



PATIENT

Molly Betz

SPECIES

Canine

BREED

Golden Retriever

SEX

Spayed female

AGE

4 years

WEIGHT

58.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Quinn Robinson, RVT

HOSPITAL NAME

Hess Ridge AH

REFERRING VET

Dr. Frint

INVOICE

68956

DATE

11/24/25

PRESENTING CLINICAL SIGNS

History: persistent hematuria/pyuria, UTI confirmed via urine culture and treated per susceptibility results, significant weight loss over past 8 months, history of elevated liver enzymes
Abnormal PE/Chem/CBC/UA Results: Significantly flakey coat/seborrhea, 3/9 BCS Significant hematuria/pyuria on UA 11/17, no bacteria observed CBC/Chem (2/28/2025) - WBC 19.3k, Neutrophils 14.7k, Globulins 4.1, ALT 1263, AST 319, ALP 450, TBili 0.8, remainder WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full with a normal thickness and smooth appearance of the wall. A moderate amount of floating, hyperechogenic sediment as well as a small amount of dependent, mineralized sediment/small uroliths.

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 6.3 cm, right measured 6.9 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. normal color flow pattern is evident in both kidneys.

Adrenal Glands

The left adrenal gland is small in size, but maintained normal shape, echogenic appearance, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 1.53 cm in length x 0.34 cm in width. The right adrenal gland is normal in shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Right adrenal gland measured 4.42 cm in length x 0.93 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 1.9 cm in width.

Liver

Normal size with a diffuse, increased echogenic and coarse appearance, decreased portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature. A small amount of fluid accumulation is noted around the liver lobes.



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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.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy.
- Urinary bladder sediment.
- Gallbladder sediment.
- Small left adrenal gland.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the hepatopathy would be chronic hepatitis, breed specific hepatopathy, granulomatous disease with infiltrative neoplasia a less likely differential diagnosis. Reactive hyperplasia, vacuolar and metabolic hepatopathy would be a less likely differential diagnosis.

The most likely etiology for the urinary bladder sediment would be bacterial cystitis as per the patient's history.

The small, left adrenal gland is most likely an incidental findings.

The gallbladder sediment can be considered an incidental finding.

On this ultrasound there is no obvious etiology for the recurrent urinary tract infection. However, the presence of mineralized sediment/small uroliths may be acting as nidus of infection.



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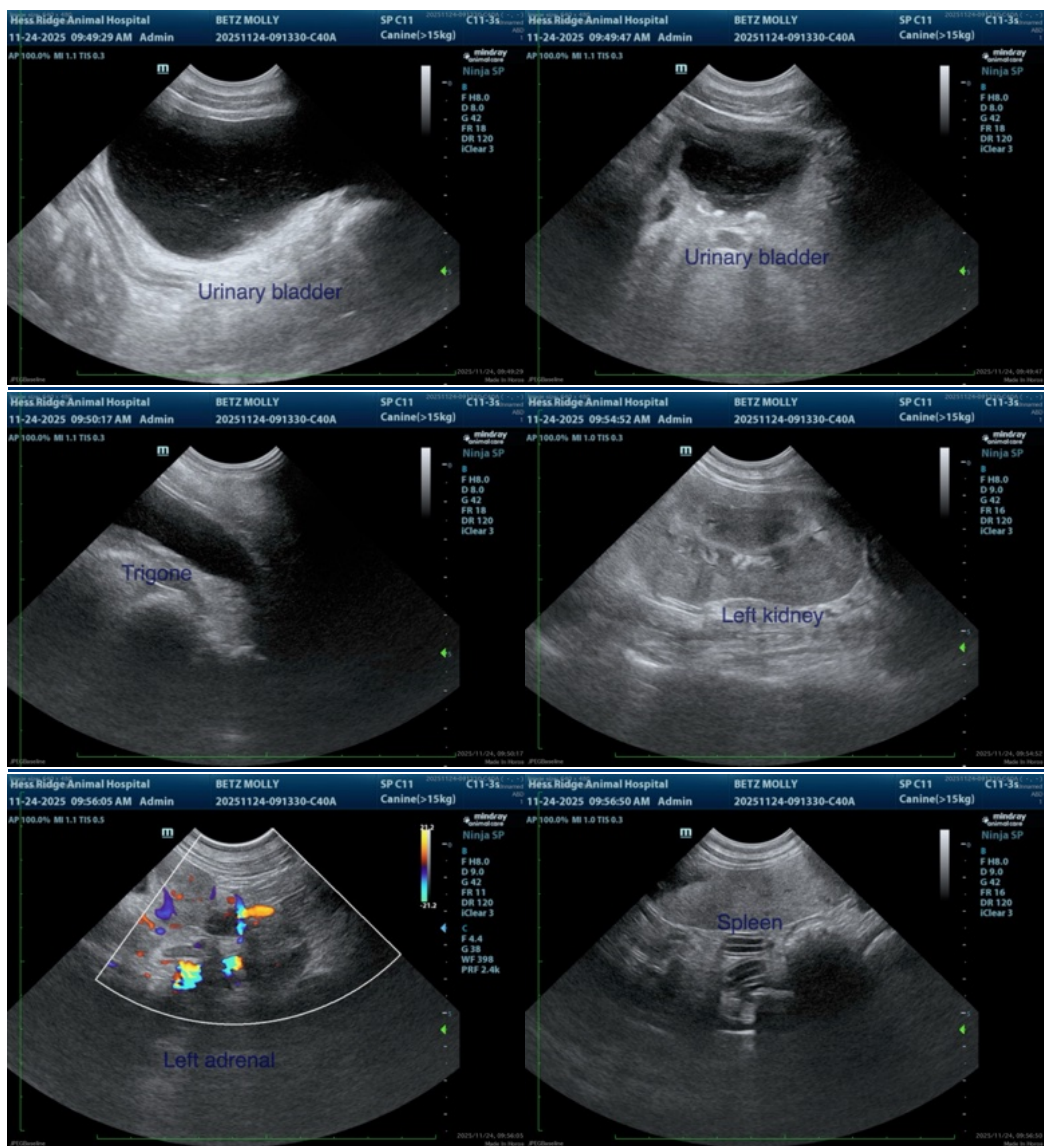
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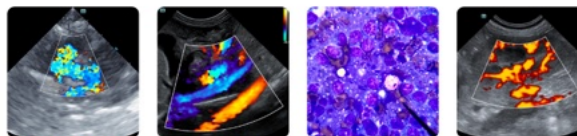
Further assessment would be FNA cytology of the liver. However, a tru cut or wedge biopsy may be required for a final etiological diagnosis.

Flushing of the urinary bladder should also be considered with quantification of any mineralized sediment if present.

Specific therapy would be dependent on an etiological diagnosis.

Symptomatic management of the hepatopathy and the gallbladder sediment that can be considered would be the use of Ursodiol with regular monitoring of liver enzyme activity. With the breed of animal, congenital ichthyosis should be considered for the dermatopathy.





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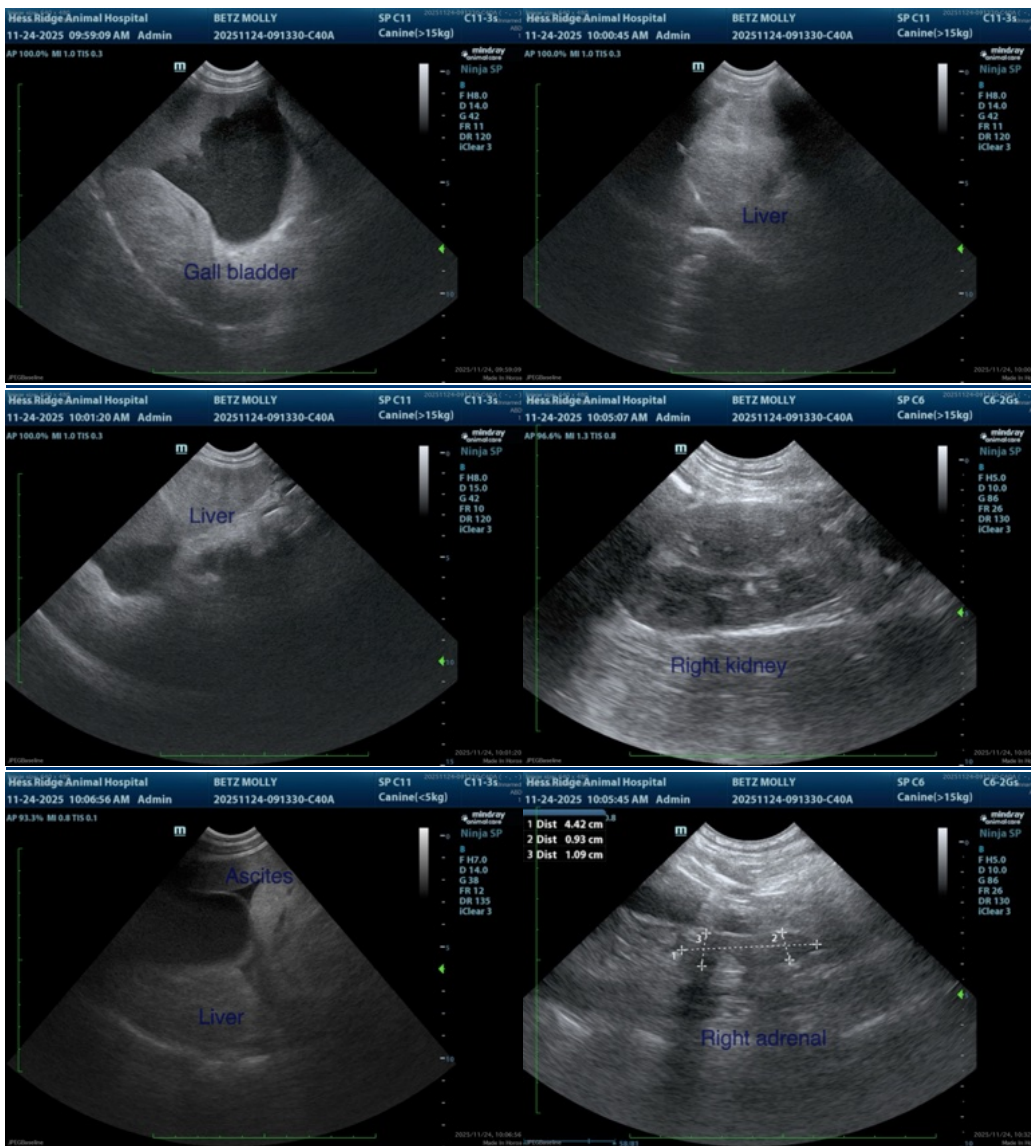
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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