



PATIENT

Belly Bloom

SPECIES

Canine

BREED

Mix

SEX

Female

AGE

5 months

WEIGHT

31 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Scott

HOSPITAL NAME

Wyckoff VH

REFERRING VET

Dr. Eisenberg

INVOICE

69368

DATE

12/17/25

PRESENTING CLINICAL SIGNS

History: recurrent E. Coli UTIs and pet is very symptomatic when she gets them
When patient has a UTI- E.coli present, elevated WBC, etc. normal USG

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full with a mildly irregular appearance of the wall, but with normal thickness. Pinpoint mineralization is 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 5.4 cm, right measured 5.5 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.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.36 cm and 0.35 cm in width. The right adrenal gland measured 0.41 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 1.2 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.

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.



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Gastrointestinal

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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 moderate amount of ingesta was noted within the stomach and chyme was present in the proximal small intestine, both compatible with a recent meal. Fecal material is present within the colon.

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Pancreas

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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.

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Free Abdomen

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Normal mesenteric lymph nodes.

WEIGHT

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No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Urinary bladder pathology.

INTERPRETED BY

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Remo Lobetti, BVSc,
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The most likely etiology for the urinary bladder pathology would be chronic bacterial cystitis.

IMAGING PERFORMED BY

On this ultrasound there is no obvious etiology for the recurrent bacterial cystitis.

Dr. Scott

Underlying triggers that needs to be considered would be recessed vulva and pooling of urine within the vaginal vault.

HOSPITAL NAME

Further assessment would be urine culture and vaginoscopy.

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Management of the chronic urinary tract infection would be long term anti-microbial therapy (4-6 weeks) based on urine culture and sensitivity with urine culture repeated 24 hours and approximately 7 days after completion of the antimicrobial course to ensure eradication of the infection. Feeding a urinary specific diet could also be considered.

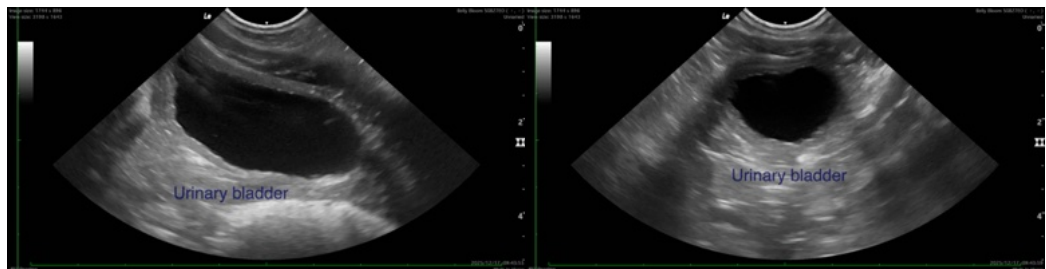
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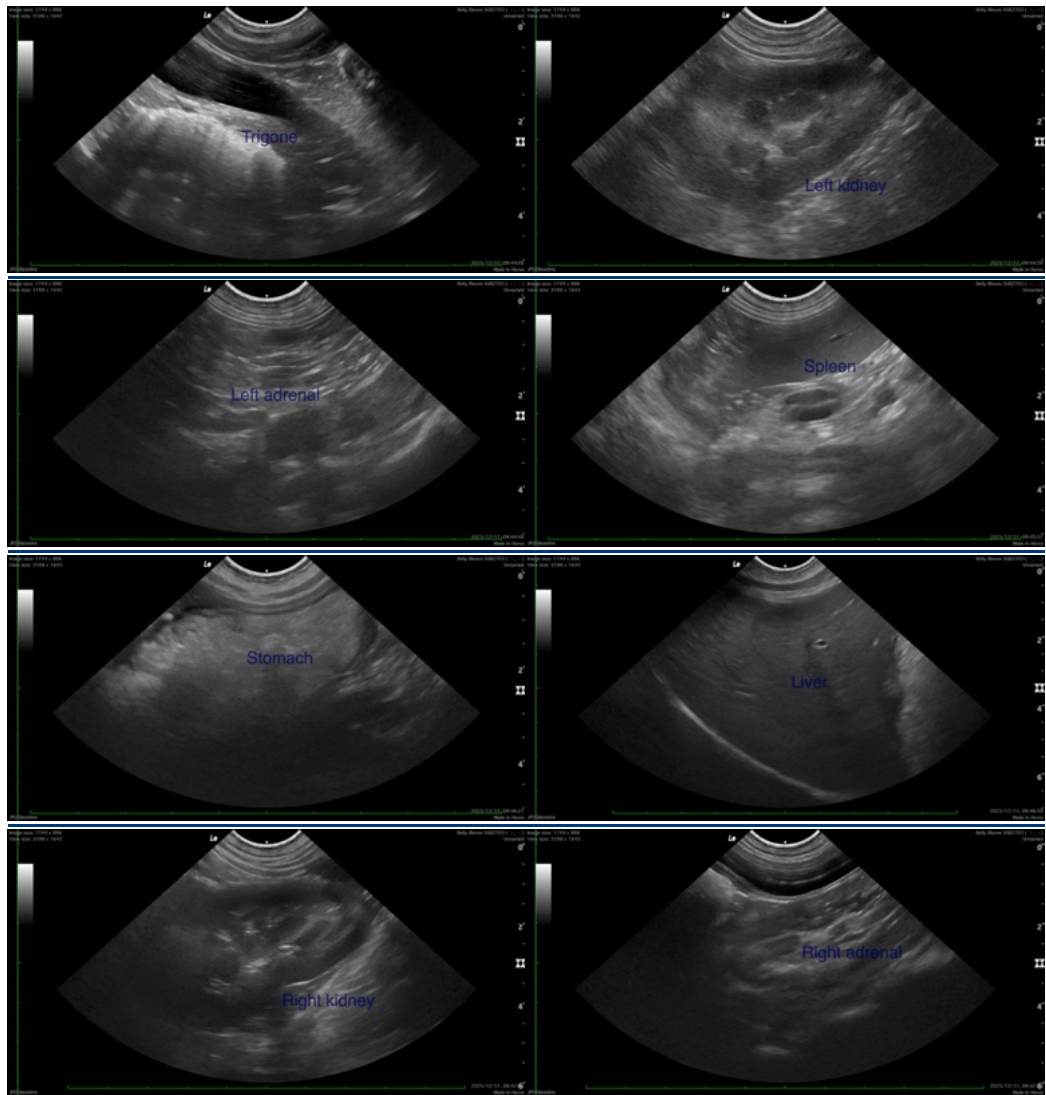
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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