



PATIENT

Maisey Burt

SPECIES

Canine

BREED

Aussie

SEX

Spayed female

AGE

7 years

WEIGHT

34 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Pet Care Clinic of the
High Country

REFERRING VET

Dr. Sturgill

INVOICE

69612

DATE

12/12/25

PRESENTING CLINICAL SIGNS

History: P has been blind and deaf since birth, Epileptic with moderate seizure control. Intermittent GI episodes accompanied by ataxia. History of muzzle swelling in late November that resolved without intervention. Recent development (early December) of firm swelling in the laryngeal region and soft swelling over the sternum, accompanied by unilateral drooling and halitosis. Mild dental tartar and gingivitis noted. FNA of the sternal swelling yielded mostly RBCs with no clearly diagnostic cells. At most recent GI episode in Aug ALbumin 2.0 and ALKP >2,000 Current Meds Phenobarbital 97.2 mg PO q12h (recent levels: 26.6 pre-dose; 27.3 at 4 hrs; 24.3 at outside lab). Zonisamide 300 mg PO q12h Potassium Bromide 1000 mg PO q24h (recent level 1.4) Gabapentin 300 mg PO q12h Levetiracetam ER 1500 mg PO q12h Levothyroxine 0.8 mg PO q12h Meclizine 25 mg PO q24h Clorazepate, midazolam, and immediate-release levetiracetam available at home for cluster management Started 12/9-12/10: Clindamycin 450 mg PO q12h Started 12/9-12/10: Prednisone 20 mg PO q12h Abnormal PE/Chem/CBC/UA Results: Current bloodwork ALB normal ALP 453 U/L T4: 2.5 µg/dL Bromide: 1.4 mg/mL

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 7.4 cm, right measured 7.5 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.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 2.04 cm in length x 0.46 cm and 0.36 cm in width. The right adrenal gland measured 3.12 cm in length x 0.59 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 3.2 cm in width.



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Liver

The liver is enlarged with rounded edges with a diffuse increased echogenic and coarse appearance, normal 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 normal anechoic bile. 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. A moderate amount of ingesta is present in the stomach compatible with a recent meal.

Pancreas

Normal size with a hypoechoic appearance and an irregular capsule. Hyperechoic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

Normal size and ratio of the portal vein, caudal vena cava and aorta. The portal vein measured 0.82 cm in diameter, caudal vena cava 0.83 cm in diameter and aorta 0.92 cm in diameter.

ULTRASONOGRAPHIC FINDINGS

- Pancreatic pathology.
- Hepatopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the pancreatic pathology would be chronic pancreatitis, pancreatic fibrosis and possibly chronic active pancreatitis.



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The most likely etiology for the hepatopathy would be drug induced with reactive hyperplasia, vacuolar and metabolic differential diagnosis, Hepatitis and infiltrative neoplasia would be highly unlikely differential diagnosis.

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Further assessment would be CPL/PSL assay and possibly FNA cytology of the liver.

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Specific therapy would be dependent on an etiological diagnosis.

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Symptomatic management of the pancreatitis would be feeding small frequent meals of a low fat intestinal type diet and the use of antiemetics and analgesics as needed.

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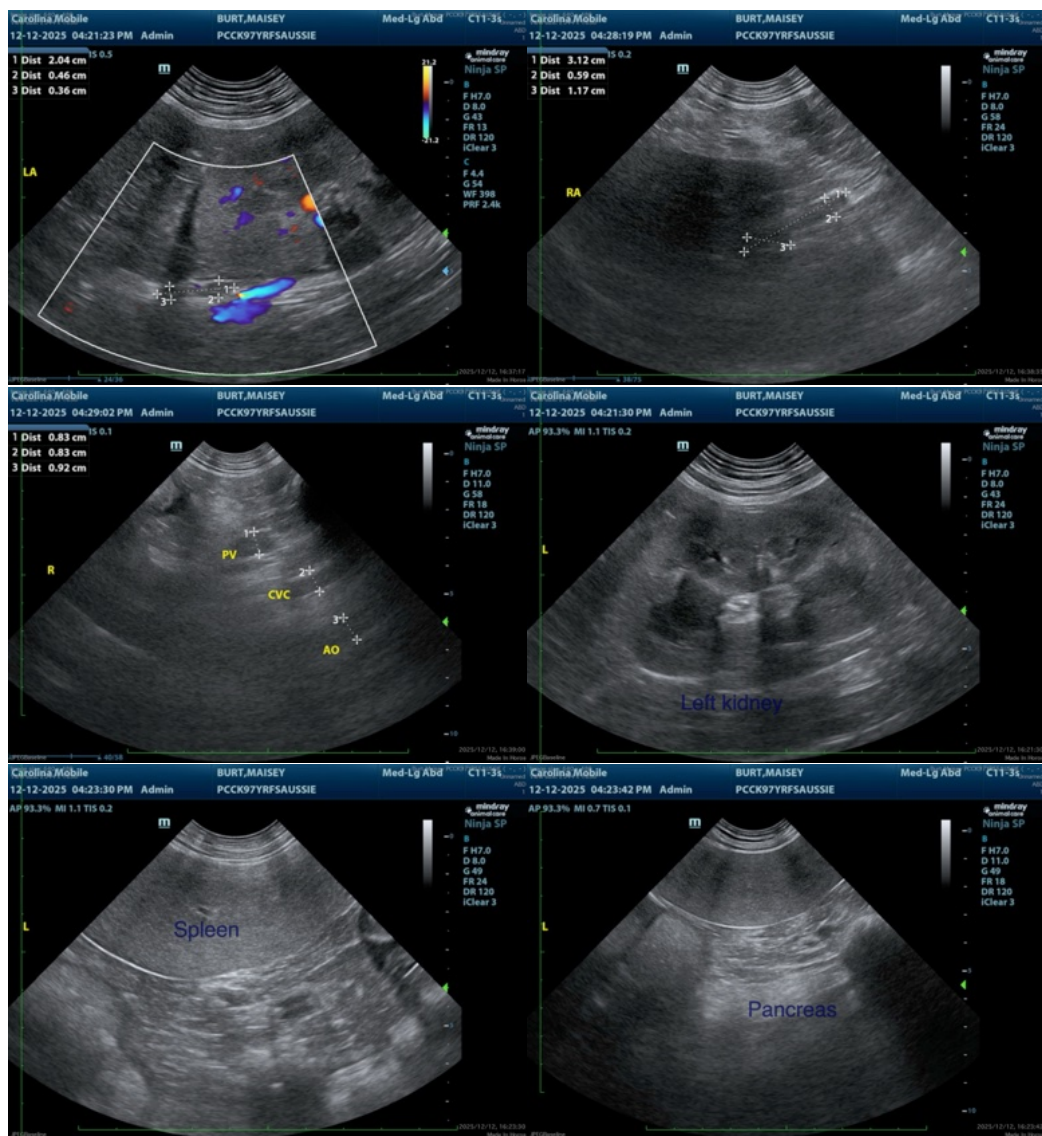
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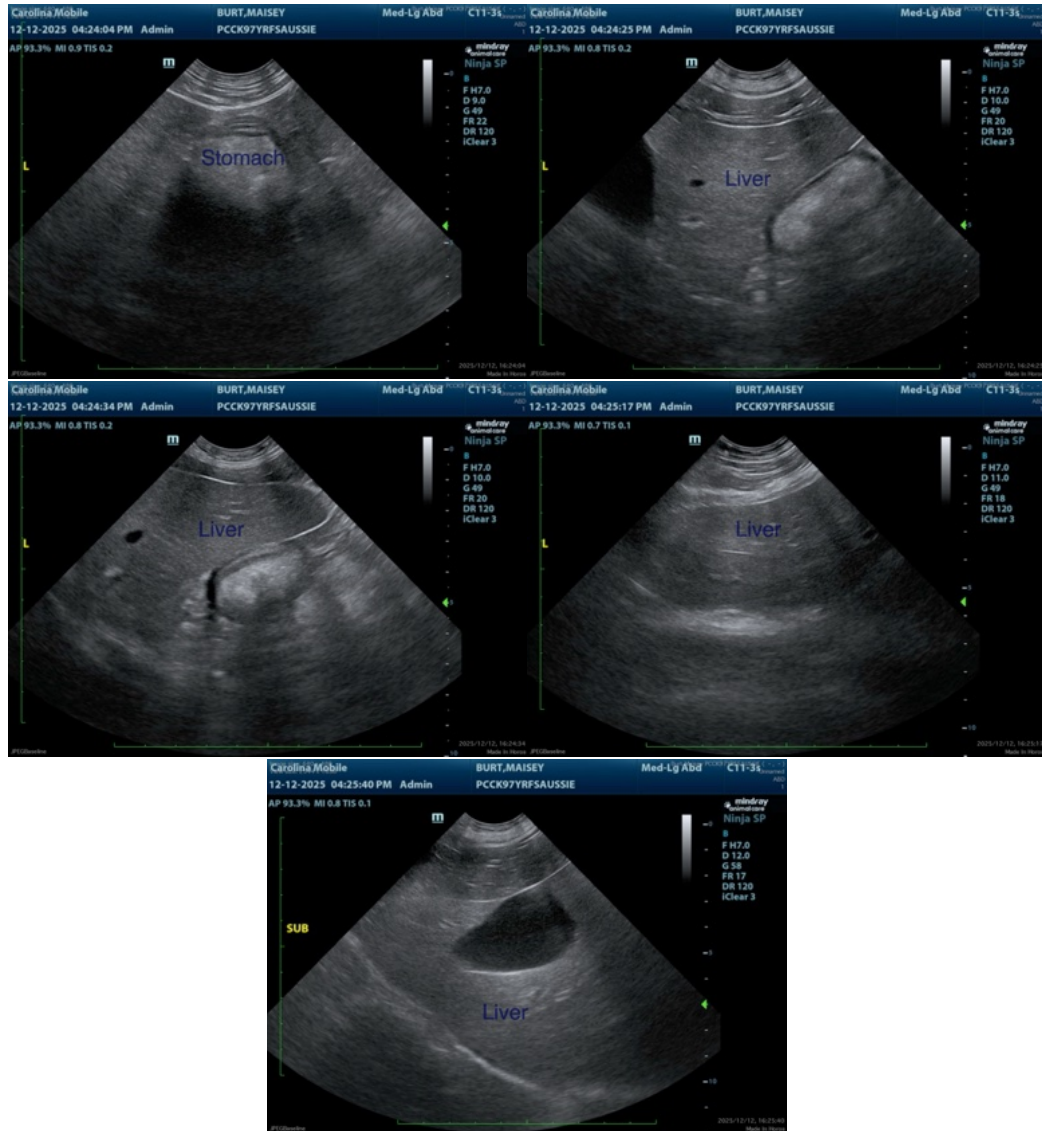
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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