



PATIENT

Elsa Leiken

SPECIES

Canine

BREED

Mini Schnauzer

SEX

Spayed Female

AGE

11 Years

WEIGHT

20 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Julia Bakker, DVM

HOSPITAL NAME

Orange Blossom
Veterinary Imaging

REFERRING VET

Stephen Scibelli, DVM

INVOICE

72472

DATE

1/26/26

PRESENTING CLINICAL SIGNS

Over the past few weeks Elsa has had an increased frequency of coughing. She was taken to pDVM on Monday and x-rays performed showed cardiomegaly. Hx of stage C mitral/tricuspid endocardiosis and generalized cardiomegaly R/O pulmonary edema vs bronchopneumonia vs neoplasia vs other

Bloodwork was submitted and increasing her furosemide to three times a day was recommended. However, yesterday PM O's note she seemed to have increased effort and was seeming worse than usual. O states that they woke up in the middle of the night to Elsa laterally recumbent and gasping for air.

Elsa has been diagnosed with Cardiomegaly and a heart murmur at her pDVM after having an syncope episode February 2025

Radiographs showed hepatomegaly so bicavitary AUS was recommended.

Meds: Spironolactone 25mg SID, Vetmedin 2.5mg BID, Lasix 20mg 2-3x per day

Abnormal PE/Chem/CBC/UA Results: BW and rads attached

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full urinary bladder containing a small amount of floating hyperechogenic sediment, with a normal thickness and smooth appearance of the wall.

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, architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident. Left kidney measured 4.8 cm. Right kidney measured 5.8 cm. Normal color flow pattern evident in both kidneys.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left measures 2.09 cm in length x 0.46 cm and 0.57 cm in width. Right measures 2.19 cm in length x 0.44 cm and 0.55 cm in width.

Spleen

Normal size (1.5 cm in width) 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

Small 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. Small amount of ingesta present in the stomach, compatible with a recent meal.

Pancreas

Visible section presents normal size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Urinary bladder sediment.

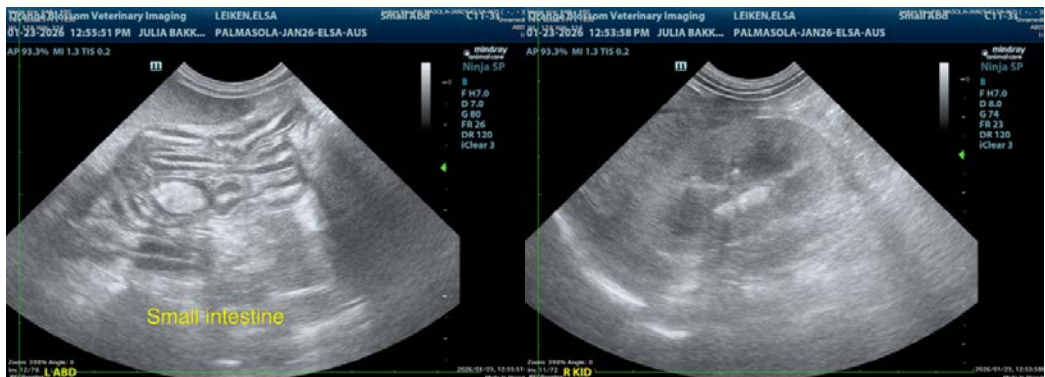
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

In essence, a normal ultrasound examination of the abdomen.

The most likely etiology for the urinary bladder sediment would be incidental debris, with crystalluria and bacterial cystitis less likely differential diagnoses.

Further assessment that could be considered would be urinalysis and possibly urine culture.

The most likely etiology for the reported hepatomegaly would be secondary to the cardiac disease.





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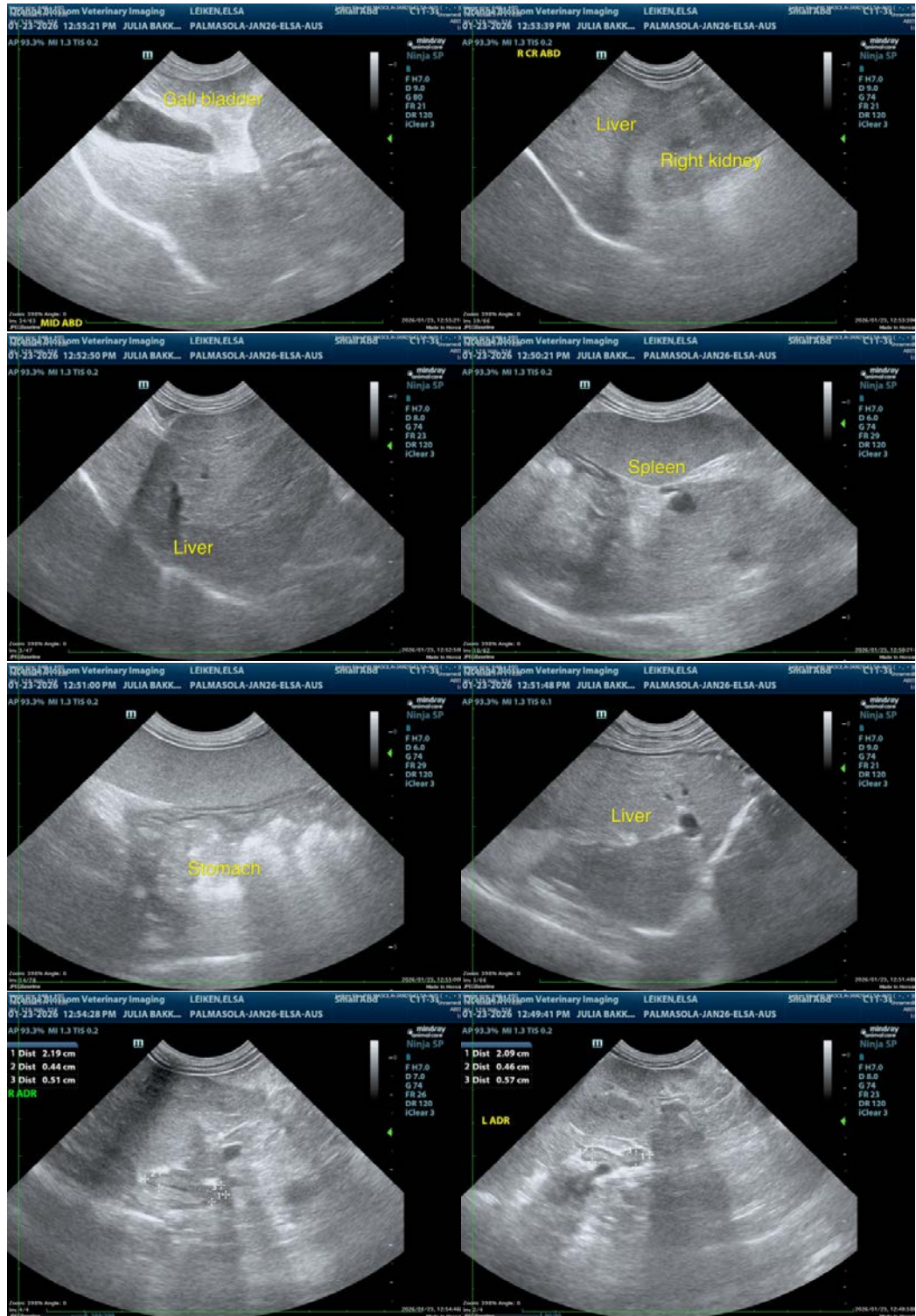
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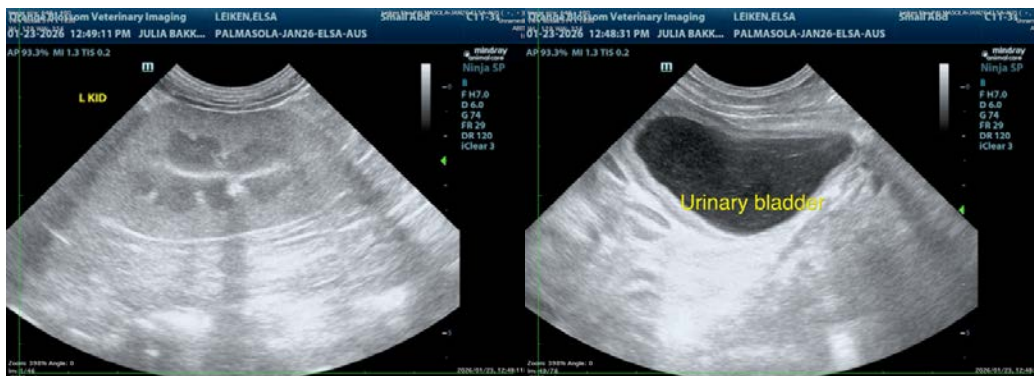
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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