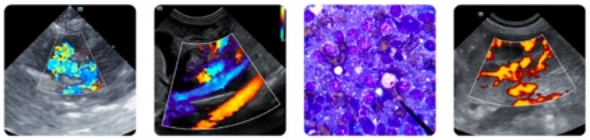


PATIENT

Maci Gaeta

SPECIES

Canine

BREED

Maltipoo

SEX

Spayed female

AGE

7 years

WEIGHT

15.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Krawitz

HOSPITAL NAME

Calusa VC

REFERRING VET

Dr. Krawitz

INVOICE

69503

DATE

12/23/25

PRESENTING CLINICAL SIGNS

History: Has had a history of UTI's. Lately though had put on weight. Also somewhat PU/PD. She had a lot of back pain too. Bladder stones were found on a brief POCUS. Was put on Gabapentin and Baytril based on a culture and since then she is feeling better and actually passed gravel and several stones varying in size from 1mm to 5mm on her own.
A recent LDDS test was positive however no ALKP or GGT or other liver enzyme increase on the BW. She was very stressed during the test by being in a cage all day - could be a false positive therefore. She was found to be Hypothyroid and Levothyroxine has been started.

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. Multiple, uroliths are present and measure up to 0.5 cm in size.

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 3.9 cm, right measured 3.6 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

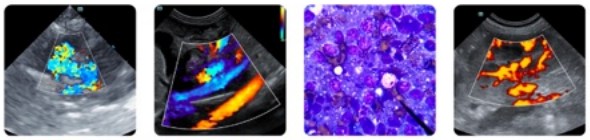
Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 1.53 cm in length x 0.35 cm and 0.24 cm in width. The right adrenal gland measured 1.14 cm in length x 0.37 cm and 0.32 cm in width.

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 1.1 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 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

The mesenteric lymph nodes measured up to 0.5 cm in width.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Uroliths.
- Blader sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the urinary bladder sediment would be crystalluria with hematuria and bacterial cystitis a differential diagnosis.

The gallbladder sediment can be considered an incidental finding.

On this ultrasound there is no obvious evidence of Cushing's disease.

Further management of the uroliths would be surgical removal or medical dissolution using a urinary specific diet.

If Cushing's disease is still a possibility then further assessment would be urine specific gravity and a urine cortisol to creatinine ratio (once uroliths have been resolved). If the SG and/or there is an abnormal urine to cortisol to creatinine ratio then an ACTH stimulation test should be considered.

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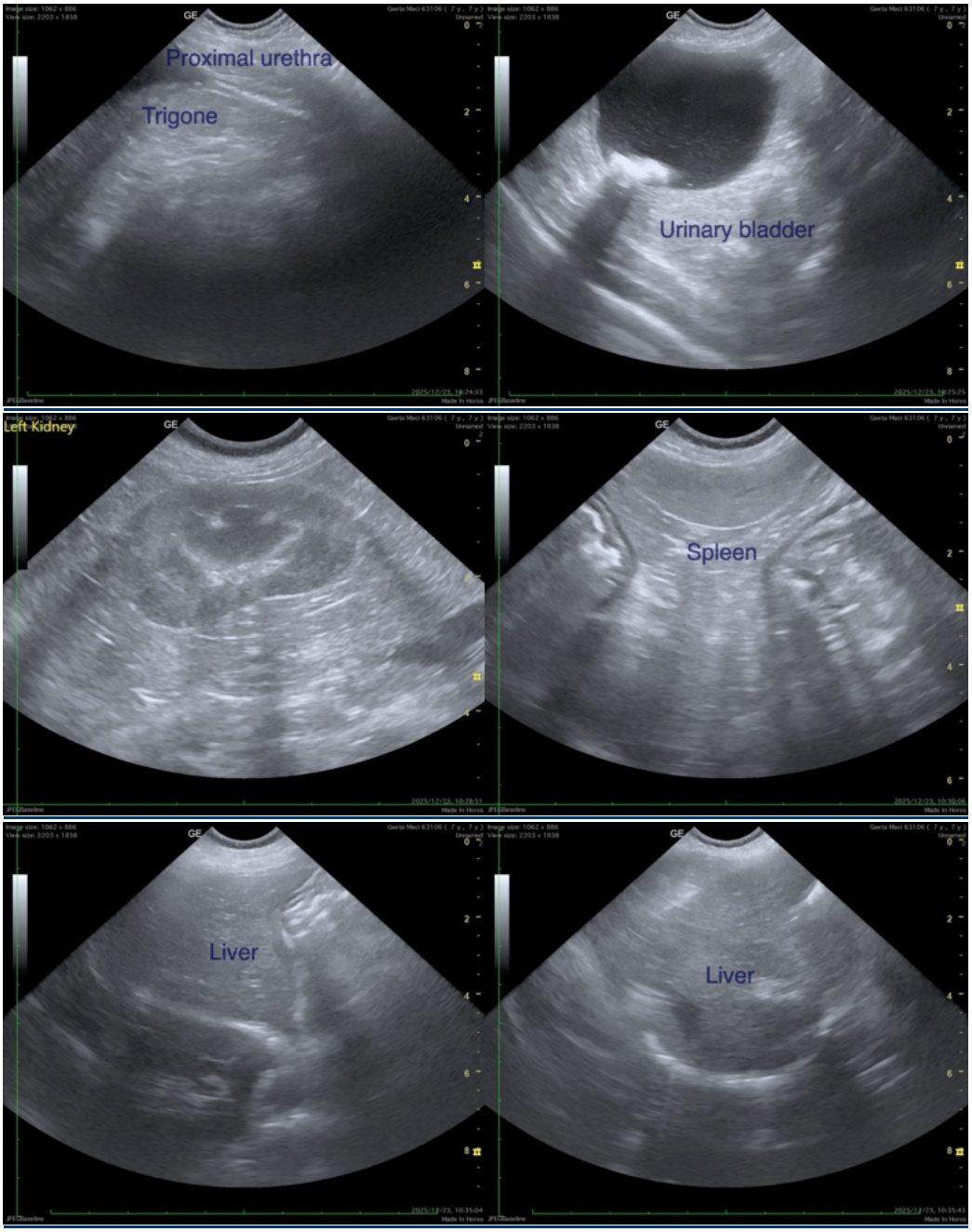

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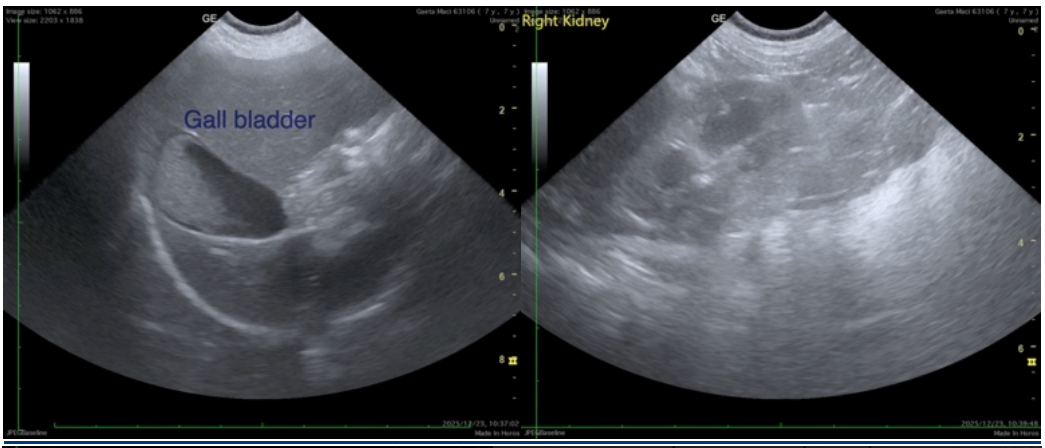

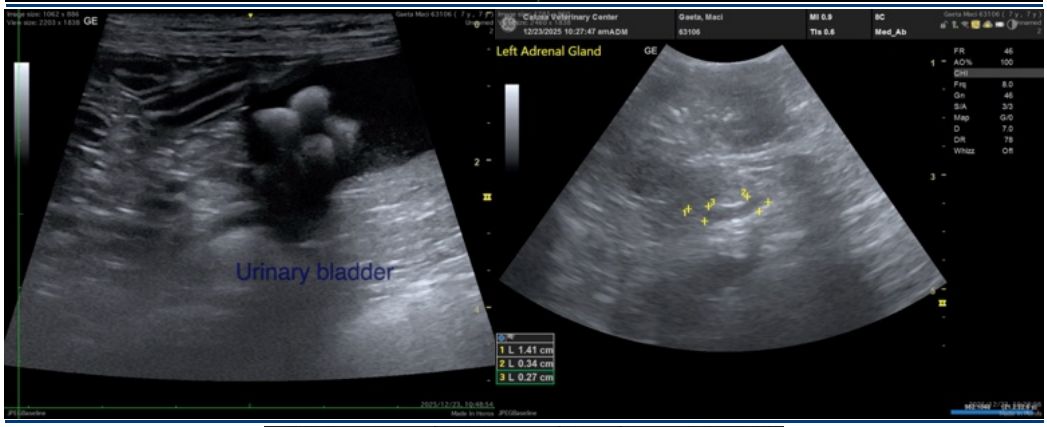

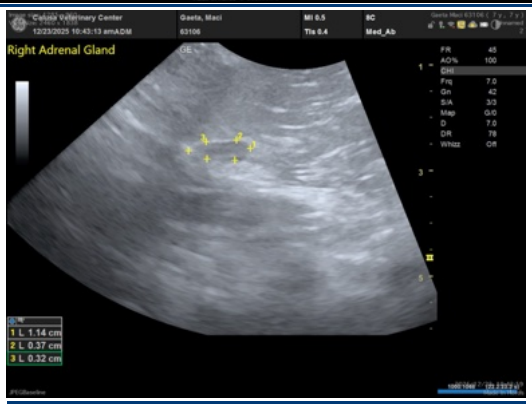

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com