



## PATIENT

Maude Beystrum

## SPECIES

Canine

## BREED

Mix

## SEX

Spayed female

## AGE

12 years

## WEIGHT

32.2 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Saum Hadi

## HOSPITAL NAME

Nimbus Pet Hospital

## REFERRING VET

Dr. Hadi

## INVOICE

69772

## DATE

1/1/26

## PRESENTING CLINICAL SIGNS

History: On routine labs, mild azotemia, isosthenuria, low/normal HCT with low RBC/Hemoglobin levels were seen.

Mild increase in SDMA (18 ug/dL), Creatinine (1.7 mg/L), BUN (38 mg/dL) Stress leukogram pattern present. USG: 1.013, no bacteria/WBC seen, trace protein. No culture/BP has been performed

## 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 5.0 cm, right measured 5.1 cm), increased echogenic appearance, loss of cortico-medullary differentiation, bilateral pyelectasia and irregular curvilinear capsule. No infarcts, mineralization or renoliths evident. Normal color flow pattern is evident in both kidneys.

### *Adrenal Glands*

The left adrenal gland is normal in shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.39 cm and 0.45 cm in width. The right adrenal gland was not clearly visualized, but appears to be of normal shape, echogenic appearance and size.

### *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 1.4 cm in width.

### *Liver*

Normal size, echogenic appearance, 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 a moderate amount of non-adhered, hyperechogenic sediment. 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.

## ***Pancreas***

The visible sections of the pancreas are of normal size and echogenic appearance with a regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

## ***Free Abdomen***

Normal mesenteric lymph nodes.

No ascites evident.

## **ULTRASONOGRAPHIC FINDINGS**

- Renal disease.
- Gallbladder sediment.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The appearance of the kidneys is consistent with chronic kidney disease.

Although the pyelectasia is most likely associated with the chronic kidney changes, underlying low-grade pyelonephritis should still be considered.

The gallbladder sediment is most likely an incidental finding.

Further assessment would be urine culture, UPC (if culture and sediment is negative) and blood pressure measurements.

Initial management of the renal disease would be feeding a renal diet and the use of enteric phosphate binders as needed.

Further specific therapy would be dependent on an etiological diagnosis.



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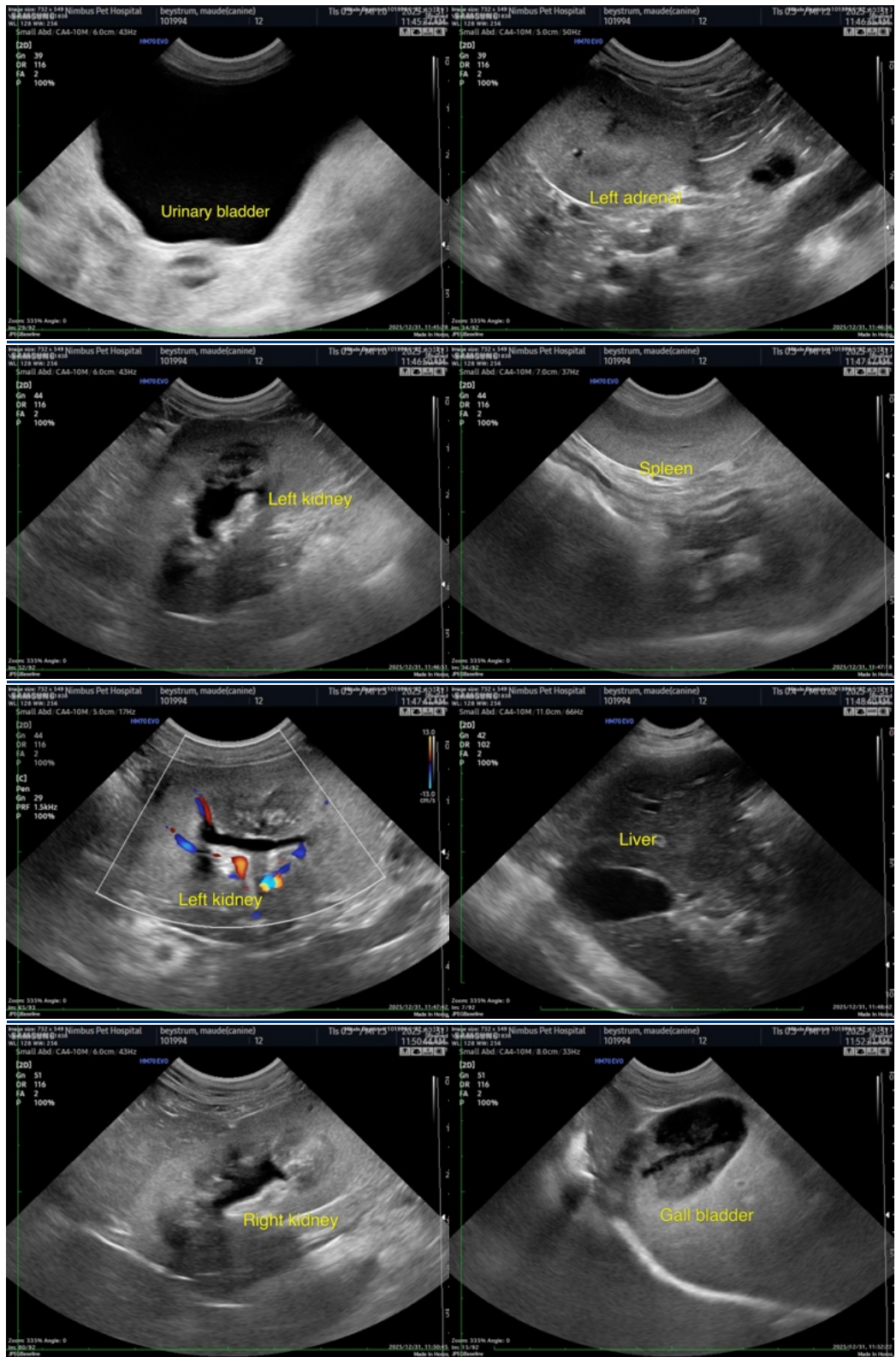
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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