



## PATIENT

Jack Glacomelli

## SPECIES

Canine

## BREED

English Cocker Spaniel

## SEX

Neutered male

## AGE

13 years

## WEIGHT

14 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Mariusz  
Chmielinski

## HOSPITAL NAME

Apex Veterinary  
Services Ltd

## REFERRING VET

SAVE Emergency ER  
Doctor

## INVOICE

78389

## DATE

6/5/26

## PRESENTING CLINICAL SIGNS

History: Acute abdominal pain, tense/hard abdomen, hiding behavior, appears bloated and uncomfortable. Owner reports sudden onset of agitation and abdominal discomfort. No vomiting or diarrhea reported. History of eating inappropriate objects. Chronic proteinuria and historical liver enzyme elevations.

Abnormal PE/Chem/CBC/UA Results: Mentation: QAR, painful and agitated Temperature: 38.0°C Heart Rate: 127 bpm Respiratory Rate: Panting Mucous membranes: Pink, tacky CRT: <2 seconds Abdomen: tense and painful on palpation CBC largely unremarkable. Chemistry abnormalities include: Mild azotemia (BUN 13.1 mmol/L) ALT 161 U/L (elevated) ALP 1,118 U/L (markedly elevated) Cholesterol 8.94 mmol/L (elevated) Amylase >2,500 U/L (elevated) Lipase 4,038 U/L (elevated)

## 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 6.2 cm, right measured 5.9 cm), with increased echogenic appearance, some loss of cortico-medullary differentiation, mild bilateral pyelectasia and a regular curvilinear capsule. No infarcts, mineralization or renoliths evident. A few, small, bilateral cortical cysts are present.

Small, hypoechogenic prostate measuring 0.8 cm in width.

### Adrenal Glands

The adrenal glands are bilaterally enlarged with a slightly rounded shape, but maintained a normal echogenic appearance, position and appearance of the visible peri-adrenal vasculature. The left adrenal gland measured 0.98 cm and 1.3 cm in width. The right adrenal gland measured 0.79 cm and 1.13 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 1.3 cm in width.



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### *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 non-adhered, hyperechogenic sediment.

### *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 fluid and ingesta is present in the stomach with no obvious pyloric obstruction evident. Fecal material is present within the colon.

### *Pancreas*

The pancreas is enlarged with a hypoechogenic appearance and an irregular capsule. Hyperechogenic appearance of the mesentery and fat surrounding the pancreas. A small amount of fluid is accumulating around the pancreas.

### *Free Abdomen*

Normal mesenteric lymph nodes.

No ascites evident.

## ULTRASONOGRAPHIC FINDINGS

- Pancreatitis.
- Bilateral adrenomegaly.
- Renal disease.
- Gallbladder sediment.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the pancreas would be consistent with acute pancreatitis.

Etiologies for the adrenomegaly would be age related reactive hyperplasia, disease, stress and possibly emerging pituitary dependent Cushing's disease.

The gallbladder sediment can be considered an incidental finding.



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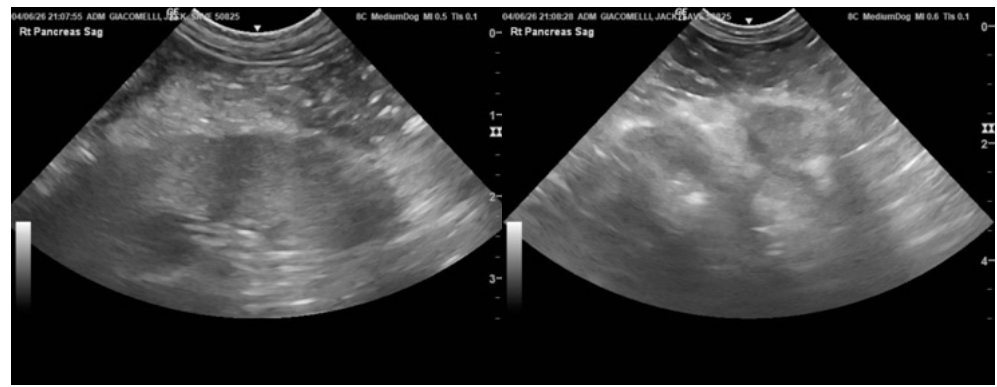
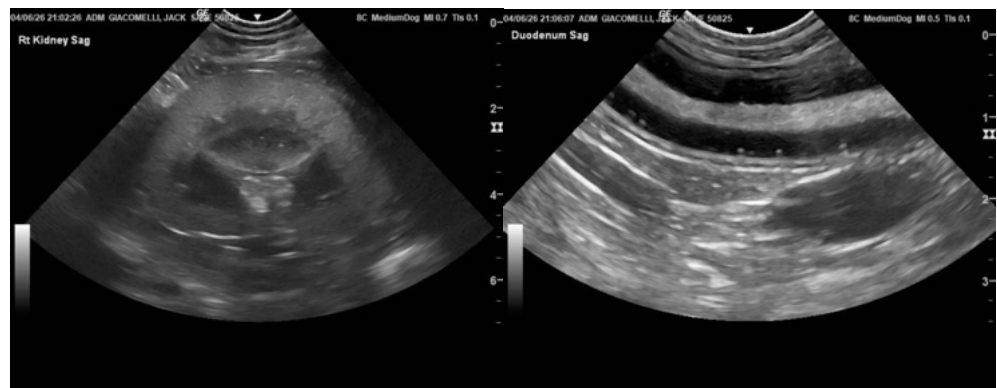
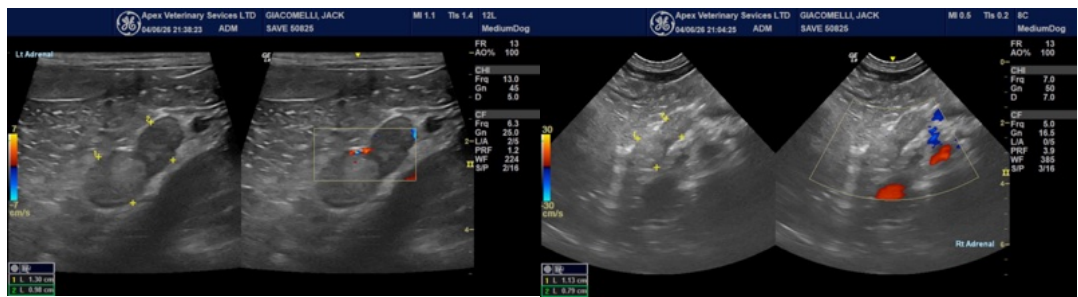
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Further assessment would be FPL/PSL assay and once the pancreatitis has been resolved adrenal function testing (ACTH stimulation/LDDST) would then be indicated.

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 fuzapladi (Panoquell) could also be considered.





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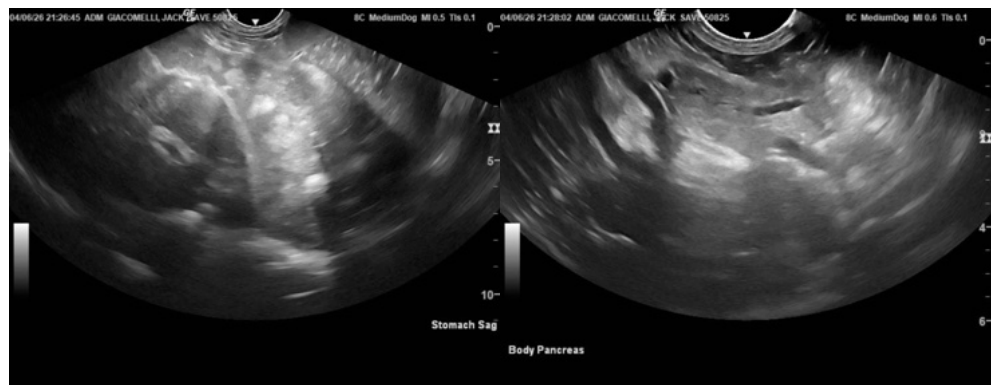
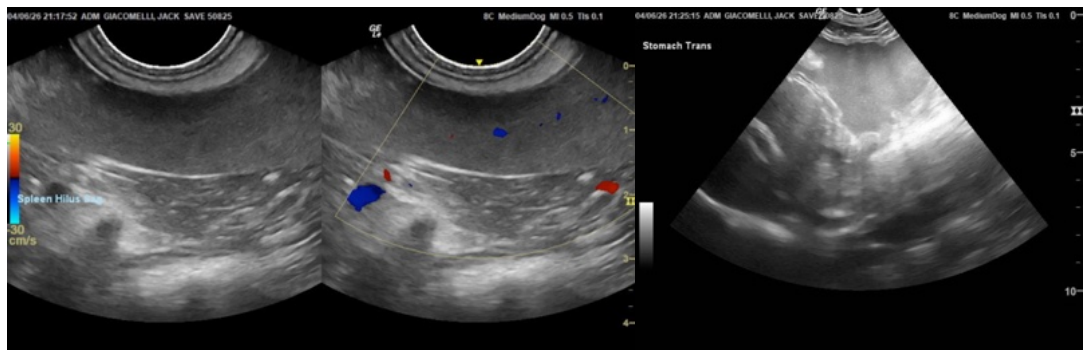
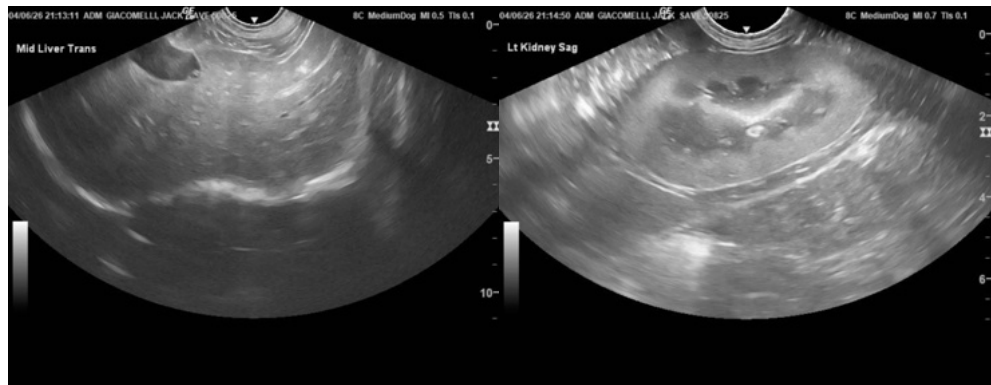
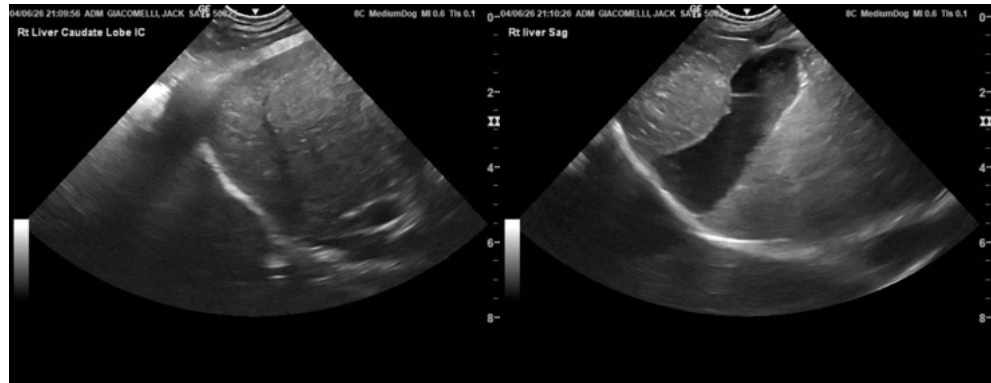
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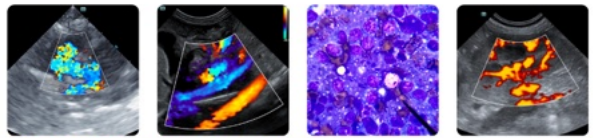
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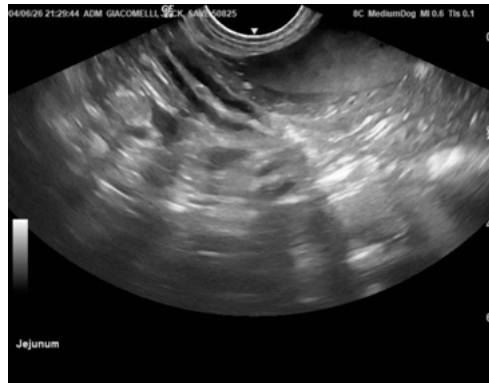
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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