



## PATIENT

Lyken Mulholland

## SPECIES

Canine

## BREED

German Shepherd

## SEX

Male

## AGE

9 years

## WEIGHT

86.5 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Jocelyn Smith, CVT

## HOSPITAL NAME

Annvile Cleona  
Veterinary Associates

## REFERRING VET

Dr. Bardsley

## INVOICE

70280

## DATE

1/19/26

## PRESENTING CLINICAL SIGNS

- V+ a few months ago, intermittent. Acute consistent V+ more recently
- Unable to eat and keep it down
- Occasional D+ when he does eat
- Tears toys up but doesn't think he ate anything
- Concern for acute renal dz due to toxicity vs CKD
- Abnormal PE/Chem/CBC/UA Results: 13lb weight loss since 11/2025 BUN 164 CA 13.5 Phos 10.6 Cre 8.6 SG 1.015

## 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 6.1 cm, right measured 6.0 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. A focal cyst is present in the cranial pole of the left kidney measuring 1.4 x 1.6 cm in size.

Normal size and appearance of the prostate.

### 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 0.55 cm and 0.78 cm in width. The right adrenal gland was poorly 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 2.1 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 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 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.

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

Etiologies for the renal disease would be chronic kidney disease, acute on chronic kidney disease and hypercalcemia nephropathy.

Further assessment would be ionized calcium and if elevated then PTH and PTHrP assay.

Further assessment of the renal disease would be UPC and blood pressure.

Specific management would be dependent on an etiological diagnosis.

Management of the renal disease would be feeding a renal diet, enteric phosphate binders, antiemetics, and gastric protectants (Sucralfate, Omeprazole).



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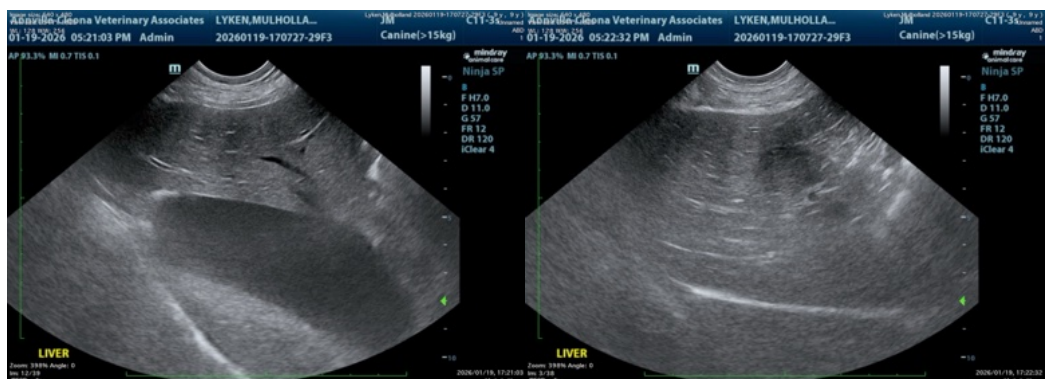
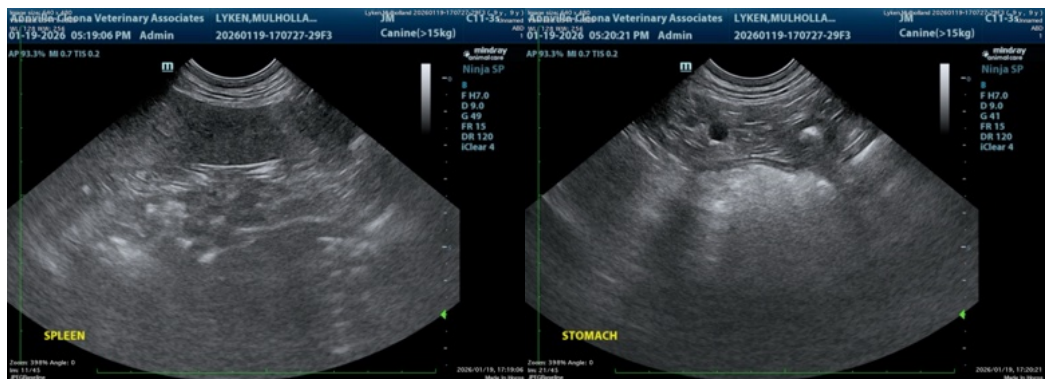
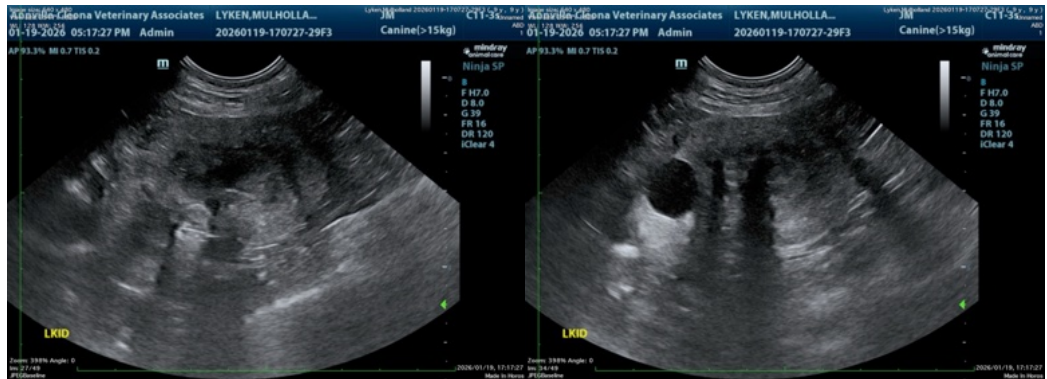
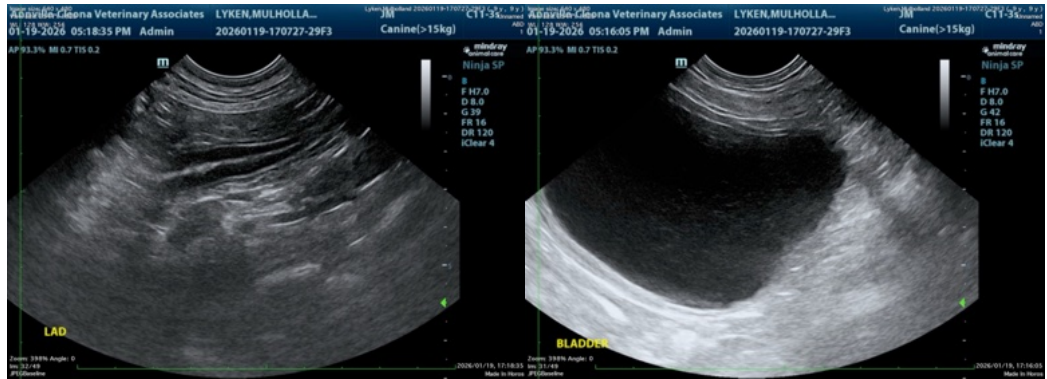
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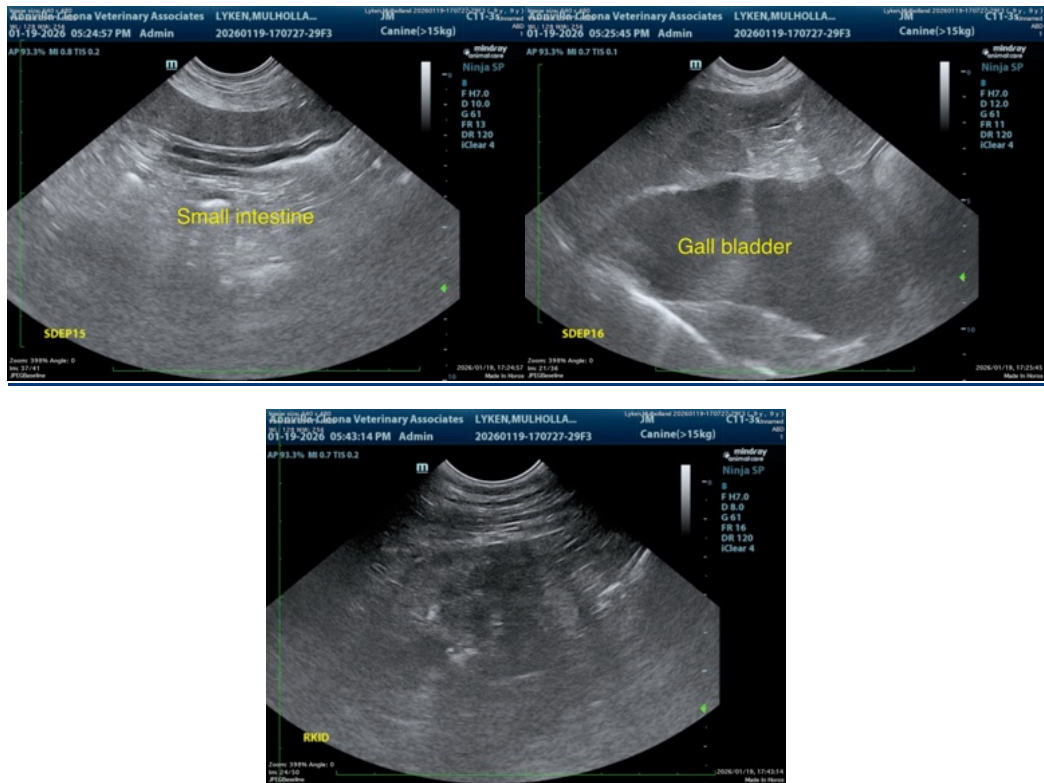
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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