



PATIENT

Penny Scherer

SPECIES

Canine

BREED

Beagle Mix

SEX

Spayed female

AGE

12 years

WEIGHT

51 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Justin Eckenrode, DVM

HOSPITAL NAME

Carlisle Small Animal
VC

REFERRING VET

Dr. Hillary Morrison

INVOICE

69421

DATE

12/9/25

PRESENTING CLINICAL SIGNS

History: History of Proteinuria – Previous urine protein:creatinine ratio of 1.5-1.6, asymptomatic Facial paralysis-resolving Chronic Osteoarthritis – Affecting multiple joints including elbows, shoulders, and stifles. Currently managed with Rimadyl and gabapentin. Patient History : Proteinuria, asymptomatic Primary concern or rule out: R/o Cushing's, Pancreatitis, Bladder/kidney neoplasia etc. Abnormal PE/Chem/CBC/UA Results: CBC: RBC 8, HCT 51.3, WBC 9.7, platelets 336 Chem: SDMA 7, creat 0.7, BUN 14 UPC 1.5 * was 1.6 on 4/10/25 * was 1.7 on 11/13*** U/a: USG 1.051, pH 8.5, 4+ protein, WBC 0-2, RBC 02, inactive sample, 3+ struvite's Hw: negative, Tick: anaplasma + *historic and treated when Penny had facial paralysis Cystatin B 111 (0-99) on 4/102/5** Last abd radiograph done 11/9/23 and no bladder or kidney stones

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full with a normal thickness and smooth appearance of the wall. Normal anechoic urine with no sediment or 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 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. 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 0.42 cm and 0.45 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 measured 2.2 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.



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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.

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

- Normal ultrasound examination of the abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

On this ultrasound there is no obvious etiology for the proteinuria.

Further assessment of the proteinuria (if not already done) would be blood pressure determination.

Management of the proteinuria would either be an ace inhibitor or receptor blocker and Omega 3 fatty acids.



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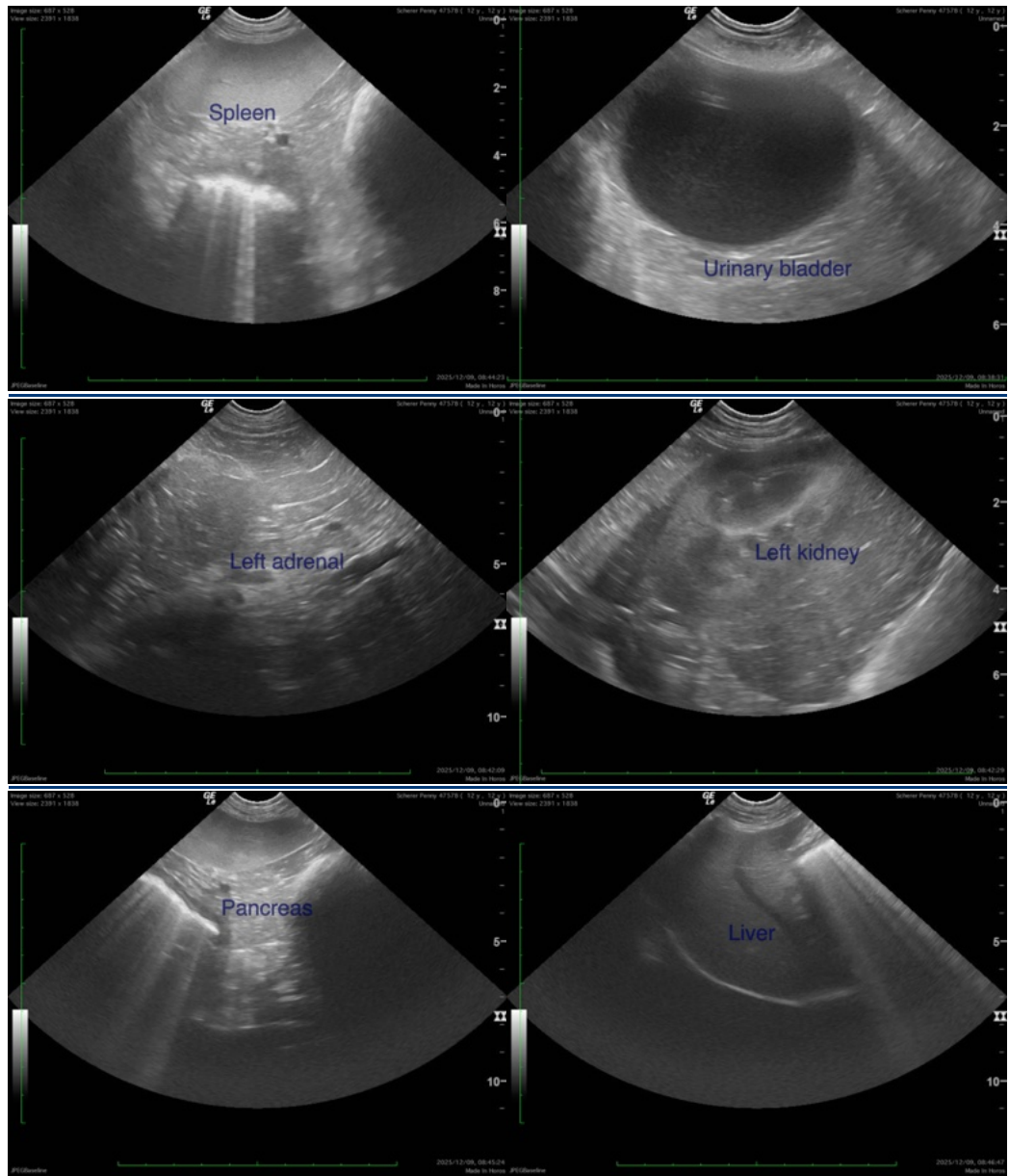
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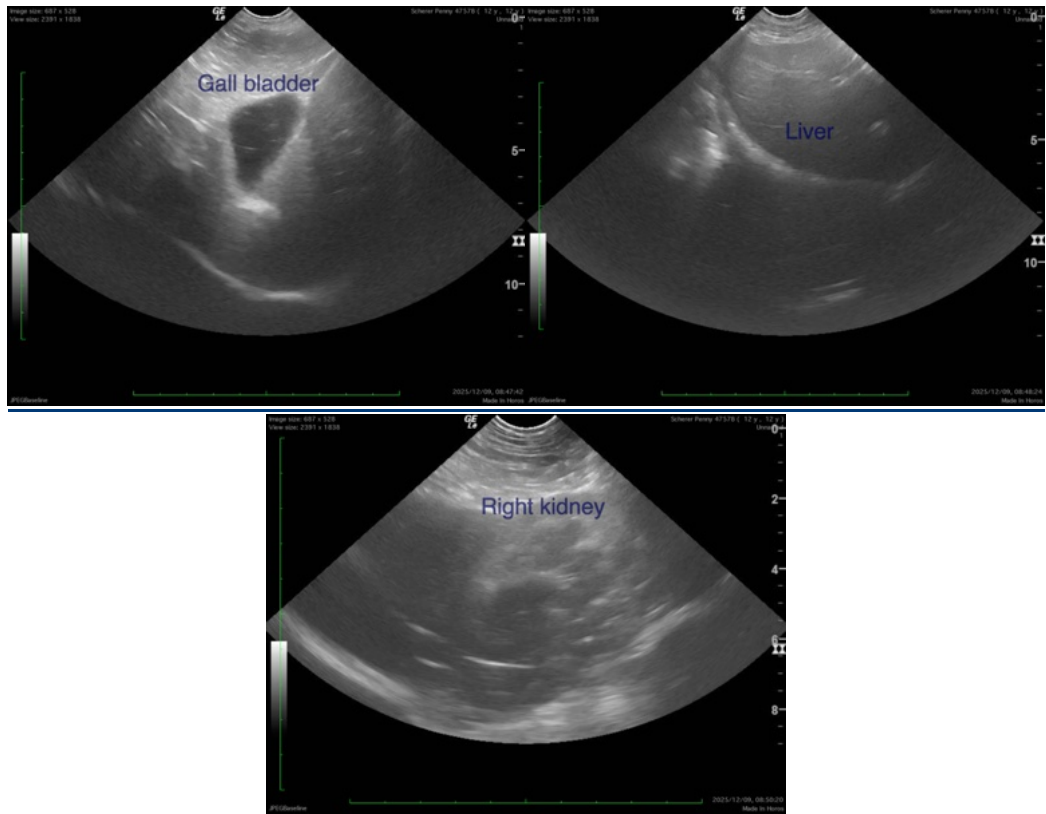
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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