



## PATIENT

Vingy Bordonaro

## SPECIES

Canine

## BREED

Pomeranian

## SEX

Neutered male

## AGE

6 years

## WEIGHT

18 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

Dr. Fifarek

## INVOICE

69800

## DATE

1/5/26

## PRESENTING CLINICAL SIGNS

History: Patient has a history of chronic kidney disease and seizures. Abdominal ultrasounds in the last year showed cystic mass effect emerge near the right kidney/vena cava. CT was declined to further define. Rechecking at this time. Pet has had recent severe progression of CKD.

Abnormal PE/Chem/CBC/UA Results: Last AUS report and today's bloodwork attached

## 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 left renal size (left measured 4.3 cm), small right kidney (right kidney measured 3.4 cm) with increased echogenic appearance, loss of cortico-medullary differentiation, normal pelvis and an irregular capsule. No infarcts, mineralization or renoliths evident.

The prostate is small and hypoechogenic measuring 0.7 cm in width.

### *Adrenal Glands*

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 1.59 cm x 0.46 cm and 0.35 cm in width. The right adrenal gland measured 1.62 cm in length x 0.46 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 0.9 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 moderate 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.

## ***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.

Septated, cystic like structure is noted near the right kidney and caudal vena cava, but not associated with the caudal vena cava. The structure measures approximately 1.5 x 3.0 cm in size. Normal echogenic appearance of the mesentery surrounding the cystic mass.

## **ULTRASONOGRAPHIC FINDINGS**

- Renal disease.
- Abdominal cyst.
- Gallbladder sediment.

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

The appearance of the kidneys is consistent with chronic kidney disease and in line with the patient's history.

With the patient's age underlying triggers for the chronic kidney disease would be previous acute kidney injury, bacterial nephritis or renal dysplasia.

The abdominal cystic like structure can be considered an incidental finding as it has a similar size to the previous ultrasound.

Although the gallbladder sediment is most likely an incidental finding, monitoring for the development of mucocele would be recommended.



**PATIENT**

Further assessment (if not already done) would be UPC and blood pressure.

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Management of the renal disease would be feeding a renal diet and the use of enteric phosphate binders as needed.

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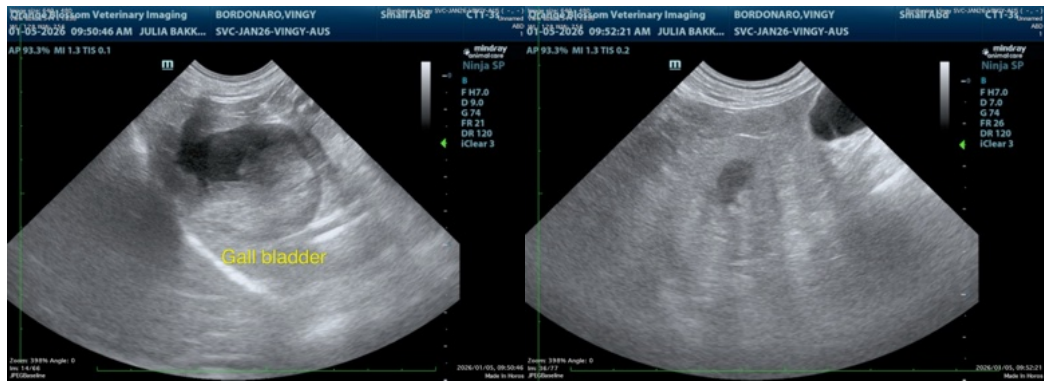
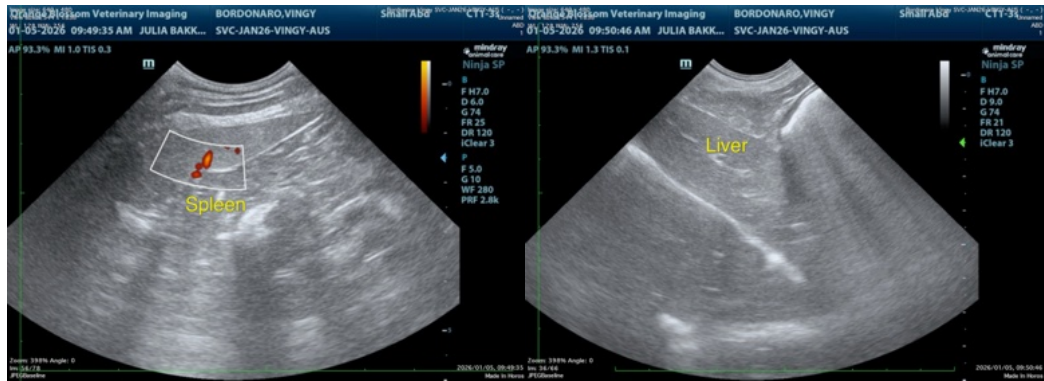
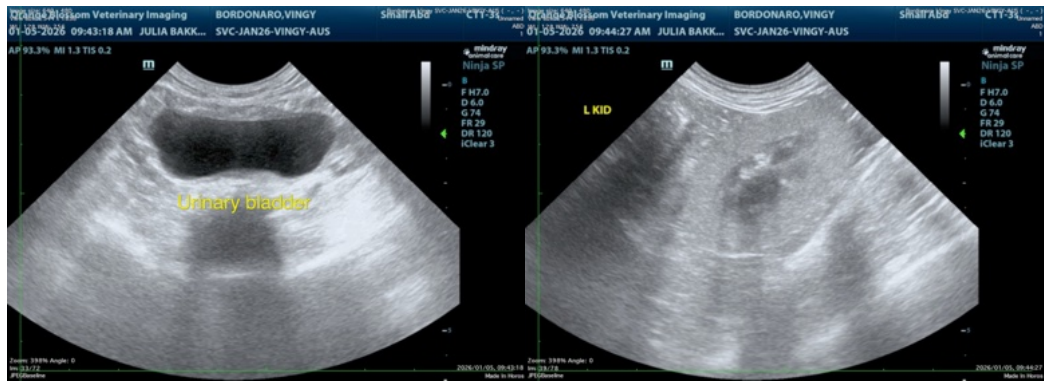
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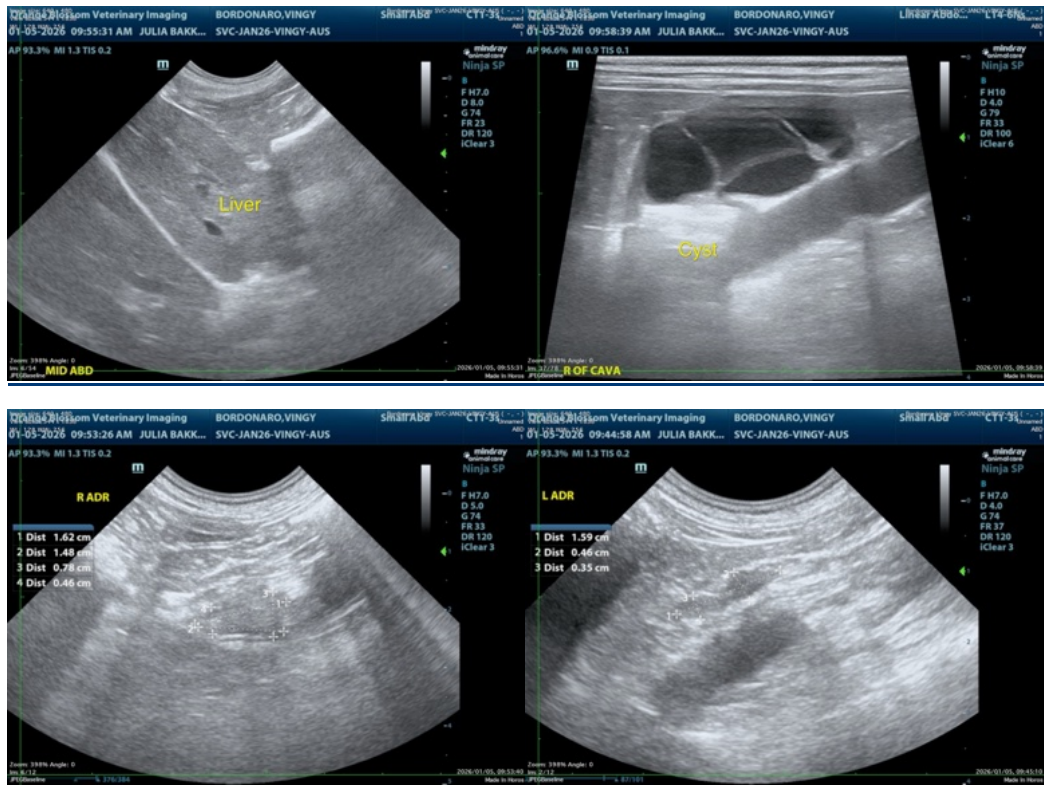
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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