



PATIENT PRESENTING CLINICAL SIGNS

CHUCK NILSSON
History: Beginning of June P began vomiting multiple times daily 2-3 hrs after meals. V consist of partially digested food. Lethargy noted. Notes from radiographs taken on 6/6/23 - 2 view lateral Abd rad: Good serosal detail. No gastric distention. No opaque GI FB. No urolith noted. NO obstructive pattern. Small 'wire like' linear opaque structure noted R ventral cranial abd about level of T12/13. Present on previous rads taken a year ago in the same location. Significant weight loss noted on r/c exam 6/12/23. Patient was still having vomiting and lethargy and had also developed hematochezia and diarrhea.

SPECIES

Canine

BREED

Welsh Corgi

Abnormal PE/Chem/CBC/UA Results: Recent BW: 6/13/23 CHEM: Increased PSL (182), otherwise WNL
CBC: Neutrophilia (13,464), otherwise WNL Consistent w/ pancreatitis

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX *Urinary System*

Neutered Male

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.

AGE

10 years

Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.

WEIGHT

26.7 lbs

Normal renal size (left kidney 5.70 cm) (right kidney 4.90 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.

Reproductive System

Small hypoechogenic prostate.

INTERPRETED BY

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

Adrenal Glands

Normal shape, echogenic appearance, size (left 1.32 cm in length x 0.36 x 0.41 cm) (right 2.07 cm in length x 0.69 x 0.73 cm), position, and appearance of the visible peri-renal vasculature.

IMAGING PERFORMED BY

Mandy Foley

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.

HOSPITAL NAME

All Creatures Gr&Sm
VC Corvallis OR

Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

REFERRING VET

Jessica Bailes

Gallbladder

The gallbladder is full containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

Gastrointestinal

Moderate amount of gas accumulation within the stomach. Normal appearance of the duodenum (0.35 cm), small intestine (0.44 cm), 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.

INVOICE

13457

DATE

6.22.23



PATIENT *Pancreas*

Chuck Nilsson Normal size, with a diffuse, mottled echogenic and irregular appearance. Hyperechogenic appearance of the mesentery and fat surrounding the pancreas.

SPECIES *Free Abdomen*

Normal mesenteric lymph nodes.

Canine No ascites evident.

BREED **ULTRASONOGRAPHIC FINDINGS**

Welsh Corgi **Primary Findings**

- Pancreatitis

SEX

Secondary Findings

Neutered Male

- Gas accumulation within the stomach

AGE **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

10 years The appearance of the pancreas is consistent with chronic active pancreatitis.

WEIGHT Management of the pancreatitis would be fluid therapy as needed, feeding small, frequent meals of a low-fat intestinal diet and analgesics (opioid and/or NSAIDs).

26.7 lbs With the diarrhea, intestinal binders/absorbents could also be considered.

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Canine

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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