

**PATIENT**

Jackson King

**PRESENTING CLINICAL SIGNS**

Pancreatitis, Intermittent gagging, On Royal Canin Low Fat diet, no current meds.

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: Potassium 5.5 high (4.0-5.4) Na:K ratio 27 Low (28-37), ALP 242 high (5-160), Cholesterol 361 high (131-345), Lipase 496 High (0-250), Spec CPL 909 high(0-200), Mono 0.752 High (0.145-0.736) Platelets 518 H (120-412) Anaplas Positive

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

Mix

**Urinary System**

Small urinary bladder with a thickened and irregular appearance of the apical wall measuring ~ 0.8 cm with the rest of the wall having a normal thickness and smooth appearance. Normal anechoic urine with no sediment or uroliths evident.

**SEX**

MN

Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.

**AGE**

12yr

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.

**WEIGHT**

63lb

The left kidney measured 6.4 cm in length.

The right kidney measured 6.6 cm in length.

**INTERPRETED BY**

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

Small hypoechogenic prostate 0.8 cm in width.

**Adrenal Glands**

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-renal vasculature.

**IMAGING PERFORMED BY**

Rebecca Hamilton

The left adrenal gland measured 2.8 cm x 0.94 cm x 0.87 cm.

The right adrenal gland measured 2.73 cm x 0.75 cm.

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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 1.5 cm in width. Incidental myelolipoma present.

**REFERRING VET**

Dr Ludmerer

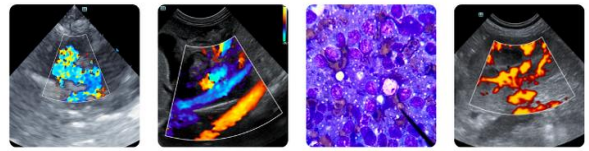
**Liver**

Normal size with diffuse increased echogenic and coarse appearance. Normal portal markings and irregular curvilinear capsule.

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25021

**Gallbladder**

**DATE**  
06/05/2026



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Small containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

**Gastrointestinal**

**SPECIES**

Canine

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**

**BREED**

Mix

Pancreas not clearly visualized but visualized sections appear to be of normal size but with an increased echogenic appearance and irregular curvilinear capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

**SEX**

**Free Abdomen**

MN

Normal mesenteric lymph nodes.

No ascites evident.

**AGE**

12yr

**ULTRASONOGRAPHIC FINDINGS**

- Hepatopathy
- Chronic pancreatitis
- Urinary bladder thickening

**WEIGHT**

63lb

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Etiologies for the hepatopathy would be reactive hyperplasia, early nodular hyperplasia, vacuolar and metabolic with hepatitis and infiltrative neoplasia highly unlikely differential diagnoses. Etiologies for the urinary bladder thickening would be chronic bacterial cystitis, granulomatous disease and possible emerging neoplasia.

Further assessment would be UA, urine culture, BRAF analysis and/ or a catheter assisted aspirate / biopsy of the apical wall for cytology/ histopathology and culture and FNA cytology of the liver. A true cut or wedge biopsy may however be required for a final diagnosis of the hepatopathy.

Specific therapy would depend on an etiological diagnosis. Symptomatic management would be to continue with a current low-fat diet, fed at small frequent intervals and ursodiol with regular monitoring of liver enzyme activity.

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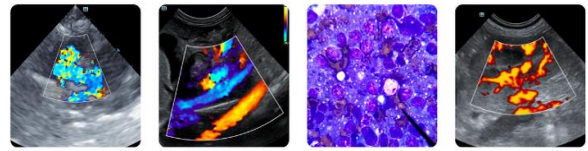
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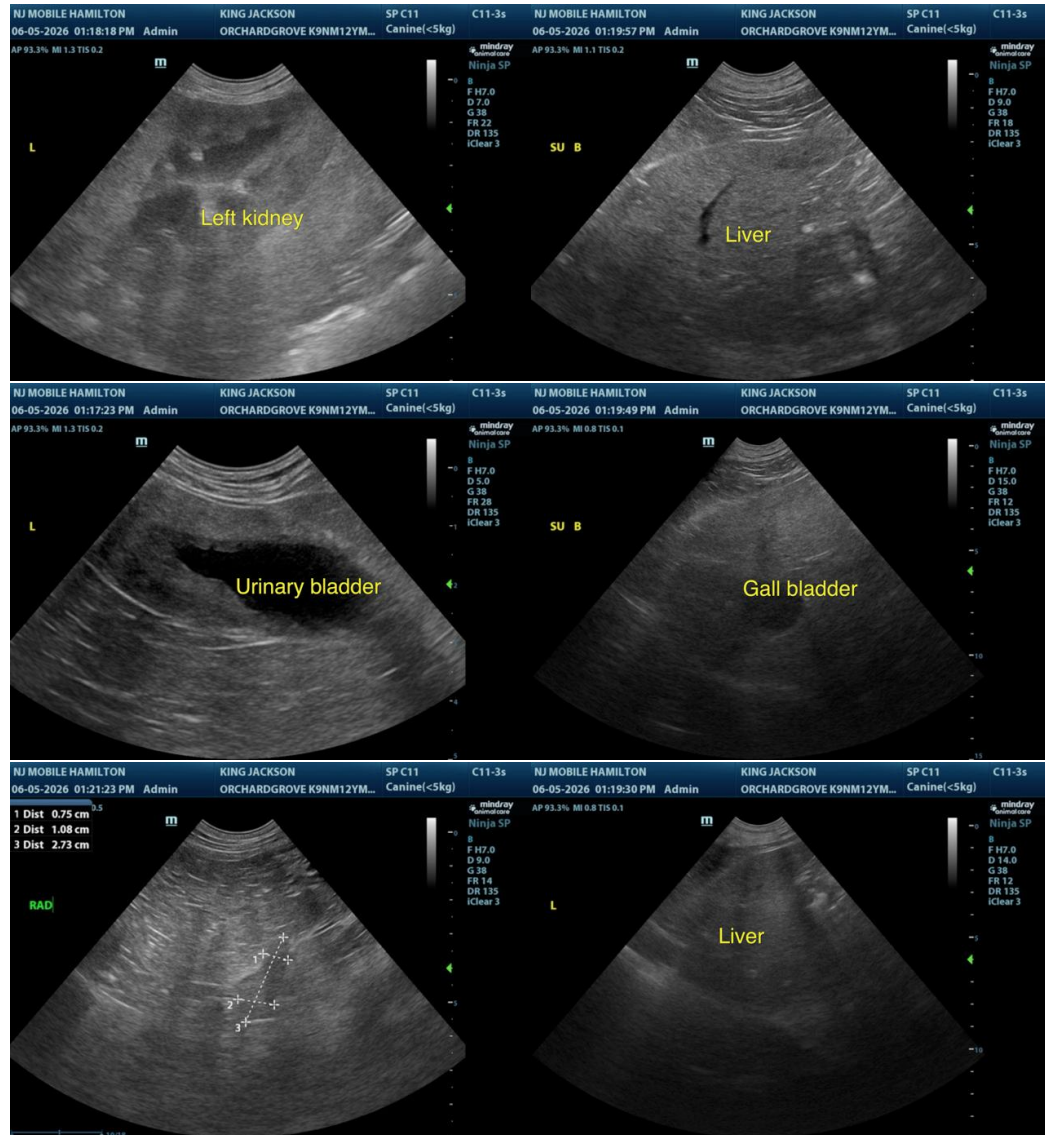
Dr Ludmerer

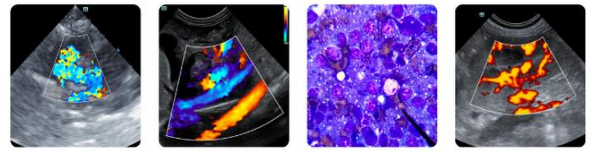
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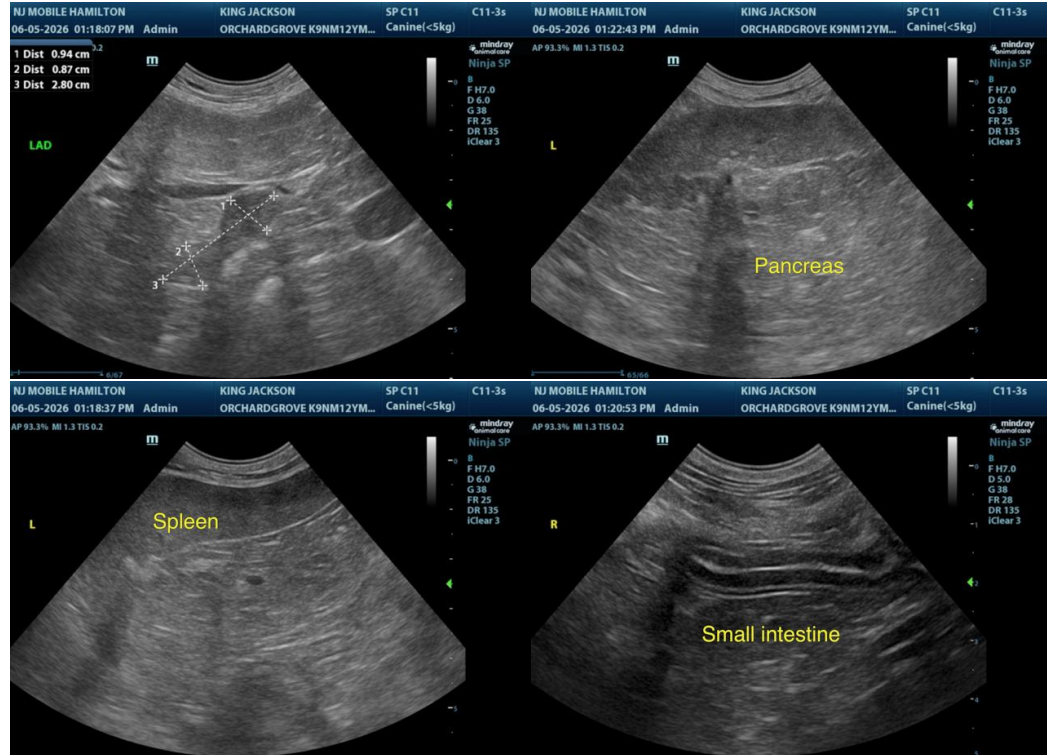
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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