



PATIENT

Luna Rudd

SPECIES

Canine

BREED

Dogo Argentino

SEX

Spayed female

AGE

10 years

WEIGHT

50 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Danielle Shemanski,
DVM, MA

HOSPITAL NAME

Western New York VS

REFERRING VET

Dr. Mitchell

INVOICE

70114

DATE

1/14/26

PRESENTING CLINICAL SIGNS

History: RDVM REASON FOR REFERRAL: Patient presented to rDVM for a suspected UTI. Owner reports a 21 lb weight loss since 2019. She has recently started a kidney diet and is eating it well. In the last couple of months, the owner has noted increased drinking. The patient has a history of several UTIs. Owner notes severe weight loss (more than 10lbs) in the last year MEDICATIONS: Clavamox 625mg 1/2 BID
Recent Lab Work (December): - Elevated Chloride: 127 mEq/L - Elevated Creatinine: 2.5 mg/dL - Elevated BUN: 48 mg/dL - Urinalysis: 50 erythrocytes/uL, USG 1.007 with trace protein. No history of Lyme disease

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full with a normal thickness and smooth appearance of the wall. A small amount of floating hyperechogenic sediment. Urinary bladder wall measured 0.2 cm.

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 5.3 cm, right measured 5.6 cm), increased echogenic appearance, some loss of cortico-medullary differentiation and normal pelvis and capsule. No infarcts, mineralization or renoliths evident. Normal color flow pattern is evident in both kidneys. The cranial pole of both kidneys have an irregular cystic like appearance with areas of mineralization measuring 1.8 x 2.0 cm in size.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 3.76 cm in length x 0.55 cm and 0.42 cm in width. The right adrenal gland measured 2.59 cm in length x 0.67 cm and 0.62 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.

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 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.

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.

Thorax

Normal appearance of the heart. No pericardial or pleural effusion evident.

ULTRASONOGRAPHIC FINDINGS

- Renal disease.
- Urinary bladder sediment.
- Ingesta filled stomach.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the renal disease would be chronic kidney disease.

Etiologies for the cystic regions on the poles of the kidneys would be abscessation, neoplasia and possibly granulomatous disease. Bacterial nephritis would be a differential diagnosis.

Etiologies for the urinary bladder sediment would be incidental debris, crystalluria, hematuria and possibly bacterial cystitis.

If the patient was fasted for the ultrasound the presence of ingesta within the stomach may reflect gastric hypomotility and possibly associated with the renal disease.



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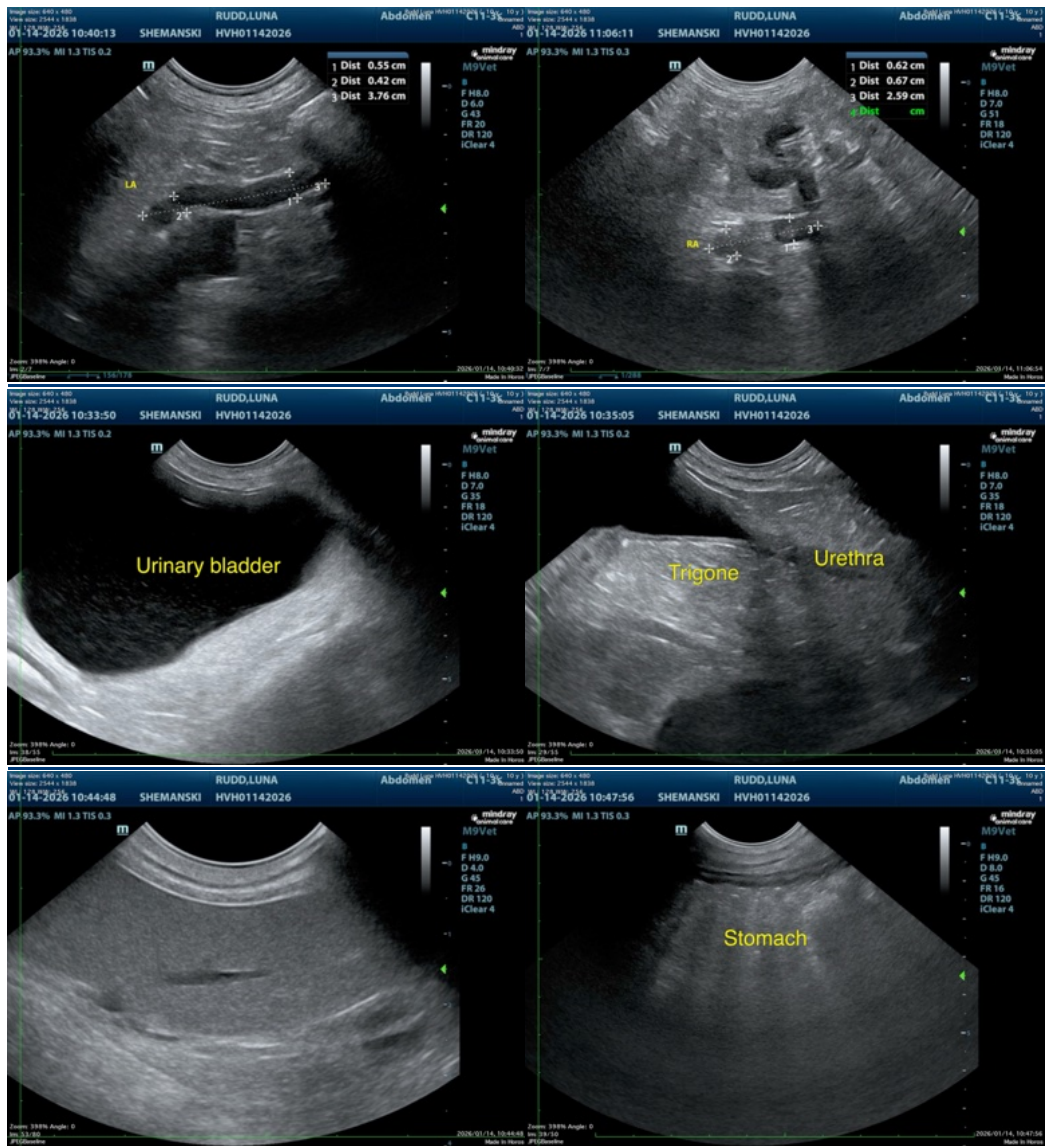
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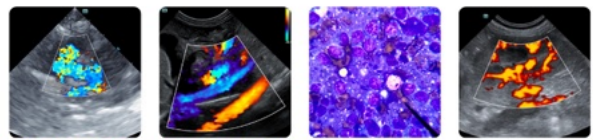
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Further assessment would be urine culture and FNA cytology of the cystic areas on the kidney.
Specific therapy would be dependent on an etiological diagnosis.





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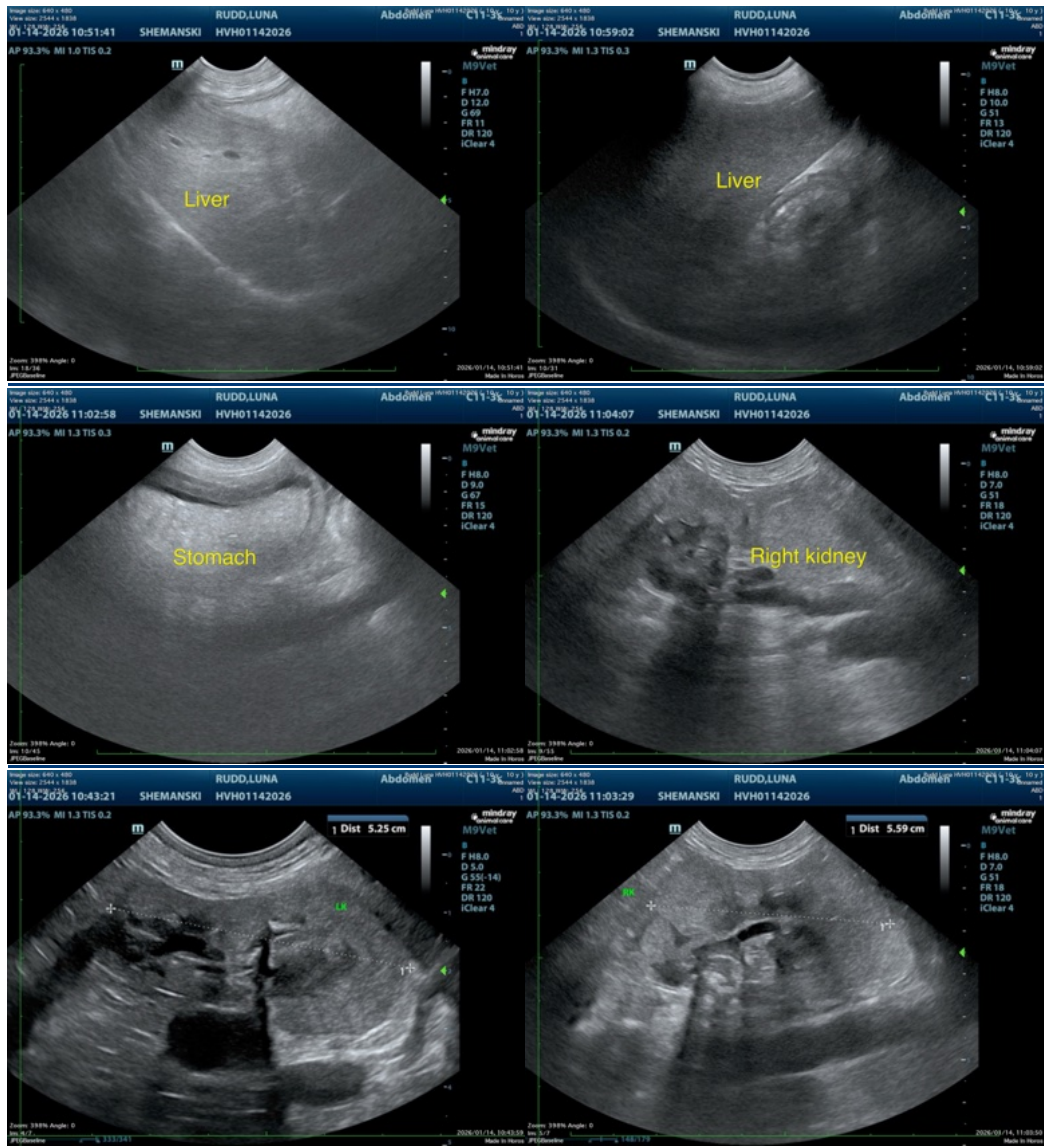
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com