

PATIENT

Bailey Cholowsky

SPECIES

Canine

BREED

Sheltie

SEX

Spayed female

AGE

15 years

WEIGHT

17 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Danielle RVT

HOSPITAL NAME

Orchard VC

REFERRING VET

Dr. Antonopoulos

INVOICE

71043

DATE

1/28/26

PRESENTING CLINICAL SIGNS

- ADR, Main concern is decreasing appetite, O has noticed muscle wasting as well as weakness in the hind end, decreased appetite.

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 5.7 cm, right measured 6.2 cm), increased echogenic appearance, some loss of cortico-medullary differentiation, pyelectasia (left worse than right) and regular curvilinear capsule. No infarcts, mineralization or renoliths evident. Normal color flow pattern is noted in both kidneys.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 2.6 cm in length x 0.56 cm in width. The right adrenal gland measured 0.61 cm in width.

Spleen

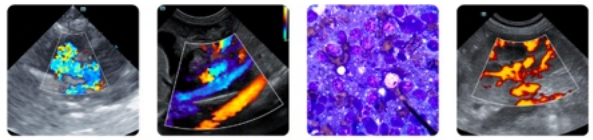
Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. Multiple, incidental myelipomas are present. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 1.76 cm in width.

Liver

Normal size with a diffuse, mottled echogenic and coarse appearance, prominent portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

Gallbladder

The gallbladder is small containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.



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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.

A small amount of acellular ascites present especially in the caudal abdomen.

Large, irregular, mottled echogenic mass in the caudal measuring 4.0 x 5.0 cm in size. This is closely associated with the aortic bifurcation.

ULTRASONOGRAPHIC FINDINGS

- Caudal abdominal mass
- Hepatopathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

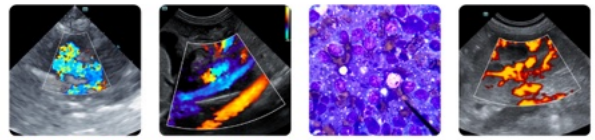
The most likely etiology for the mass would be neoplasia with granuloma and hematoma unlikely differential diagnosis.

The appearance of the kidneys is consistent with chronic kidney disease and in line with the patient's blood work. Although the pyelectasia is most likely associated with the chronic kidney changes, underlying low-grade pyelonephritis needs to be considered.

Etiologies for the hepatopathy would be reactive hyperplasia, nodular hyperplasia, chronic hepatitis and possibly infiltrative neoplasia.

Further assessment would be three view thoracic radiographs, FNA cytology of the mass and liver and possibly analysis of the ascitic fluid.

Specific therapy would be dependent on an etiological diagnosis. If surgery is being contemplated for the mass then a CT scan would be recommended.



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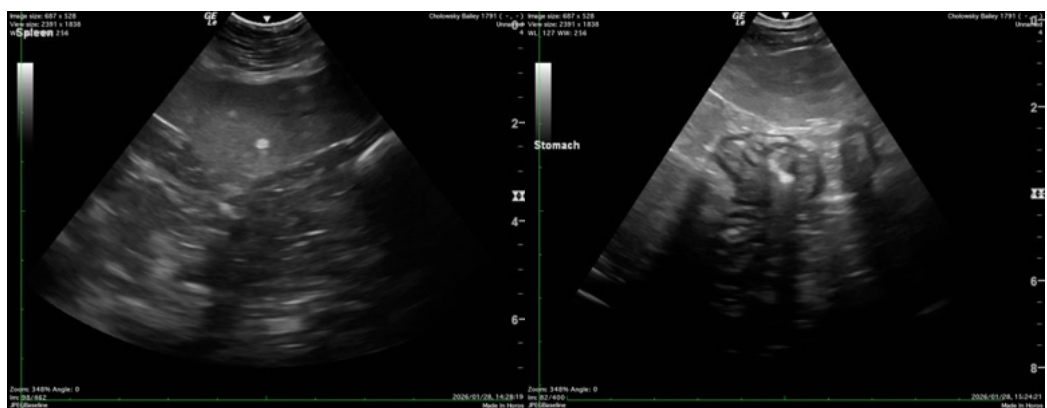
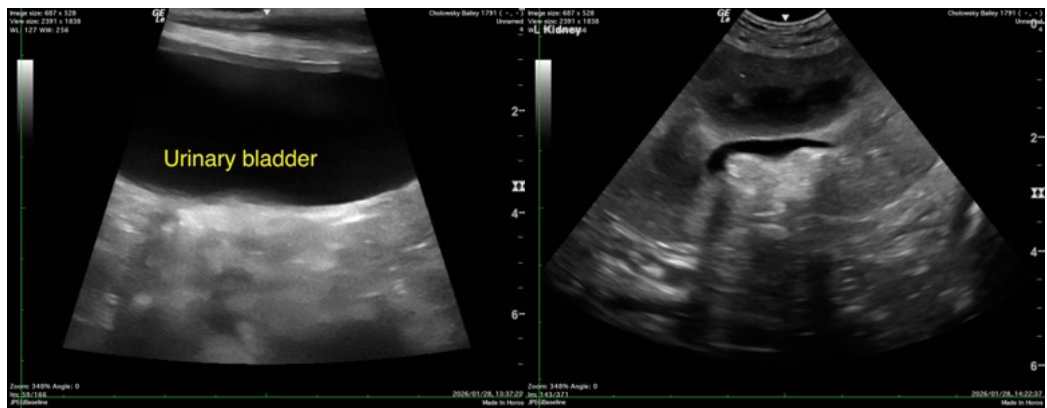
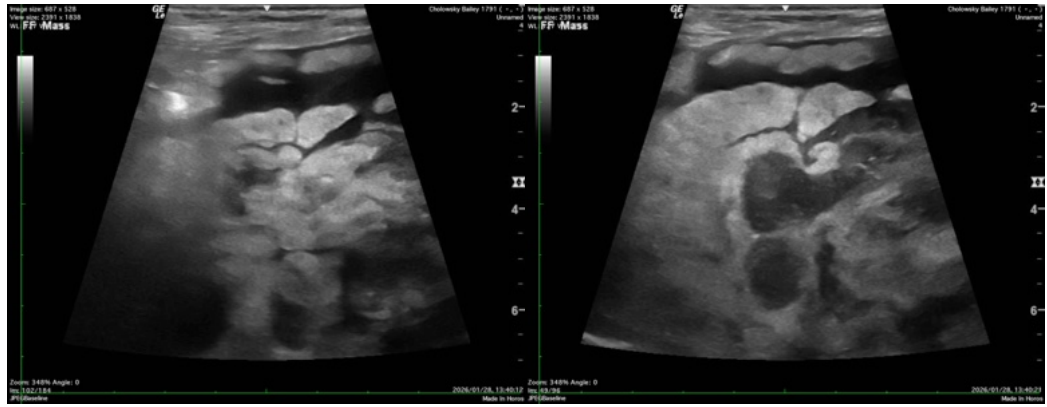
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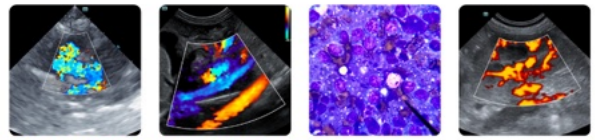
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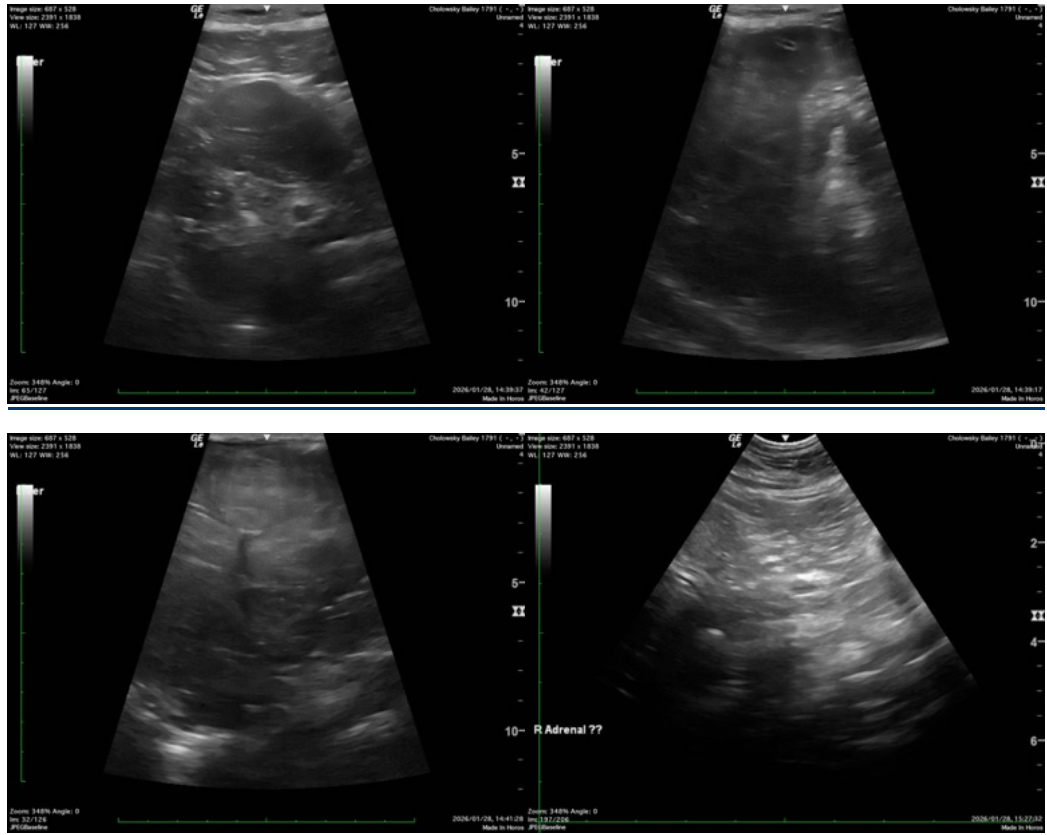
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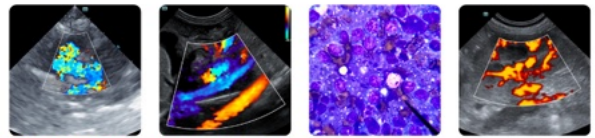
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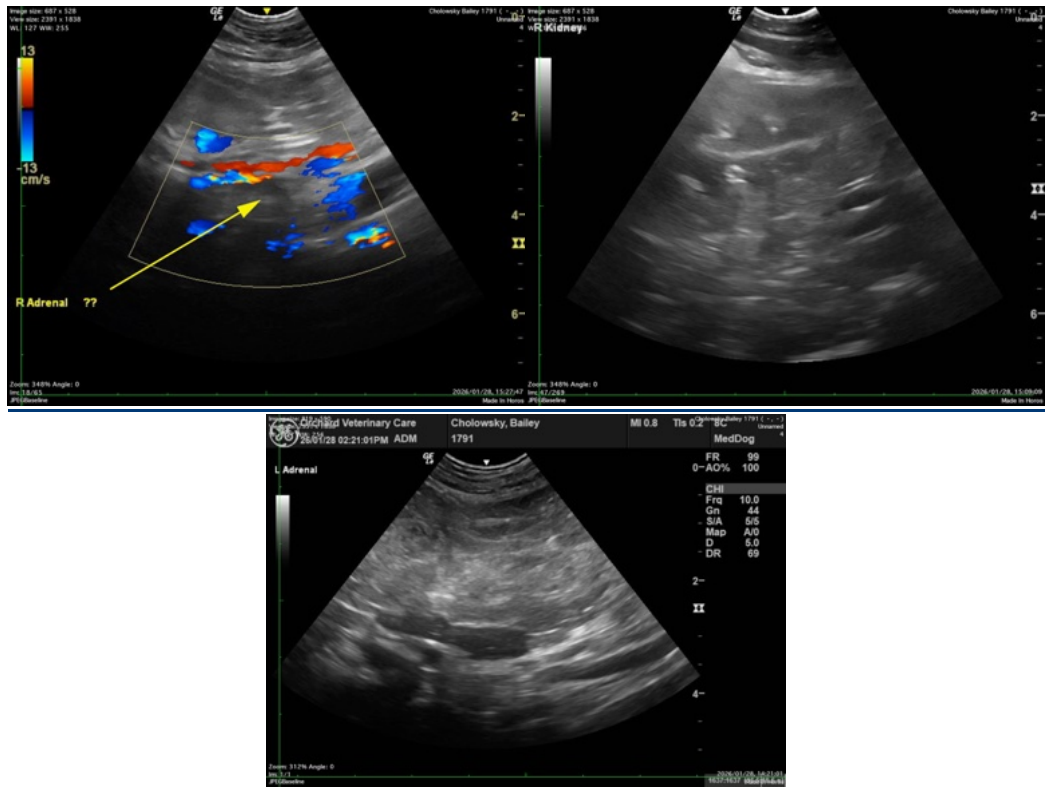
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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