



PATIENT

Max Andres

SPECIES

Canine

BREED

Yorkie

SEX

Neutered male

AGE

12 years

WEIGHT

5.5 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores Veterinary
Emergency Center

REFERRING VET

Dr. Mostoller

INVOICE

68281

DATE

11/4/25

PRESENTING CLINICAL SIGNS

History: History of hematuria with negative culture, licks at penis frequently. Heart murmur

Medications: Enalapril, Citrapet for UR acidity

Abnormal PE/Chem/CBC/UA Results: CADET BRAF: The CADET BRAF urine test is negative for transitional cell carcinoma cancer urine c/s: The urine culture shows no bacterial growth. This indicates the red and white cells aren't likely from infection from his bladder Urinalysis: collection free catch Specific Gravity 1.011 Glucose neg Ketones neg Bilirubin neg Blood 25 pH 5.0 Protein neg Leukocytes 100 Sediment 38 wbc/hpf, 27 RBC/hpf

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full with a normal thickness and smooth appearance of the wall. A small amount of dependent, 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 3.8 cm, right measured 3.8 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 noted.

The prostate is small and hypoechogenic measuring 0.6 cm in width.

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 1.4 cm in length x 0.51 cm and 0.4 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 0.8 cm in width. Incidental myelolipomas are present.

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 was present in the colon.

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 sediment.
- Gallbladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

In essence a normal ultrasound examination of the abdomen with no obvious etiology for the hematuria.

With the patient's history of licking the prepuce/penis, urethral/prepuce/penal pathology needs to be considered.

Further assessment would be urinalysis done on a cystocentesis sample and if negative for hematuria then further assessment would be contrast urethrogram.

The gallbladder sediment can be considered an incidental finding.

Specific therapy would be dependent on an etiological diagnosis.



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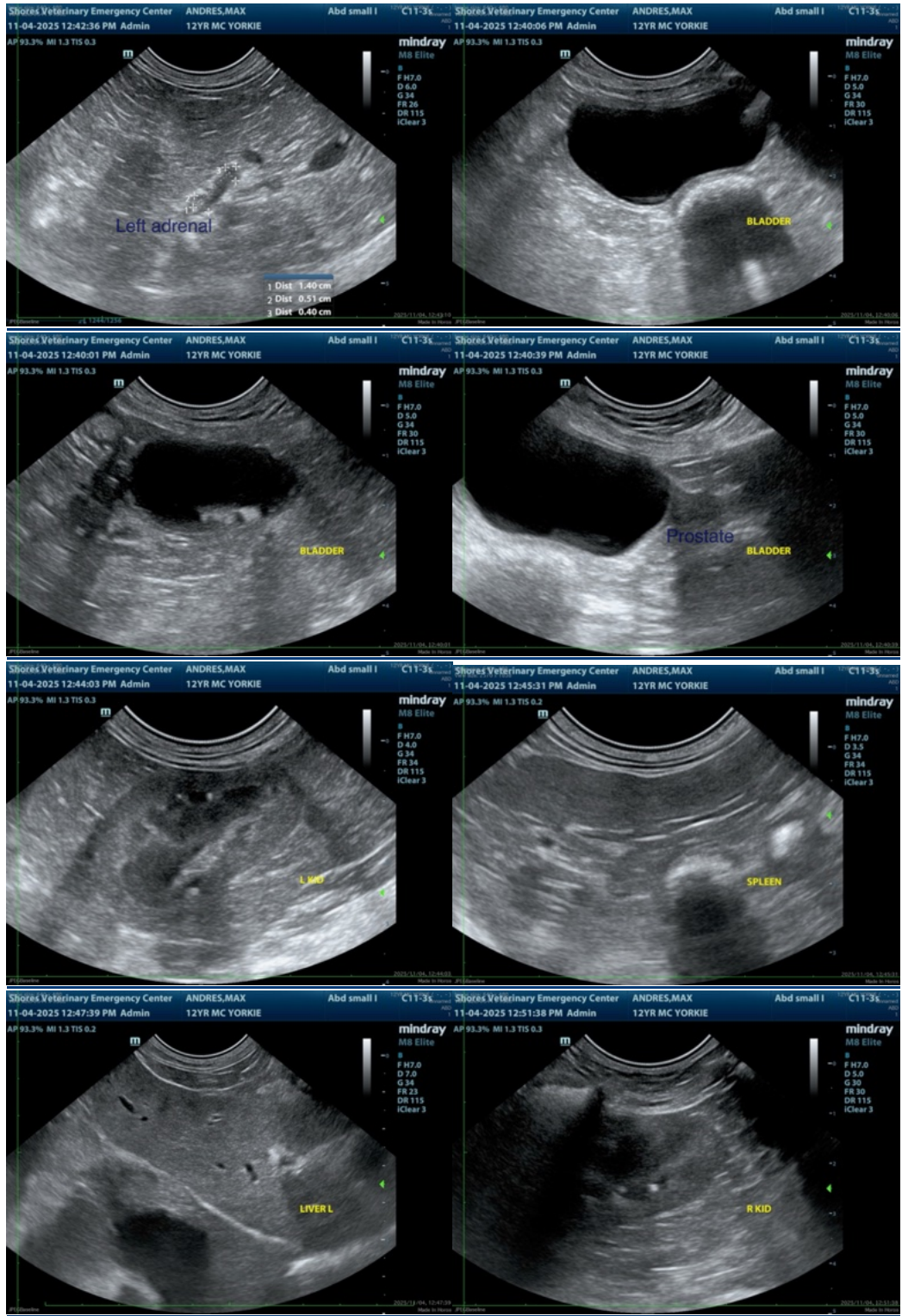
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The information and recommendations provided are based on the images presented by the



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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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