



PATIENT

Lola Smith

SPECIES

Canine

BREED

King Charles Cavalier

SEX

Spayed female

AGE

4 years

WEIGHT

20.7 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Kendall Helbert

HOSPITAL NAME

South College VC

REFERRING VET

Dr. Albert

INVOICE

69491

DATE

12/10/25

PRESENTING CLINICAL SIGNS

History: P presented for lethargy, ataxia and urinating on herself on 12/8/25. Her bloodwork indicated possible pyometra, but she had previously been spayed after a C-section incision into uterus was dehiscing (7/12/24). Brief ultrasound showed fluid filled area at location of uterine stump dorsal to the urinary bladder. Exploratory surgery performed same day (12/8/25) revealed that there was adhesion of the uterine stump to the colon wall with small area of diseased tissue with small amount of fluid inside suspected granuloma. P recovered from surgery and has been on IVF therapy and IV ampicillin and enrofloxacin. Clinically, P has improved but bloodwork is worsening. Abnormal PE/Chem/CBC/UA Results: Bloodwork and UA results attached.

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 floating hyperechogenic sediment. A small 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 4.6 cm, right measured 5.2 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, and capsule. No infarcts, mineralization or renoliths evident. Mild right-sided pyelectasia is noted. Normal color flow pattern is evident in both kidneys.

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 2.1 cm in length x 0.51 cm in width. The right adrenal gland was not clearly visualized, but appears to be of normal shape, echogenic appearance and size.

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 measures 0.7 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. A small amount of ingesta is present within the stomach compatible with a recent meal.

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

- Urinary bladder sediment.
- Right-sided pyelectasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely pathology for the right-sided pyelectasia would be the intravenous fluid therapy, however, low-grade pyelonephritis should still be considered.

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

On this ultrasound there is no obvious evidence of peritonitis.

Management would be to continue with the current therapy.



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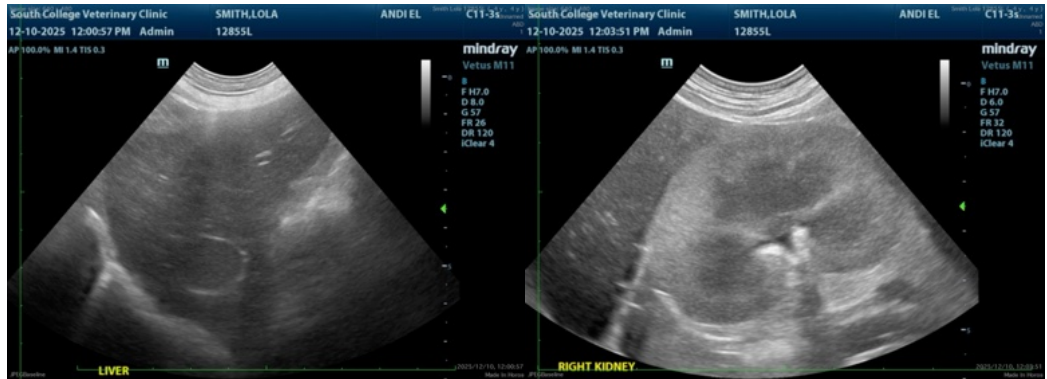
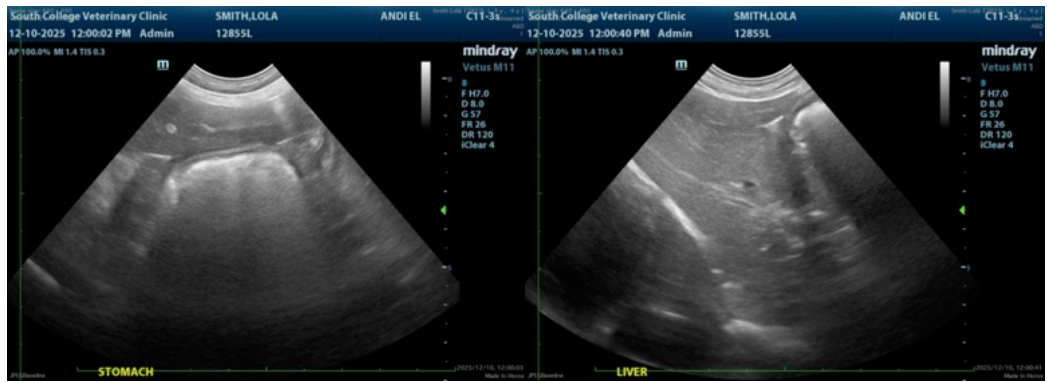
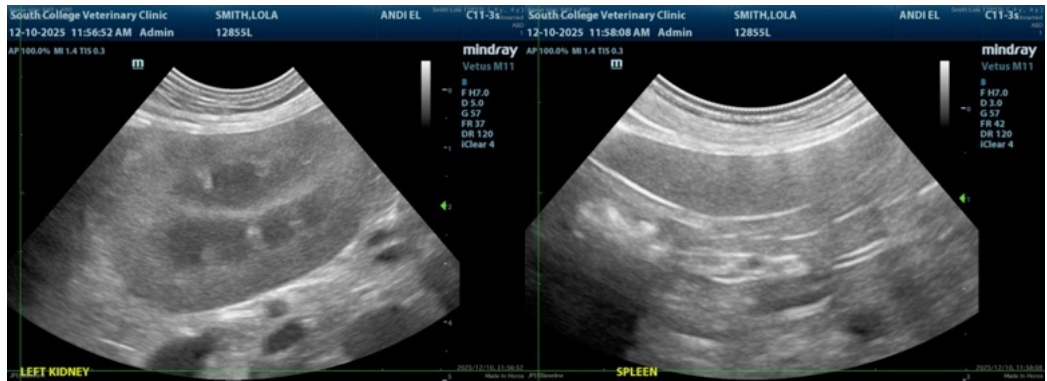
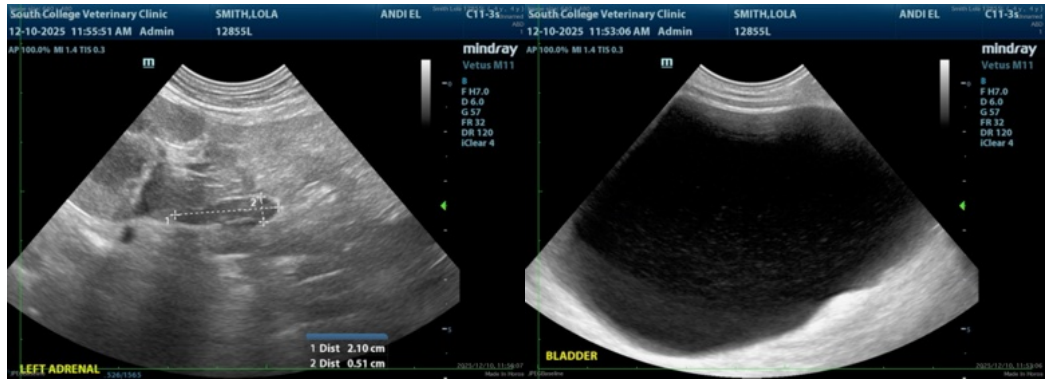
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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