



PATIENT

Jeff Sargent

SPECIES

Canine

BREED

Cardigan Welsh Corgi

SEX

Neutered male

AGE

6 years

WEIGHT

42.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. StevensE

HOSPITAL NAME

Northside VC

REFERRING VET

Dr. StevensE

INVOICE

75270

DATE

5/7/26

PRESENTING CLINICAL SIGNS

History: Presented for PU/PD on 4/16/26, diagnosed with DM due to hyperglycemia and glucosuria. One incident of vomiting clear liquid on 4/13. Normal eating. Prescribed - Cerenia 2cc SQ

- Famotidine 10mg/ml, 1cc SQ
- Vitamin B12 (1000 mcg/ml) 0.5cc SQ

- Rx:- Vetsulin 5 units SQ q12h, - Gabapentin 100mg: 1-2 capsules PO q8-12h PRN pain (30 count), Cerenia 24mg: 2 tablets PO q24h (start Friday afternoon) #4

- Diet: Hills i/d low-fat diet

Two more incidents of vomiting clear liquid since 4/16 visit. Pet did not want to eat l/d Low Fat diet. Has since been put back on normal diet, appetite resumed at this time. No vomiting this week. Vetsulin has been increased to 6 units BID. Ultrasound recommended due to new diabetic and persistently elevated catalyst pancreatic lipase.

Abnormal PE/Chem/CBC/UA Results: BCS 7/9 Oral: Moderate tartar and calculus, no gingivitis

Musculoskeletal: No appreciable lameness, normal muscle mass/tone, crepitus in left stifle with thickening (expected post-CCL repair) Integument: Healthy hair coat and skin, no ectoparasites seen, reddish-brown salivary staining on left and right carpus, interdigital salivary staining on right front
4/16:- Free catch urinalysis: Color straw, clarity clear, specific gravity 1.036, pH 7, protein negative, glucose 3+, ketones negative - CBC: unremarkable - Chemistry panel: Glucose 461 [normal 74-143], phosphorus 1.7 (low), chloride 108 (low) - Catalyst Pancreatic lipase: 439 [normal 0-200] - Total T4: 4.8 (H) 5/1:- Total T4: 2.7 (wnl) - cPL: 447 (previously 439) - Spot glucose at clinic: 283 mg/dL (4.5 hours post-insulin)

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 4.6 cm, right measured 4.9 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.

The prostate is small and hypoechogenic.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.35 cm and 0.38 cm in width. The right adrenal gland measured 0.49 cm and 0.48 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. The spleen measured 1.8 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.

Gallbladder

The gallbladder is full containing a small amount of 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 show an increased echogenic appearance and an irregular capsule with a mild increased echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Chronic pancreatitis.
- Gallbladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gallbladder sediment can be considered an incidental finding.



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Management of the chronic pancreatitis would be feeding small, frequent meals of a low fat intestinal type diet. However, the feeding frequency needs to be correlated with the diabetes.

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Intermittent use of analgesics and antiemetics may also be required.

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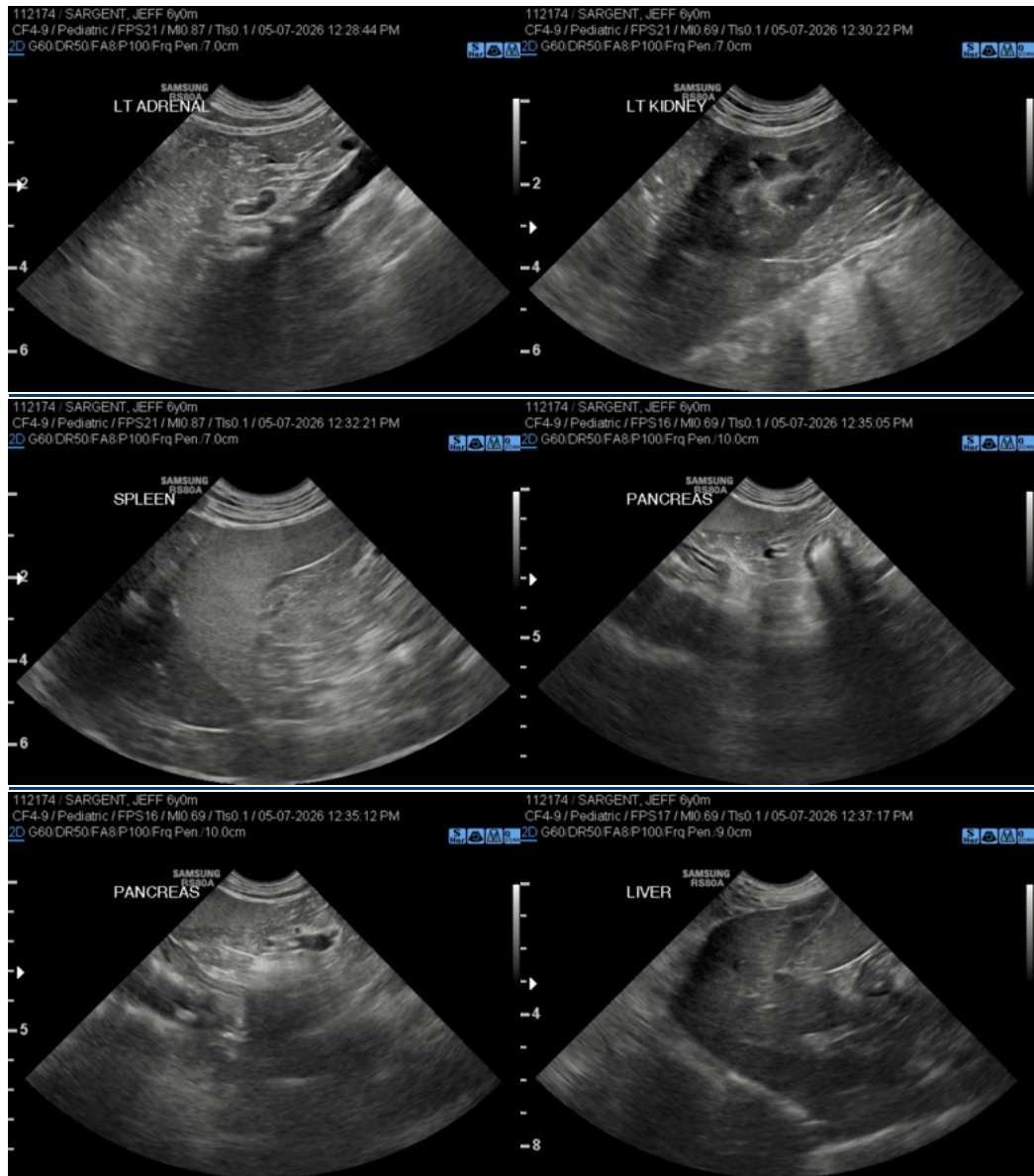
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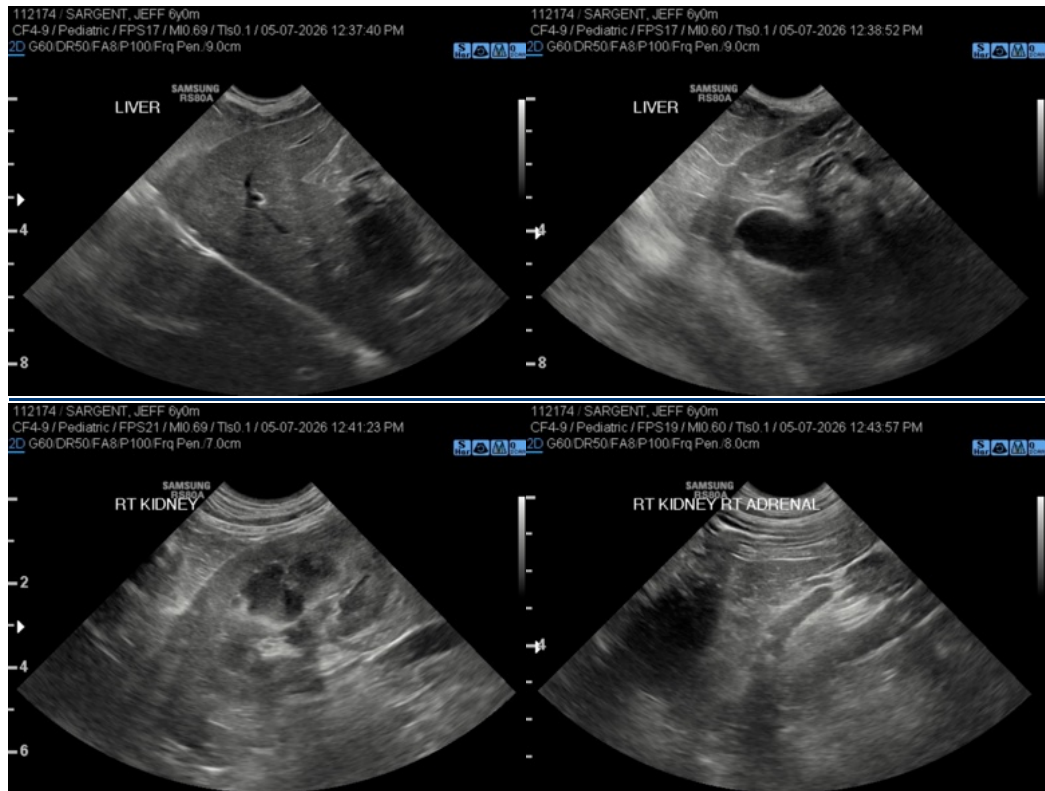
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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