



PATIENT

Lilith Blanchard

SPECIES

Canine

BREED

Boston Mix

SEX

Intact female

AGE

11 years

WEIGHT

22.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Joan Gramazio

HOSPITAL NAME

Shohola VH

REFERRING VET

Dr. Gramazio

INVOICE

68830

DATE

11/19/25

PRESENTING CLINICAL SIGNS

History: Patient presented for pre-op blood work for OVH and blood work came back as stage 2-3 kidney disease and PLN with urinary tract infection. Patient has no clinical signs that is noted. Blood pressure is normal
Abnormal PE/Chem/CBC/UA Results: UPC 1.2 (<0.5) SG 1018 Protein 2+ rods present SDMA 21.4 (<14) Crea 3.5 mg/dl (0.5-1.6) BUN 47 (6-31) Neutrophils 12008 (2060-10600)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full with a normal thickness and smooth appearance of the wall. A scant amount of floating, hyperechogenic sediment.

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 4.4 cm, right measured 4.6 cm), increased echogenic appearance, some loss of cortico-medullary differentiation and normal pelvis and capsule. No infarcts, mineralization or renoliths evident.

Normal size and appearance of the uterine body. The uterine horns were not visualized. Cystic appearance of the left ovary measuring 0.8 x 1.6 cm in size. The right ovary is not visualized.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.47 cm in width. The right adrenal gland measured 0.43 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. Small, focal, hypoechogenic parenchymal nodule in the body of the spleen measuring 0.5 cm in size. The spleen measures 1.2 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. Fecal material is present in the colon.

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.
- Splenic nodule.
- Cystic left ovary.
- Gallbladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the kidneys would be consistent with chronic kidney disease and in line with the patients urinalysis and blood work.

The most likely etiology for the splenic nodule would be incidental reactive hyperplasia/extramedullary hemopoiesis with granuloma, hematoma and emerging neoplasia a less likely differential diagnosis.

The gallbladder sediment can be considered an incidental finding. The cystic ovary would be consistent with the patient's intact status and age.

Management of the renal disease would be feeding a renal diet, enteric phosphate binders as needed and either an ace inhibitor or receptor blocker.

Monitoring of the splenic nodule would be recommended and if there is any progressive enlargement or bulging of the overlying capsule noted then a splenectomy should be considered.



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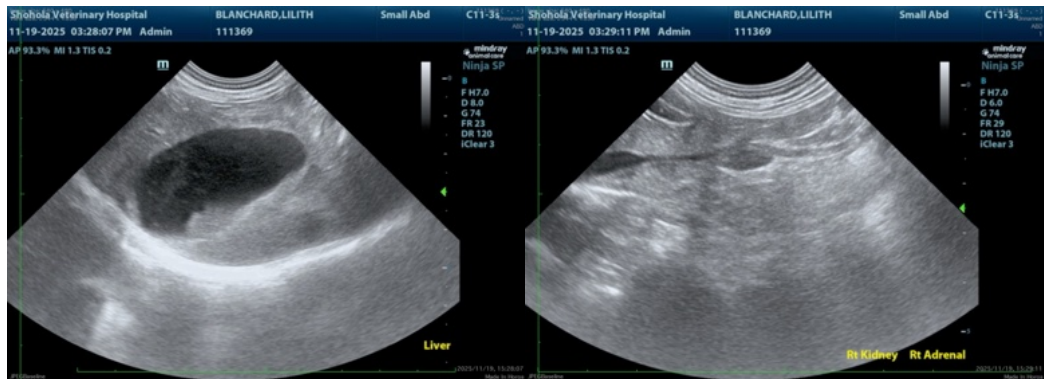
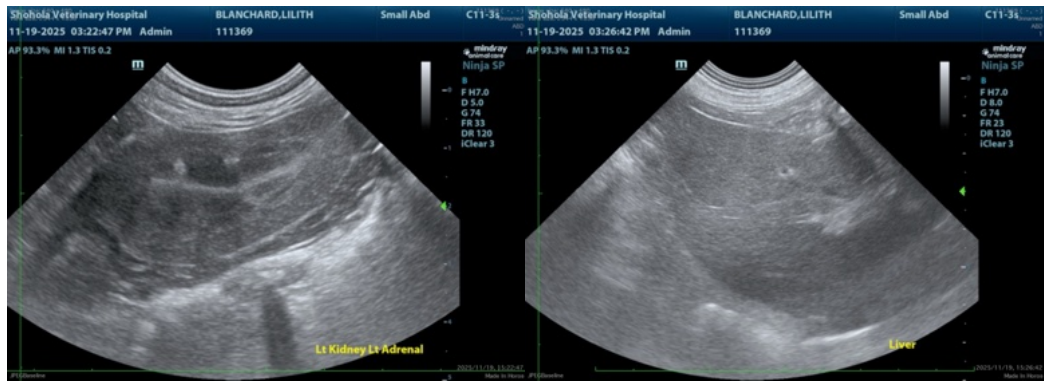
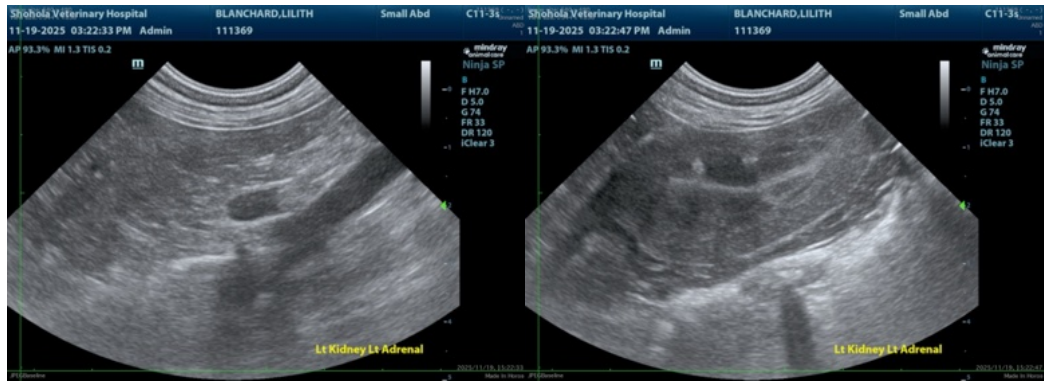
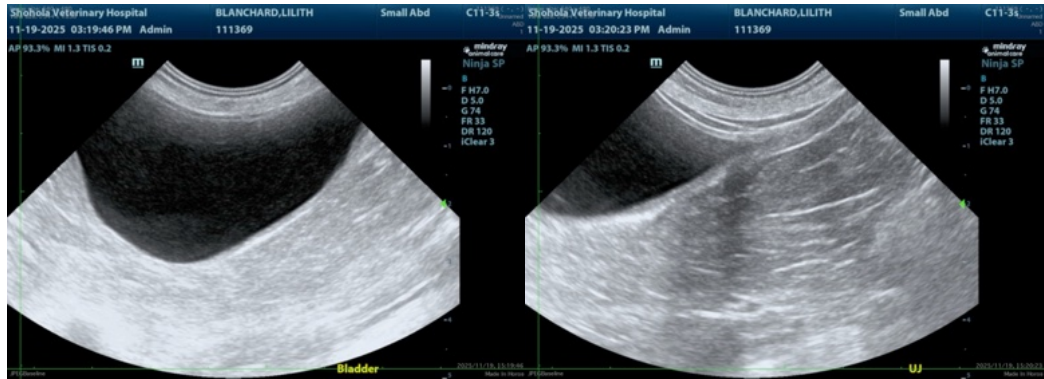
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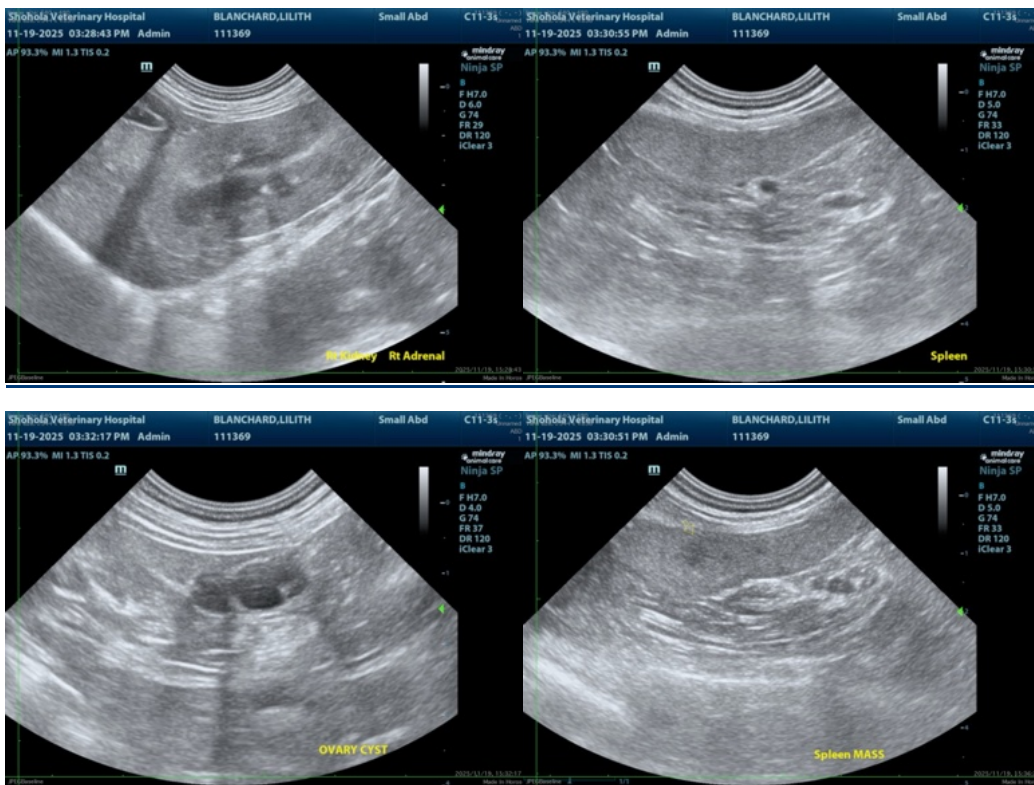
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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