



PATIENT

Dakota Rich

SPECIES

Canine

BREED

Pitbull Mix

SEX

Spayed female

AGE

13 years

WEIGHT

61.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jen Amidon

HOSPITAL NAME

The Pet Hospital of
Stratford

REFERRING VET

Dr. Giuliani

INVOICE

69314

DATE

12/15/25

PRESENTING CLINICAL SIGNS

History: Pt has hx of recurrent UTIs. Pt has hx of hypothyroidism.
Abnormal PE/Chem/CBC/UA Results: Attached most recent BW/UA reports

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full with a thickened and irregular appearance of the wall measuring up to 0.8 cm with the rest of the wall having a normal thickness and smooth appearance. 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 6.2 cm, right measured 6.2 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. The kidneys show a normal color flow pattern.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.8 cm in width. The right adrenal gland measured 0.55 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 0.7 cm in size. The spleen measures 1.9 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. Mild calcification of the intrahepatic bile ducts present.

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.



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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 was present within the stomach compatible with a recent meal.

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.

Enlarged, sacral lymph node measuring 0.8 x 1.3 cm in size with a rounded shape and hypoechogenic appearance.

ULTRASONOGRAPHIC FINDINGS

- Urinary bladder thickening.
- Urinary bladder sediment.
- Sacral lymphadenomegaly.
- Splenic nodule.
- Intrahepatic bile duct mineralization.
- Gallbladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

The likely etiologies for the urinary bladder sediment would be crystalluria and bacterial cystitis.

Etiologies for the sacral lymphadenomegaly would be reactive hyperplasia, lymphadenitis and possibly infiltrative neoplasia.

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

The gallbladder sediment and the intrahepatic bile duct calcification can be considered incidental findings.



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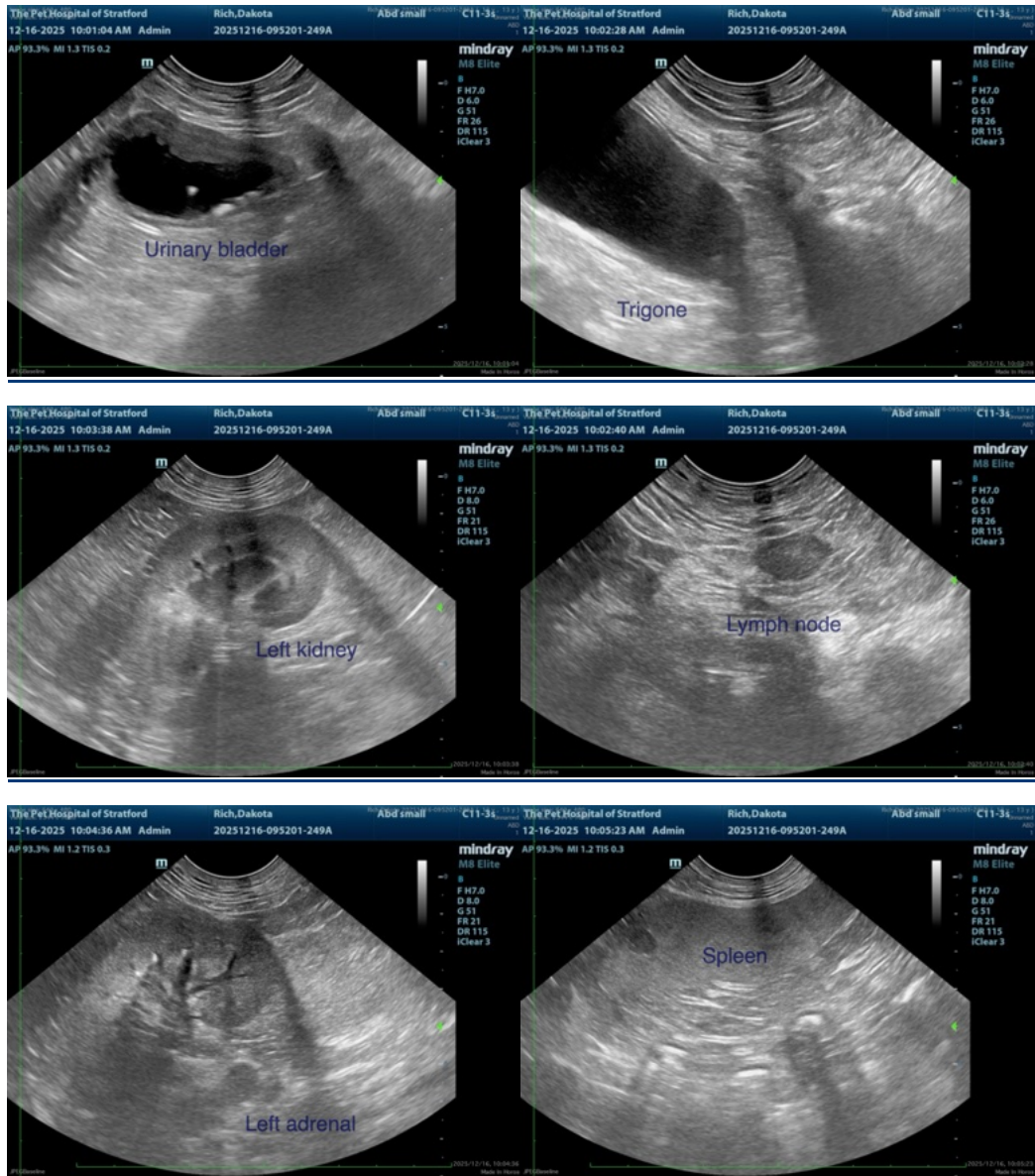
DATE

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

FNA cytology of the sacral lymph node can also be considered.

Specific therapy would be dependent on an etiological diagnosis.





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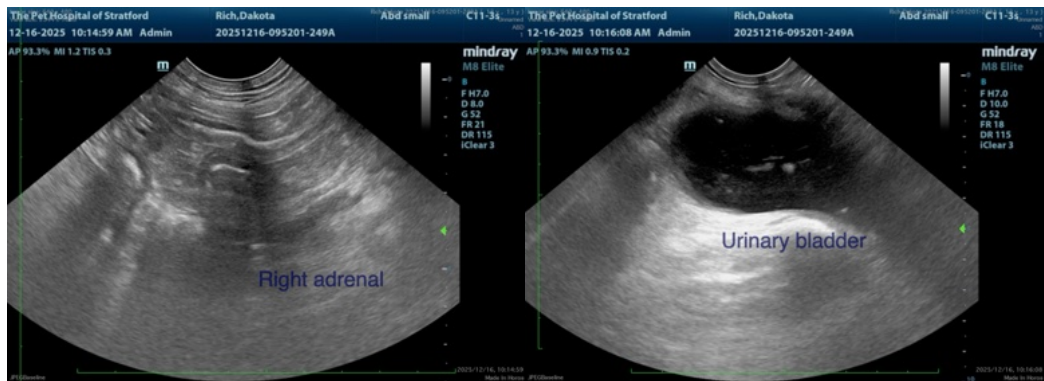
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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