



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Cleo Newsome	History: Chronic GI issues
<b>SPECIES</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Canine	<b>Urinary System</b>
<b>BREED</b>	The urinary bladder is full with a normal thickness and smooth appearance of the wall. Small amount of floating, hyperechogenic sediment present. No uroliths evident.
Havanese	Normal appearance of the trigone area, proximal urethra (measuring 0.40 cm), and iliac blood vessels.
<b>SEX</b>	Normal appearance and size of the iliac lymph nodes (one of which measures 1.20 cm). Ureters not visualized, which can be considered a normal finding.
Female Spayed	
<b>AGE</b>	Normal renal size (left kidney 3.7 cm) (right kidney 4.10 cm), with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal pelvis and capsule. No infarcts or renoliths evident. Bilateral pinpoint mineralization evident.
12 years	
<b>WEIGHT</b>	<b>Adrenal Glands</b>
12 lbs	Normal shape, echogenic appearance, size (left 0.58 x 0.58 cm) (right 0.55 x 0.50 cm), position, and appearance of the visible peri-renal vasculature.
<b>INTERPRETED BY</b>	<b>Spleen</b>
Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM	Normal size (measuring 1.40 cm) 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.
<b>IMAGING PERFORMED BY</b>	<b>Liver</b>
Sonya Myers DVM	Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.
<b>HOSPITAL NAME</b>	<b>Gallbladder</b>
Palm Coast PC	The gallbladder is small containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct (measuring 0.20 cm).
<b>REFERRING VET</b>	<b>Gastrointestinal</b>
Sheffield	Normal appearance of the stomach (measuring 0.39 cm), duodenum (measuring 0.39 cm), jejunum (measuring 0.38 cm), small intestine, ileo-cecal junction, and colon (measuring 0.11 cm) with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen.
<b>INVOICE</b>	<b>Pancreas</b>
13911	Enlarged (left 0.80 cm / right 1.70 cm) with a diffuse hyperechogenic appearance and irregular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas. Small hyperechogenic parenchymal nodule present (measuring 0.70 cm).
<b>DATE</b>	<b>Free Abdomen</b>
8.2.23	Normal mesenteric lymph nodes (one of which measures 2.80 cm).  No ascites evident.



**PATIENT**      **ULTRASONOGRAPHIC FINDINGS**

Cleo Newsome

**Primary Findings**

**SPECIES**

- Chronic pancreatitis

Canine

- Pancreatic nodule

**BREED**

**Secondary Findings**

Havanese

- Age-related renal changes

**SEX**

- Urinary bladder sediment

Female Spayed

**AGE**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

12 years

The most likely etiology for the pancreatic nodule would be focal hyperplasia, with neoplasia a less likely differential diagnosis.

**WEIGHT**

12 lbs

Further assessment would be urinalysis, urine culture, and cPL/PSL assay. FNA of the pancreatic nodule can also be considered.

**INTERPRETED BY**

Management of the chronic pancreatitis would be feeding small, frequent meals of a low-fat intestinal diet and analgesics as needed.

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

**IMAGING PERFORMED BY**

Sonya Myers DVM

**HOSPITAL NAME**

Palm Coast PC

**REFERRING VET**

Sheffield

**INVOICE**

13911

**DATE**

8.2.23





**PATIENT**

Cleo Newsome

**SPECIES**

Canine

**BREED**

Havanese

**SEX**

Female Spayed

**AGE**

12 years

**WEIGHT**

12 lbs

**INTERPRETED BY**

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**IMAGING PERFORMED BY**

Sonya Myers DVM

**HOSPITAL NAME**

Palm Coast PC

**REFERRING VET**

Sheffield

**INVOICE**

13911

**DATE**

8.2.23



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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