



## PATIENT

Jager Bridges

## SPECIES

Canine

## BREED

Labrador

## SEX

Neutered male

## AGE

8 years

## WEIGHT

86 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Cathleen Whitcraft,  
DVM

## HOSPITAL NAME

Craig Road AH

## REFERRING VET

Dr. Cooper

## INVOICE

68533

## DATE

11/10/25

## PRESENTING CLINICAL SIGNS

History: Jager presents for refusing to eat kibble and a mass over the right hind leg. He has refused kibble for 2-3 days, but is still eating treats and human food (ate steak/cheese from tacos). Normal urination, defecation, water consumption. No vomiting, diarrhea, coughing, or sneezing. Has a mass over right hind stifle noticed 2-3 days ago. Prescribed carprofen and gabapentin for possible arthritis, used as needed 1 month ago, last dose yesterday night. Radiographs performed at previous clinic showed possible mild arthritis. Currently on joint supplements (over-the-counter). Relocated from Tennessee ~6 months ago. Previously on heartworm and flea/tick prevention, not currently on any. Chest x-rays are clear.

Abnormal PE/Chem/CBC/UA Results: In house anemia 21% HCT with elevated WBC. Blood is pending at the lab today. Anemia is regenerative, spherocytes seen. Platelets are high. 4-Dx test all negative. Treating for IMHA. Looking for underlying causes.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder is small 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. Dilated, proximal left ureter with no obstruction evident measuring 0.6 cm in diameter.

Normal renal size (left measured 7.9 cm, right measured 8.1 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.

The prostate is small and hypoechogenic.

### *Adrenal Glands*

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.62 cm and 0.71 cm in width. The right adrenal gland measured 0.58 cm and 0.51 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 2.4 cm in width.



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### *Liver*

Normal size, echogenic appearance, 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.

### *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.

## ULTRASONOGRAPHIC FINDINGS

- Dilated left ureter.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

On this ultrasound there is no obvious etiology for the immune mediated hemolytic anemia and is most likely dealing with primary or non-associative immune mediated hemolytic anemia. The dilated proximal left ureter can be considered an incidental finding as there is no pyelectasia evident. It most likely represents the previous episode of a ureterolith that has subsequently passed into the urinary bladder.



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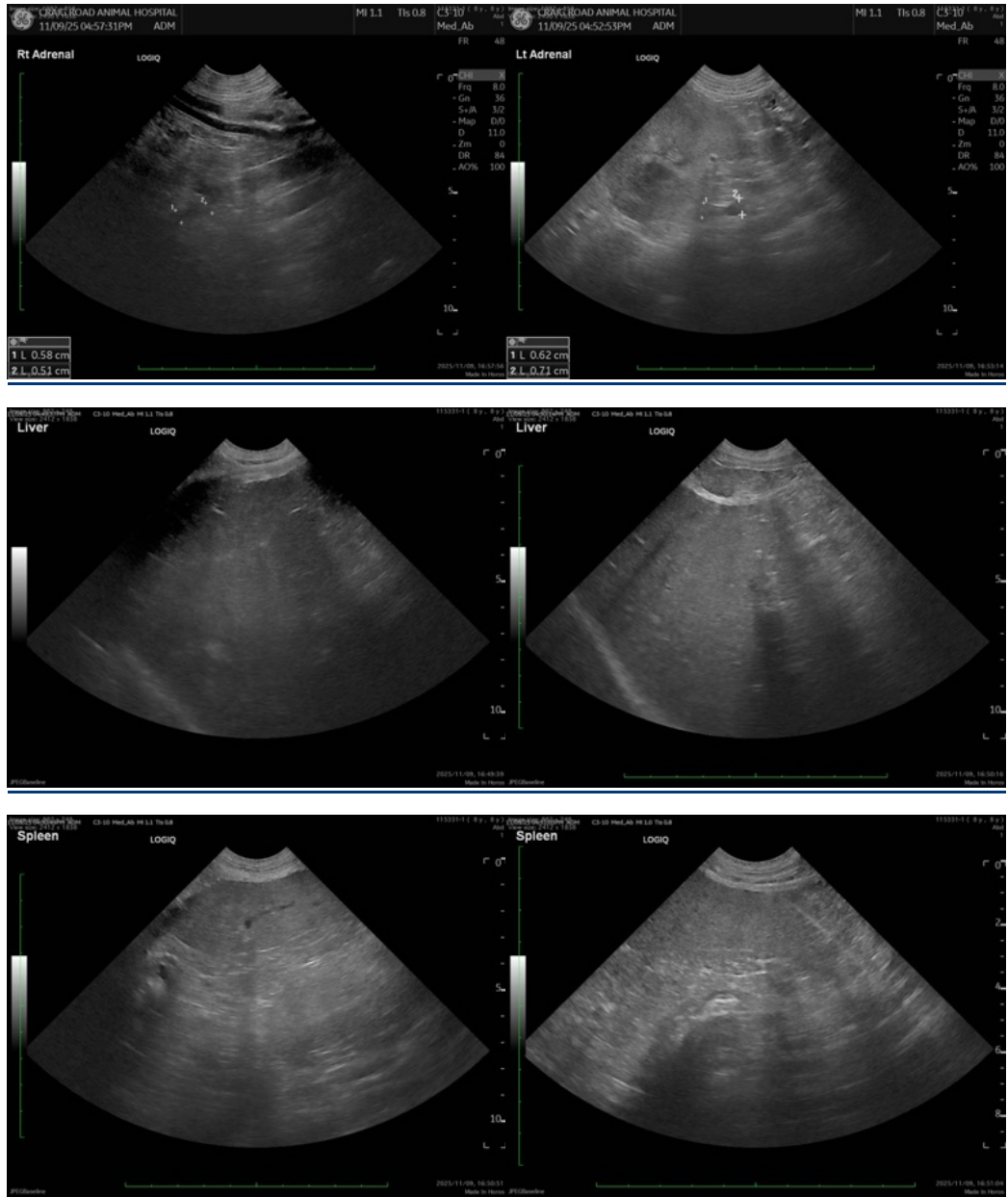
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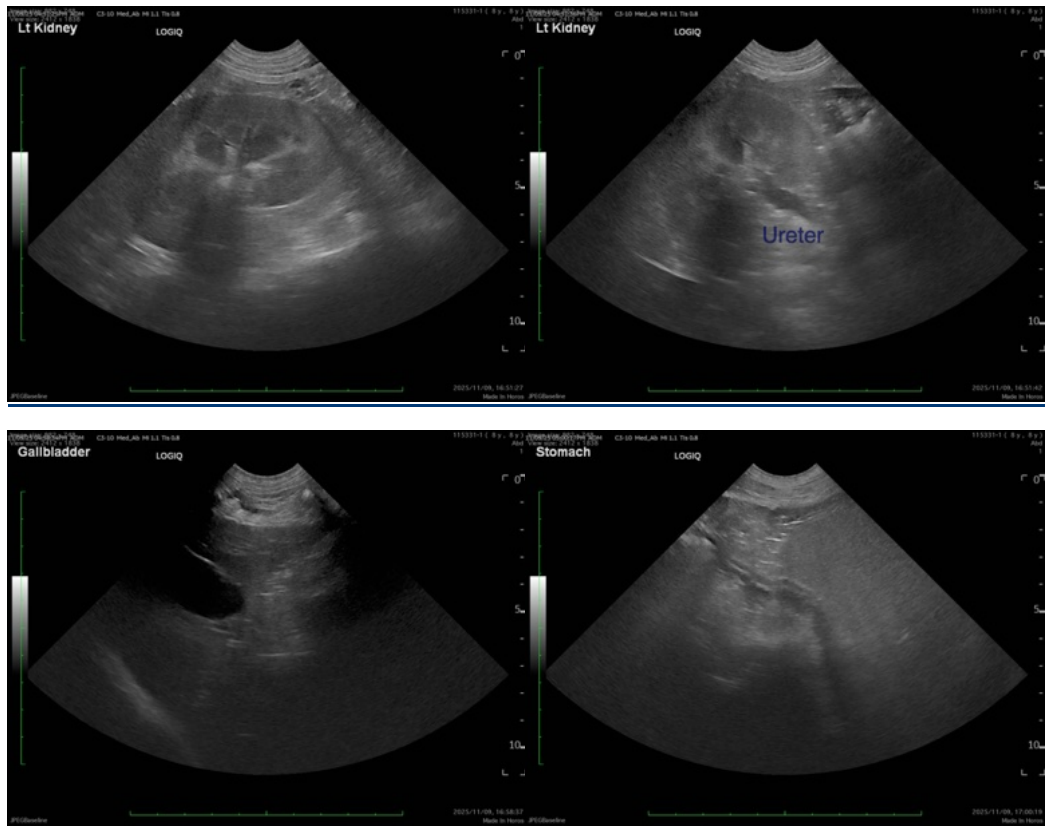
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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