



PATIENT

Bleu Potter

SPECIES

Canine

BREED

Australian Shepherd

SEX

Spayed female

AGE

13 years

WEIGHT

37.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Grace Jayne, CVT

HOSPITAL NAME

Ark AH

REFERRING VET

Dr. LaClair

INVOICE

68640

DATE

11/13/25

PRESENTING CLINICAL SIGNS

History: Bleu is here today bc she is not eating and is acting lethargic. O reports not eating for 3-5 days. Made her favorite eggs and cottage cheese and she did vomit it up this morning. Also struggles to get around. has rear end weakness. struggles with her RR side most. Is on Librela injections. Also takes Proin ER.

CBC - mild anemia, minimally regenerative Chem - Creat 3.5, ALT elevated UA - pending; collected via cysto - USG 1.010 UCS, Lepto Ab/PCR pending LRS 600 ml SQ Cerenia 1.75 ml SQ

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is small with a normal thickness and smooth appearance of the wall. A small amount of floating, hyperechogenic sediment. A small bladder polyp was noted on the apical wall measuring 0.4 x 0.9 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 4.5 cm), increased echogenic appearance, loss of cortico-medullary differentiation, normal pelvis and an irregular capsule. No infarcts, mineralization or renoliths evident.

Adrenal Glands

The left adrenal gland was normal in shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.5 cm in width. The right adrenal gland was not visualized.

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 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

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

- Renal disease
- Urinary bladder sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the kidneys is consistent with chronic kidney disease. The most likely etiology for the urinary bladder would be incidental debris with crystalluria and bacterial cystitis a less likely differential diagnosis.

The urinary bladder polyp can be considered an incidental finding.

Further assessment would be based on the pending urinalysis results, but could include urine culture, UPC (if culture and sediment is negative) and blood pressure.

Specific therapy would be dependent on an etiological diagnosis.

Initial management of the renal disease would be feeding a renal diet and the use of enteric phosphate binders.



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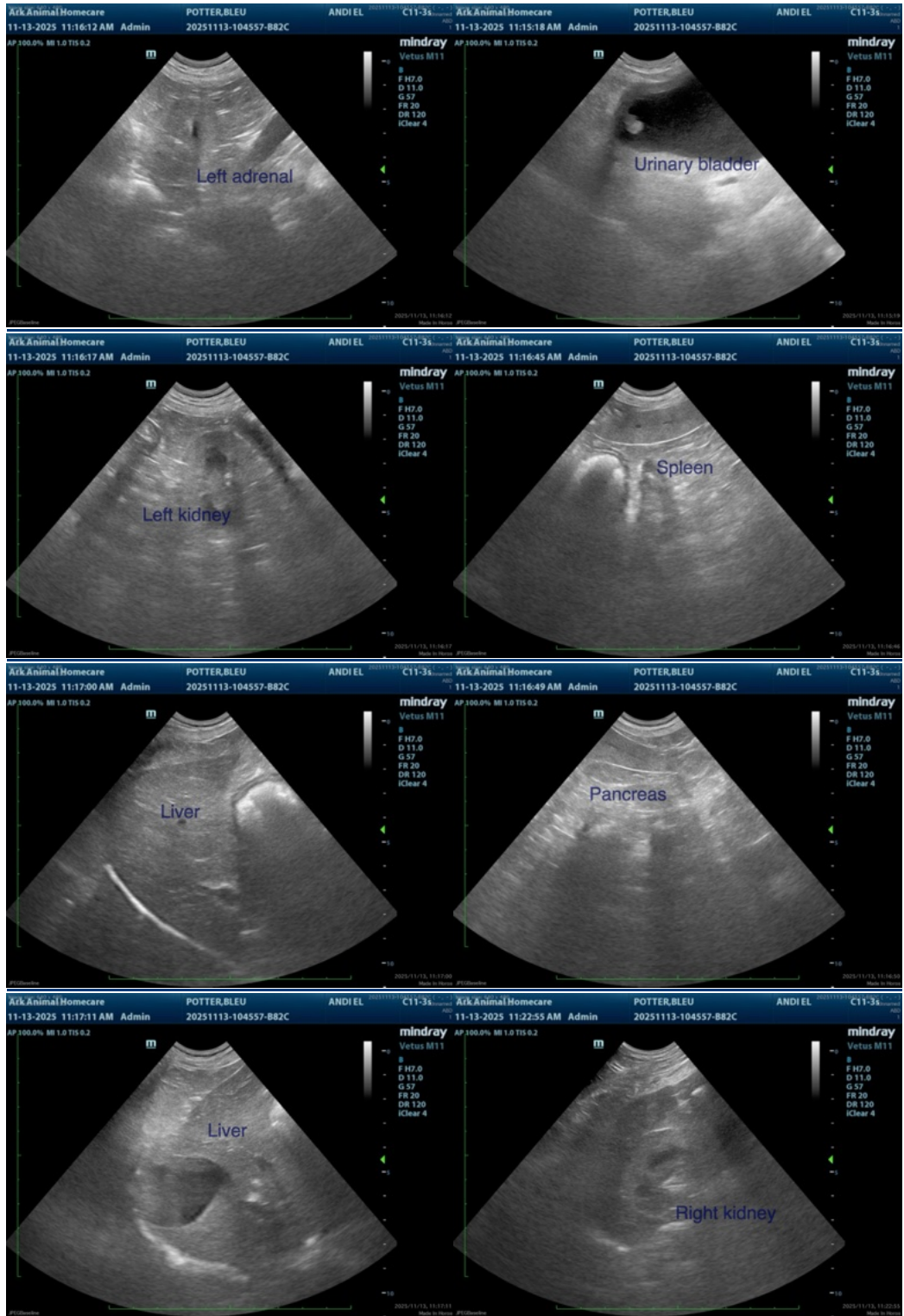
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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