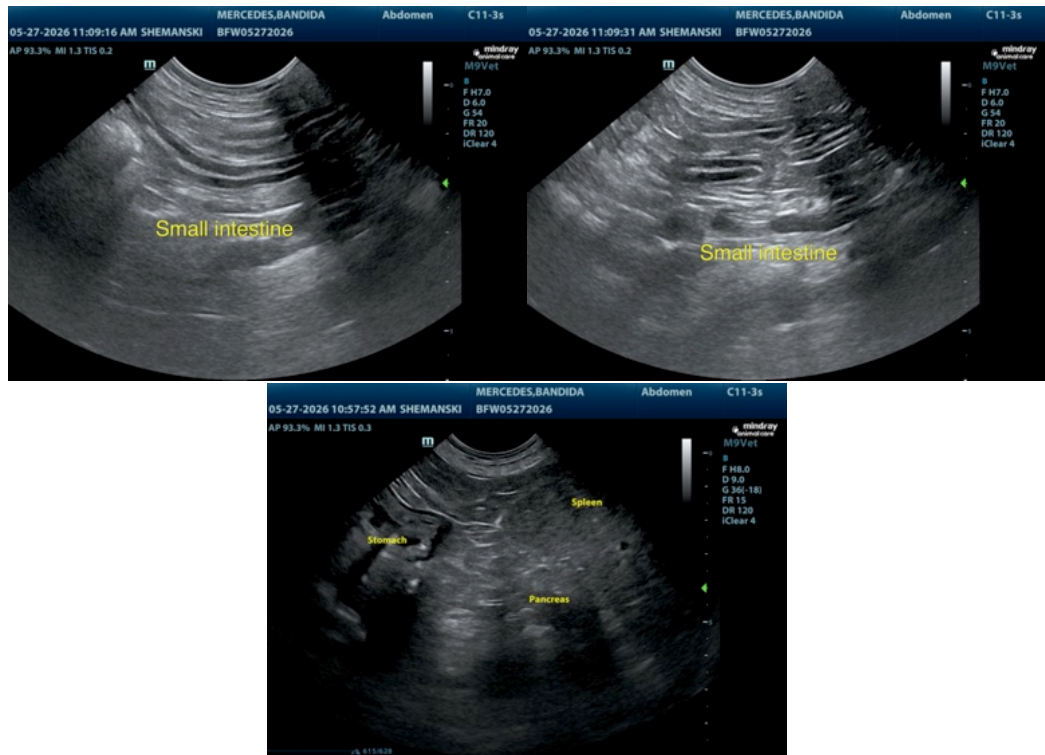
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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