



PATIENT

Potter Connor

SPECIES

Canine

BREED

Poodle Mix

SEX

Neutered male

AGE

3 years

WEIGHT

27.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Hollway

HOSPITAL NAME

Seven Valleys VH

REFERRING VET

Dr. Deihl

INVOICE

69422

DATE

12/9/25

PRESENTING CLINICAL SIGNS

History: ~ 3 weeks of increased urination, accidents inside the house - does still ring bell to go out, but also having accidents in the house sometimes large amount. Seems hungry all the time - begging for food and smacking food bag. Eats IAMS dog food. Drinking = normal. NO C/S/V/D. 12/1/25 AXR to IDX: FINDINGS: The liver is mildly large. There is slight radiopaque foreign debris within the large bowel, without abnormal GI dilation. The urinary bladder and renal silhouettes are partly superimposed over bowel. However, no obvious structural abnormalities or radiopaque urinary calculi are appreciated. Peritoneal serosal detail is adequate. No other significant abdominal abnormalities are identified. Within the visible caudal thorax, no significant abnormalities are noted. IMPRESSIONS: -No significant structural abnormalities or radiopaque calculi of the urinary tract are identified. -Mild hepatomegaly. This most likely represents benign metabolic/physiologic processes or inflammation. Infiltrative disease such as neoplasia cannot be entirely excluded.

Abnormal PE/Chem/CBC/UA Results: Very BAR. Abdomen palpates TTP; no pain, tenderness or masses on palpation. Heart/Lungs = NSF. Penis tip out and dark red to purple. Some hair stuck to very dry surface. Extruded the rest of the way easily, but the entirety is slightly purple. Able to return to sheeth after coating surface with sterile saline. Normal ambulation; BCS 6.5/9; not allow Hip ROM, good individual HL ROM; hx L MLP 1/4, R MLP 2/4--NOT APPRECIATING TODAY; hx 75% hip ext. Grade 3 ddz. R pop mild/mod 12/1/25 CBC: NSF CHEMISTRY: NSF Lytes: NSF T4 = 3.2normal Urinalysis--FC USG >1.050 pH 6.0 bld 250 urobil 1 WBC <1/hpf RBC 49/hpf nsEpi <1/hpf CaOx 1-5/hpf Struvite 1-5/hpf unclassified crystals 1-5/hpf URINE CULTURE = NEG

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.

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 4.1 cm, right measured 5.2 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. Normal color flow pattern is evident in both kidneys.

The prostate is small and hypoechogenic measuring 0.7 cm in width.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.49 cm in width. The right adrenal gland measured 0.42 cm in width.



PATIENT

Potter Connor

SPECIES

Canine

BREED

Poodle Mix

SEX

Neutered male

AGE

3 years

WEIGHT

27.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Hollway

HOSPITAL NAME

Seven Valleys VH

REFERRING VET

Dr. Deihl

INVOICE

69422

DATE

12/9/25

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 1.6 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 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.

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 in the stomach compatible with a recent meal. Fecal material is present in the colon.

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

- Urinary bladder sediment.
- Gallbladder sediment.



PATIENT

Potter Connor

SPECIES

Canine

BREED

Poodle Mix

SEX

Neutered male

AGE

3 years

WEIGHT

27.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Hollway

HOSPITAL NAME

Seven Valleys VH

REFERRING VET

Dr. Deihl

INVOICE

69422

DATE

12/9/25

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the urinary bladder sediment would be incidental debris or crystalluria as per the patient's history.

The gallbladder sediment can be considered an incidental finding.

On this ultrasound there is no obvious etiology for the presenting clinical signs.

It is highly unlikely that the urinary bladder sediment is resulting in the presenting clinical signs.

Further assessment that can be considered would be a contrast urethrogram.

Specific therapy would be dependent on an etiological diagnosis.





PATIENT

Potter Connor

SPECIES

Canine

BREED

Poodle Mix

SEX

Neutered male

AGE

3 years

WEIGHT

27.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Hollway

HOSPITAL NAME

Seven Valleys VH

REFERRING VET

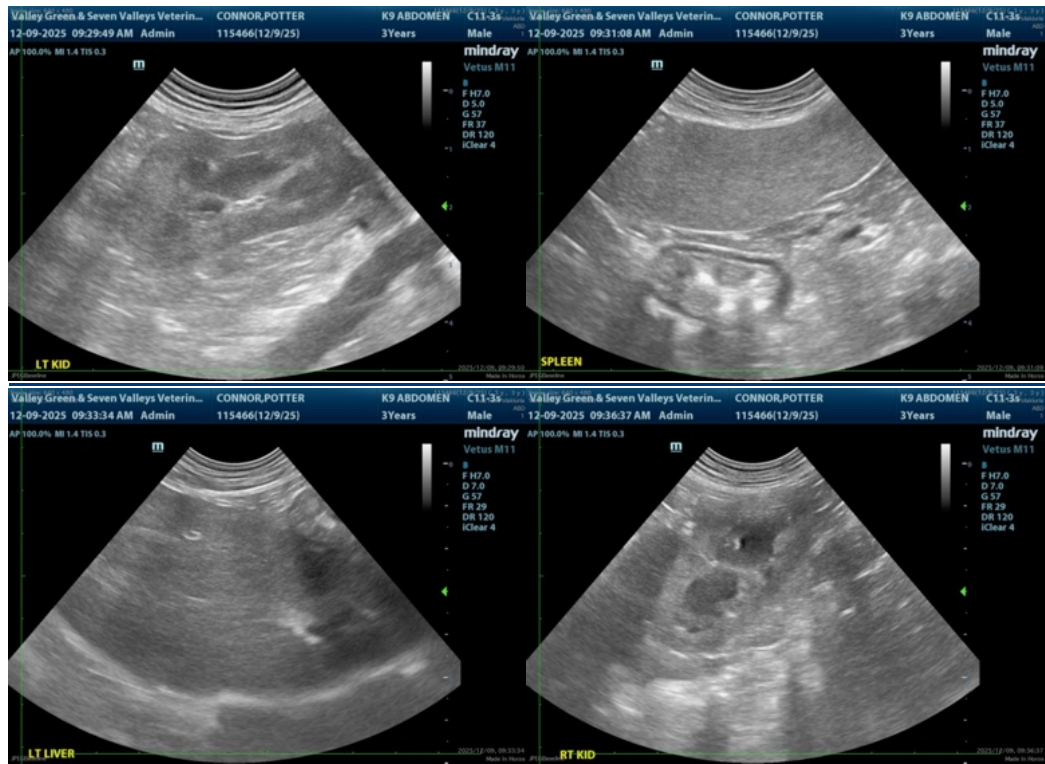
Dr. Deihl

INVOICE

69422

DATE

12/9/25



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