



PATIENT

Stella Torrellas

SPECIES

Canine

BREED

West Highland

SEX

Spayed female

AGE

14 years

WEIGHT

20.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Stranzl

HOSPITAL NAME

Dakota VC

REFERRING VET

Dr. Stranzl

INVOICE

68878

DATE

11/20/25

PRESENTING CLINICAL SIGNS

History: P was presented for not acting well and shivering and vomit food after 1-2 hours later hx of pancreatitis elevated liver enzymes heart disease. MV/TV B1 renal disease ** elevated Cancer markers Abnormal PE/Chem/CBC/UA Results: CRP 10.0

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full with a thickened and irregular appearance of the wall. The bladder wall measured up to 0.65 cm. A small amount of floating, hyperechogenic sediment is present. No 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 4.8 cm, right measured 5.3 cm), increased echogenic appearance, loss of cortico-medullary differentiation, pyelectasia and an irregular capsule. No infarcts, mineralization or renoliths evident. Normal color flow pattern is evident in both kidneys. A few, small, bilateral cortical cysts are present.

Adrenal Glands

The left adrenal gland is normal in shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.57 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 2.5 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, almost distended containing a large 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.

ULTRASONOGRAPHIC FINDINGS

- Urinary bladder thickening.
- Urinary bladder sediment.
- Renal disease.
- Gallbladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the appearance of the urinary bladder would be chronic bacterial cystitis, granulomatous disease and possibly emerging neoplasia.

The appearance of the kidneys would be consistent with chronic renal disease although the pyelectasia is most likely associated with the renal changes, underlying low-grade pyelonephritis should still be considered.

The gallbladder sediment is most likely an incidental finding. However, emerging mucocele would be a differential diagnosis.

Further assessment would be urinalysis, urine culture, BRAF analysis and/or a catheter assisted aspirate/biopsy of the urinary bladder wall for culture, cytology/histopathology.



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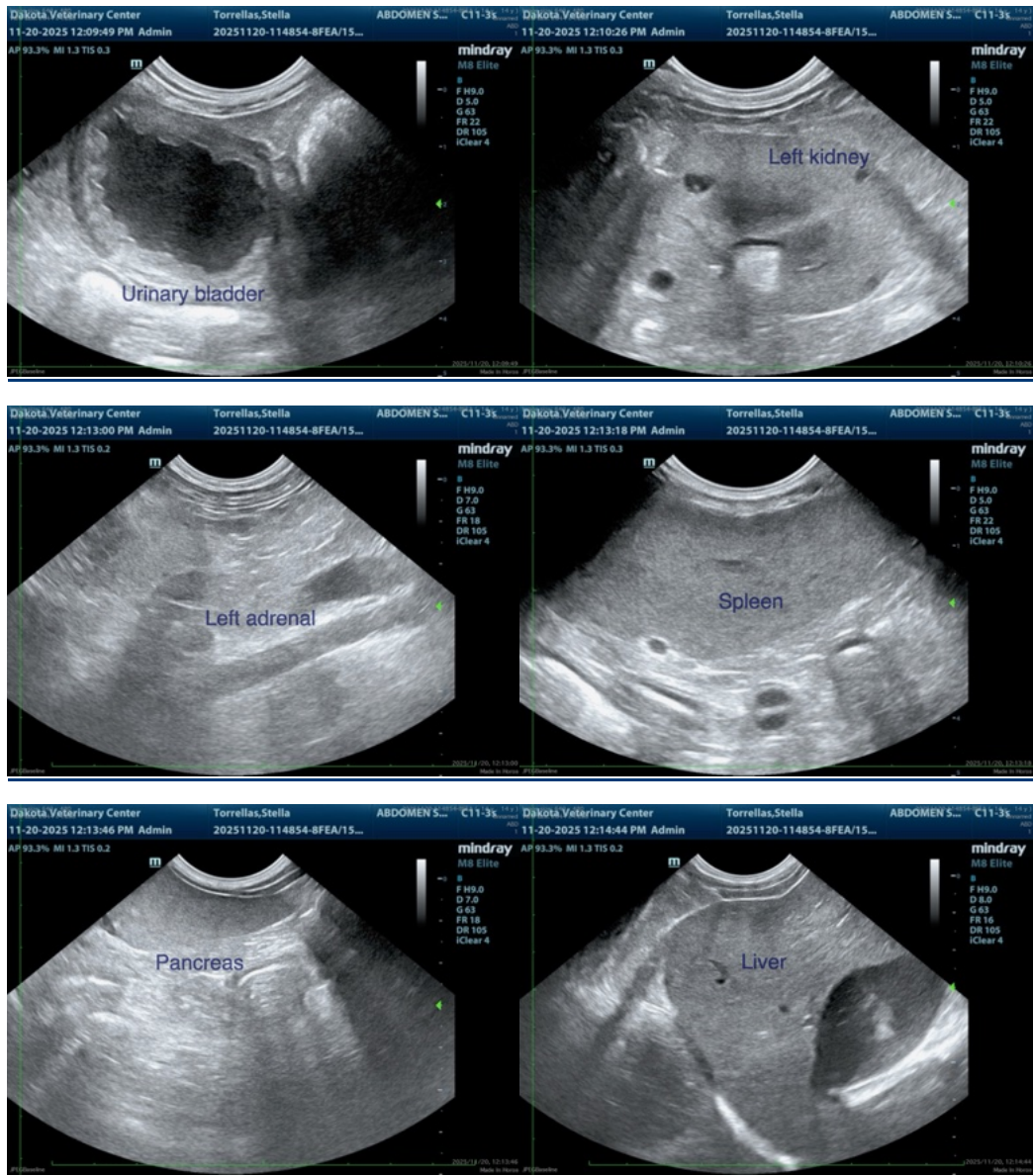
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Specific therapy would be dependent on an etiological diagnosis. Ultrasound monitoring of the gallbladder would be recommended. Symptomatic management of the gallbladder would be the use of Ursodiol.





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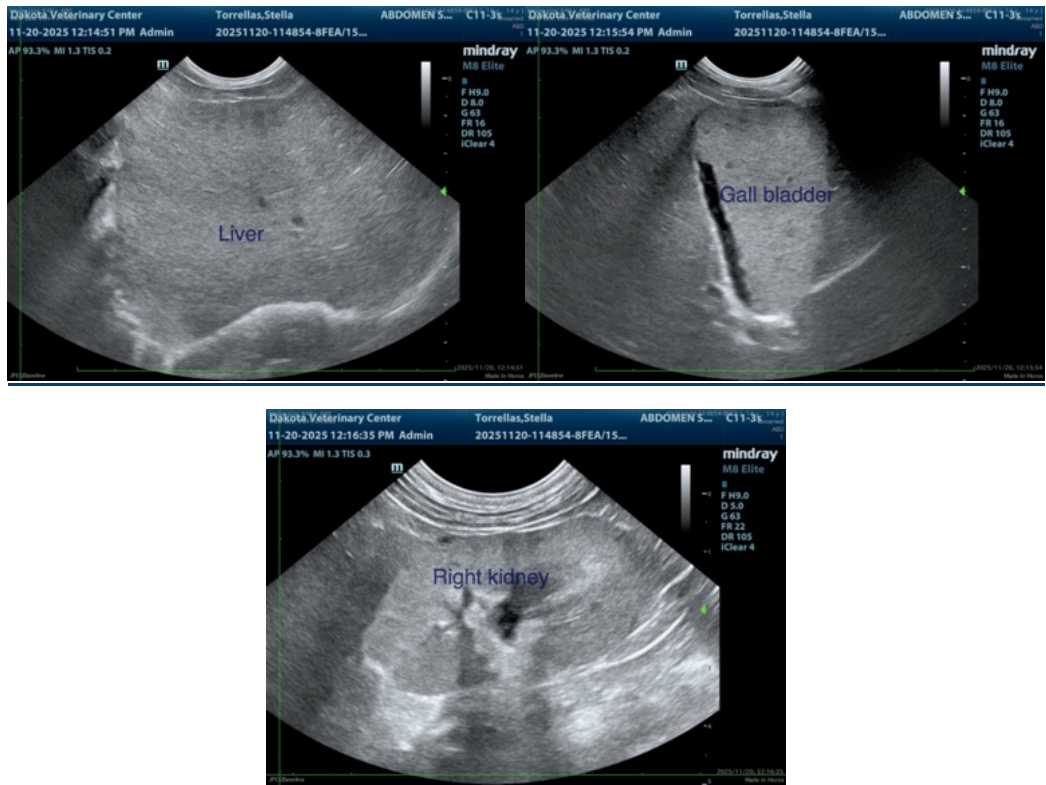
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com