



PATIENT

Lola Rivera

SPECIES

Canine

BREED

French Bulldog

SEX

Spayed female

AGE

9 years

WEIGHT

22.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ferrer

HOSPITAL NAME

Pulse Pet Ultrasound
Service

REFERRING VET

Dr. Mercado

INVOICE

69810

DATE

1/5/26

PRESENTING CLINICAL SIGNS

History: Presented as a referral to evaluate suspected mild ileus and possible partial gastrointestinal obstruction. Px has been lethargic, anorexic, and has had no episodes of vomiting nor diarrhea. A radiograph was performed but no foreign object was observed. Client reported observing blood on Px urine and a strong smell of ammonia.

Abnormal PE/Chem/CBC/UA Results: Ocular secretions OU, Dull hair coat, generalized scaling, mild increase in ALT, Mild Hypernatremia

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 4.7 cm, right measured 4.7 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.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Focal, hyperechogenic, parenchymal nodules were noted in the cranial pole of both adrenal glands. Left adrenal gland measured 0.5 cm and the right adrenal gland measured 0.4 cm. The left adrenal gland measured 1.6 cm in length x 0.58 cm and 0.65 cm in width. The right adrenal gland measured 1.9 cm in length x 0.52 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. The spleen measured 1.4 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 a small amount of non-adhered, hyperechogenic sediment. 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. The stomach measured 0.39 cm, duodenum measured 0.49 cm, small intestine measured 0.21 cm and colon measured 0.18 cm.

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. The left pancreas measured 1.4 cm in width.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Bilateral adrenal nodules.
- Gallbladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the adrenal nodules would be incidental, non-functional, adenomas.

The gallbladder sediment can be considered an incidental finding.

On this ultrasound there is no obvious etiology for the presenting clinical signs.

Although the visible section of the pancreas appears ultrasonographically normal, with the presenting clinical signs underlying pancreatitis should be considered.

Further assessment would be urine culture (based on the history of hematuria) and CPL/PSL assay.

Specific therapy would be dependent on an etiological diagnosis.



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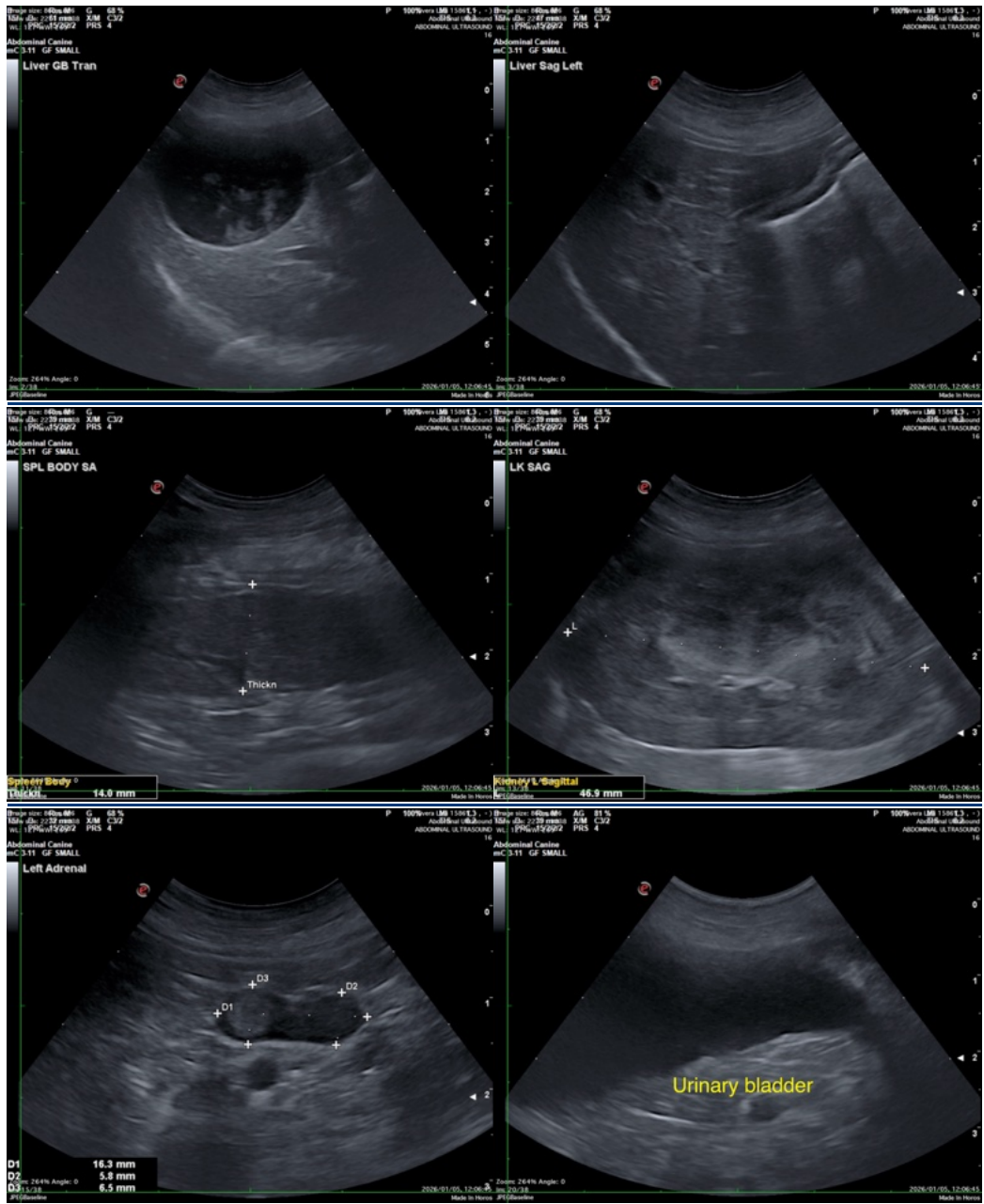
Dr. Mercado

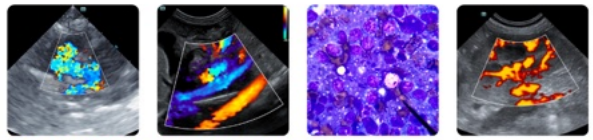
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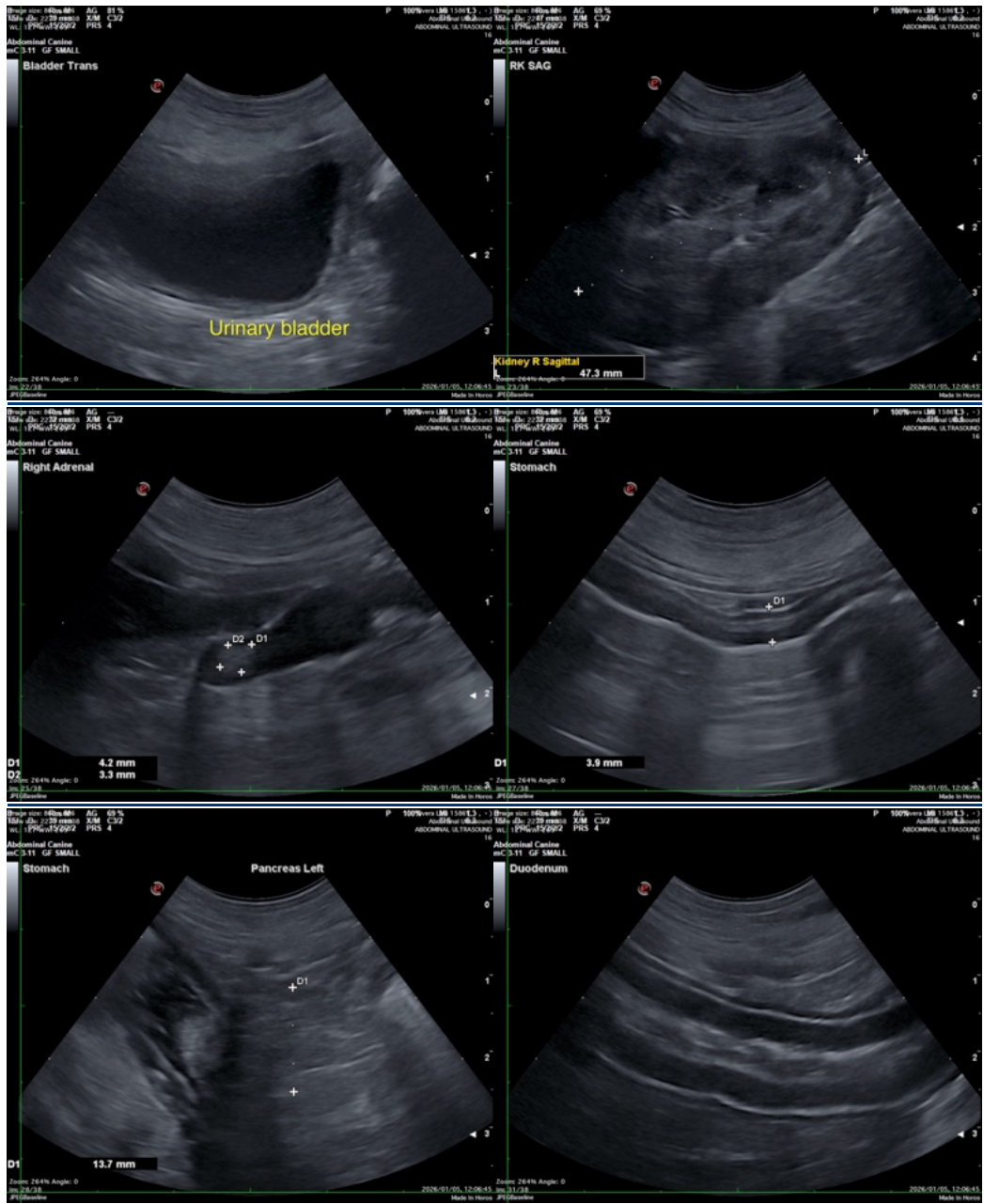
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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