



PATIENT

Yogi Smith

SPECIES

Canine

BREED

Australian Cattle Dog

SEX

Neutered male

AGE

6 years

WEIGHT

65.7 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Animal Hospital of
 Lake Brandt

REFERRING VET

Dr. Smith

INVOICE

72104

DATE

3/3/26

PRESENTING CLINICAL SIGNS

- One week history of inappetence/vomiting, 10# weight loss, drinking excessively, mildly tense on palpation cranial abdomen, 1/6 murmur panting
- Glucose 476, Alb 4.2, ALKP 1219, CL 104, CPL 559, Urinalysis pro 100, Glu 1000, Keto 50, Bld 50

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 7.3 cm, right measured 7.6 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.

The prostate is small and hypoechogenic measuring 1.3 cm in width.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 3.07 cm in length x 0.63 cm and 0.55 cm in width. The right adrenal gland measured 2.7 cm in length x 0.58 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 2.5 cm in width.

Liver

The liver is enlarged with rounded edges with a diffuse, increased echogenic appearance, decreased portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.



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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 small amount of ingesta is present in the stomach compatible with a recent meal.

Pancreas

The pancreas is enlarged with an increased echogenic appearance and an irregular capsule. Hyperechogenic appearance of the mesentery and fat surrounding the pancreas. A small amount of fluid accumulation was noted around the pancreas, especially the right lobe. The right pancreatic lobe measured 1.4 cm in width.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Pancreatitis.
- Hepatopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the pancreas would be consistent with acute pancreatitis and in line with the patient's clinical signs. It is possible that the diabetes mellitus that the patient is showing is transient and secondary to the acute pancreatitis.

The most likely etiology for the hepatopathy would be reactive hyperplasia or metabolic secondary to the pancreatitis or possible diabetes.

Initial management would be fluid therapy, correction of any electrolyte anomalies, analgesics, anti-emetics, and feeding small frequent meals of a low fat intestinal type diet.

Regular monitoring of blood glucose would be recommended and insulin therapy only instituted if there is not a satisfactory improvement as the pancreatitis resolves.

FNA cytology of the liver could also be considered.



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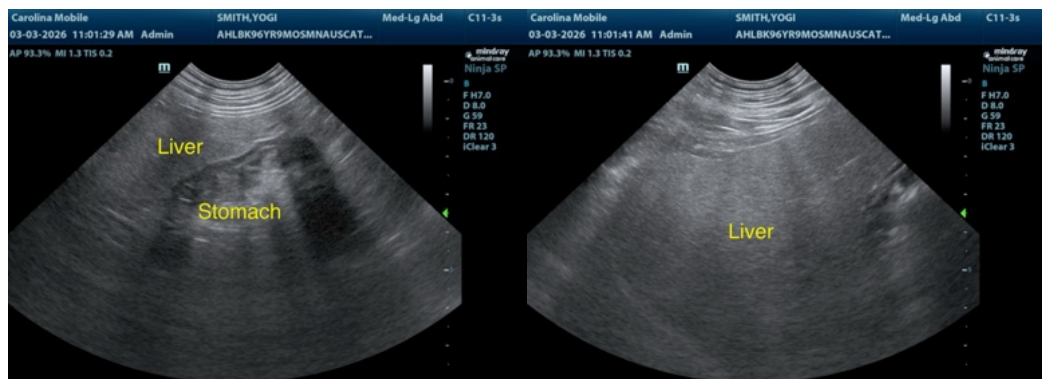
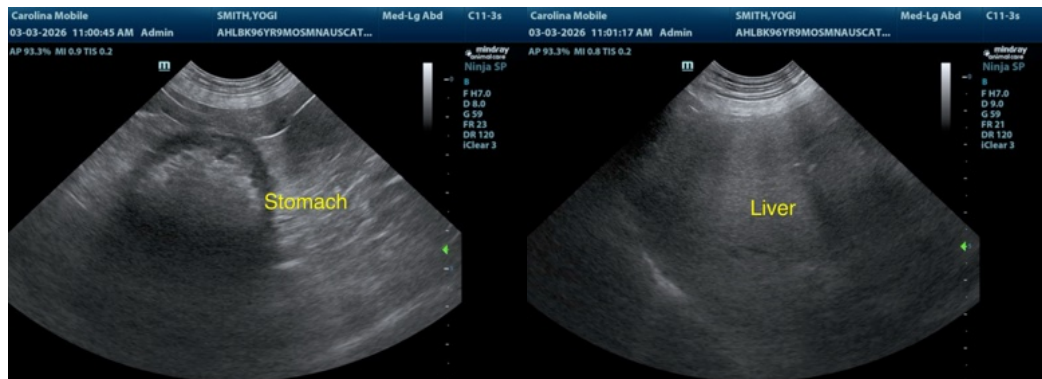
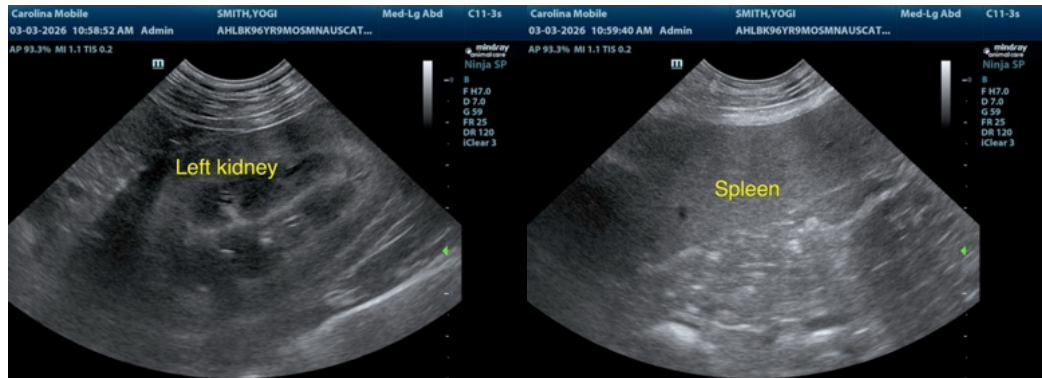
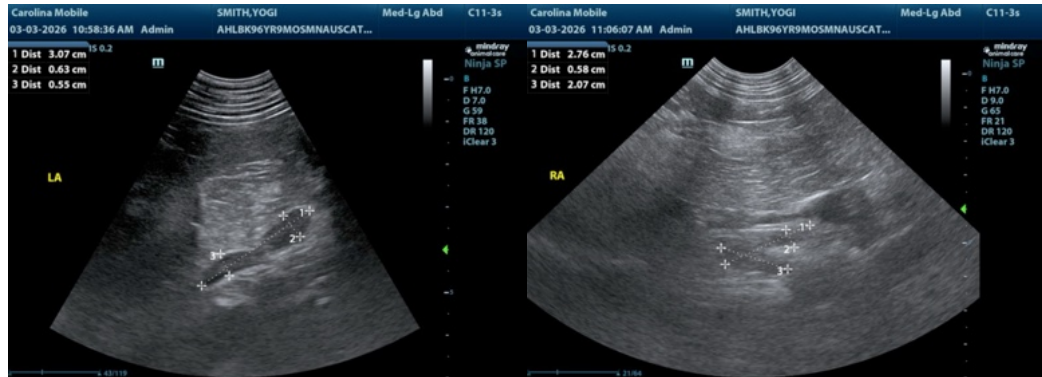
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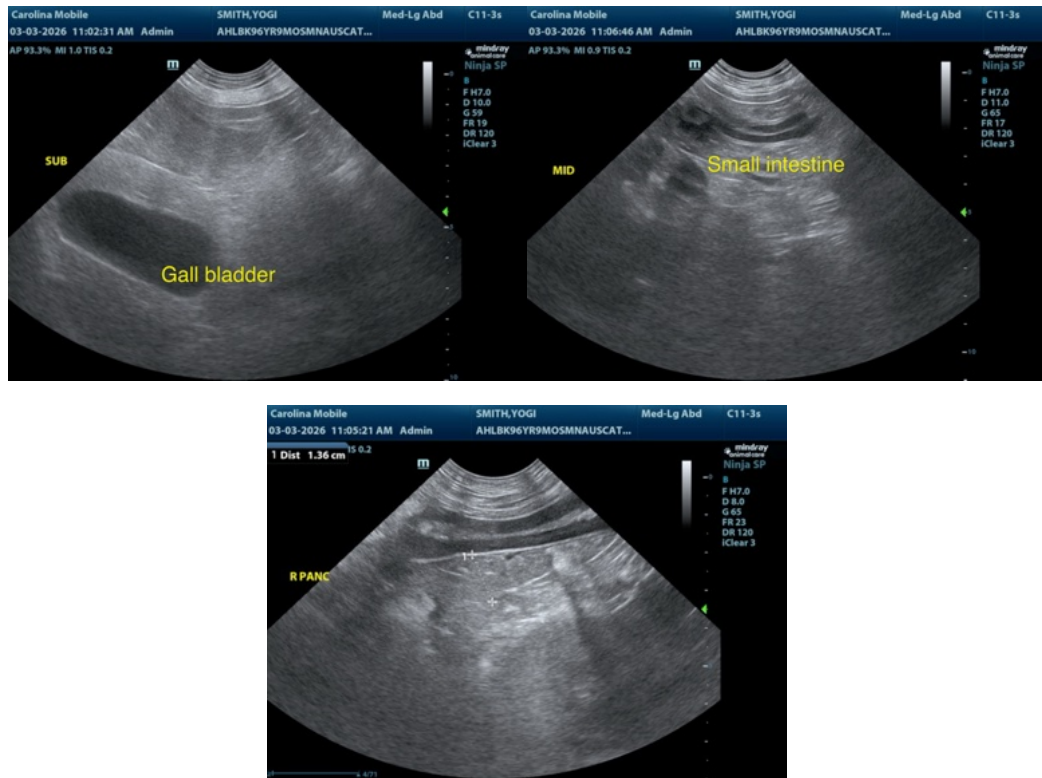
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com