



## PATIENT

Lady Margeaux  
Newberry

## SPECIES

Canine

## BREED

Miniature Schnauzer

## SEX

Spayed female

## AGE

4 years

## WEIGHT

23 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Kitz

## HOSPITAL NAME

Woodland AH

## REFERRING VET

Dr. Kitz

## INVOICE

71046

## DATE

1/29/26

## PRESENTING CLINICAL SIGNS

- Patient not having any clinical signs of issues
- Traces of blood found on routine urinalysis with wellness exam and labs
- Screening radiograph of abdomen showed suspected bladder stones
- Recommend ultrasound and screening culture prior to discussion about cystotomy
- U/A - trace blood, calcium oxalate crystals, protein, WBCs culture - negative renal parameters normal

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder is small with a thickened and irregular appearance of the apical wall with the rest of the wall having a normal thickness and smooth appearance. A scant amount of floating, hypoechoic sediment is present. Two uroliths are evident with one measuring 0.5 cm and the other measuring 0.6 cm in size.

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 4.6 cm, right measured 4.8 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident.

## ULTRASONOGRAPHIC FINDINGS

- Uroliths.
- Focal urinary bladder thickening.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the urinary bladder thickening would be secondary to the uroliths with chronic bacterial cystitis a differential diagnosis and emerging neoplasia an unlikely differential diagnosis.

Further assessment would be urine culture and cystotomy allowing for removal of the uroliths as well as obtaining a biopsy of the apical bladder wall.

Further specific therapy would be dependent on the mineral analysis of the uroliths.



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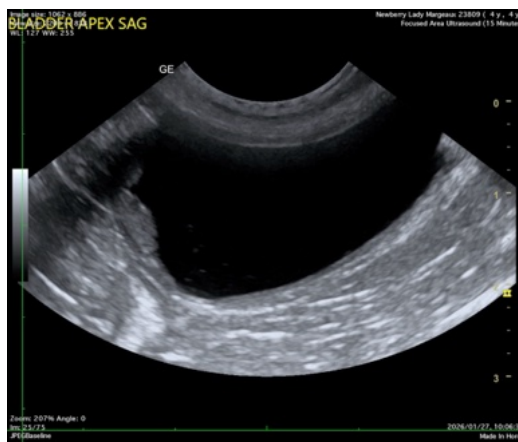
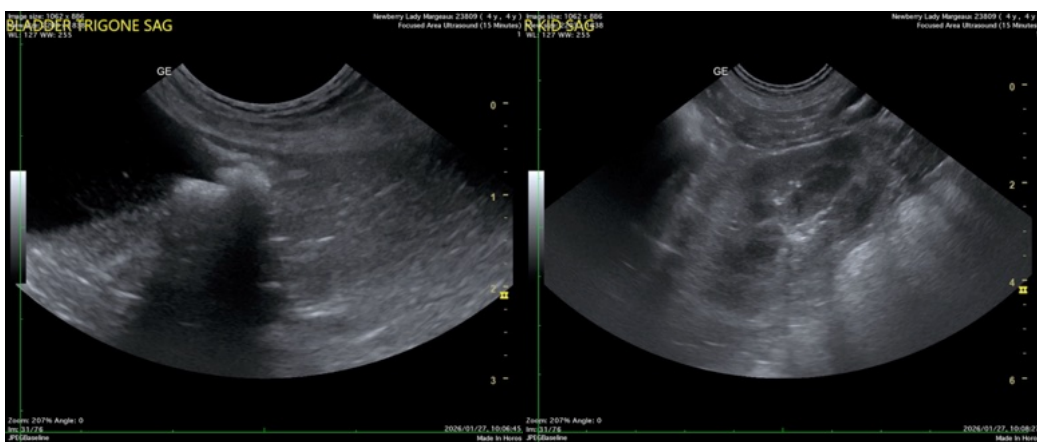
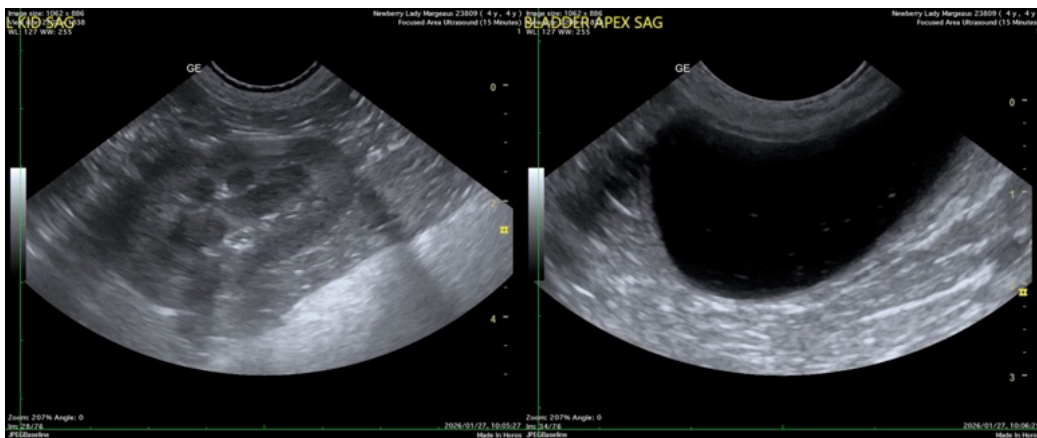
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



## PATIENT

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

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[info@sonopath.com](mailto:info@sonopath.com)

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