



PATIENT

Remington Rossiter

SPECIES

Canine

BREED

Pitbull Mix

SEX

Spayed female

AGE

7 years

WEIGHT

45 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Danielle Shemanski,
DVM, MA

HOSPITAL NAME

Western New York
Veterinary Service

REFERRING VET

Dr. Buck

INVOICE

71534

DATE

2/12/26

PRESENTING CLINICAL SIGNS

- RDVM REASON FOR REFERRAL: Hematuria noted on 2/9/25
- MEDICATIONS: Clavamox Tablet 250mg. Taken for 14 days. Prescribed on 1/22/26. Carprofen 100mg. Taken for 10 days. Prescribed on 1/22/26. Not currently on any medication.
- U/A 1/22/26: WBC 750/HPF, RBC>50/HPF RODS TT, no crystals. U/A 2/3/26: No RBC's, WBC on bacteria.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full with a thickened and irregular appearance of the apical wall with the rest of the wall having a normal thickness and small appearance. A small amount of floating, hyperechogenic sediment. 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 5.1 cm, right measured 6.8 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 2.78 cm in length x 0.84 cm and 0.6 cm in width. The right adrenal gland measured 2.43 cm in length x 0.77 cm and 0.92 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. Focal, hypoechogenic parenchymal nodule was noted in the body of the spleen measuring 0.5 cm in size. The spleen measures 2.1 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 small 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.

Thorax

Normal appearance of the heart. No pericardial or pleural effusion evident.

ULTRASONOGRAPHIC FINDINGS

- Urinary bladder thickening.
- Splenic nodule.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

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

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

Specific therapy would be dependent on an etiological diagnosis.



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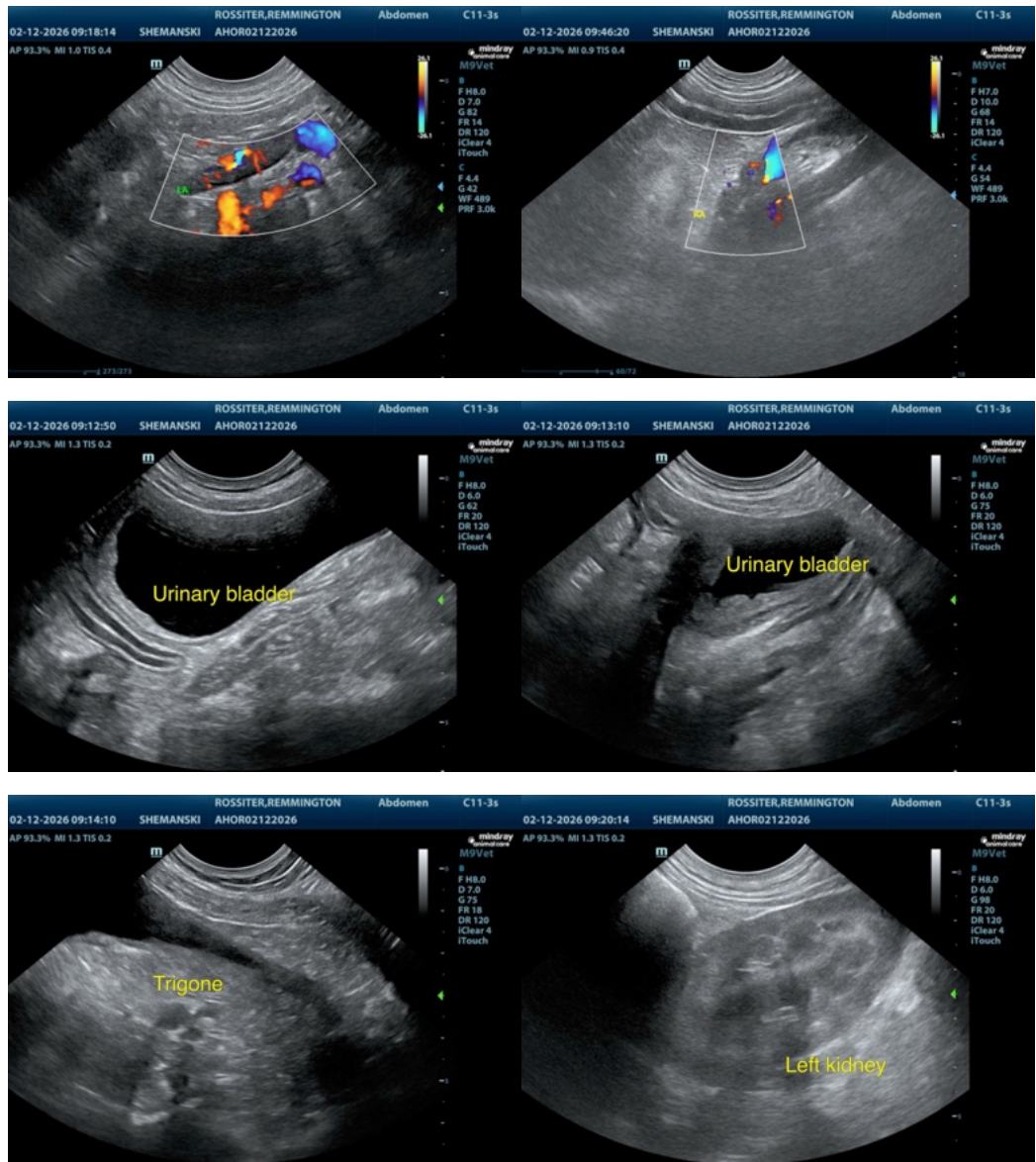
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Ultrasound monitoring of the splenic nodule would be recommended and if there is any progressive enlargement or bulging of the overlying capsule noted then a splenectomy would be indicated.





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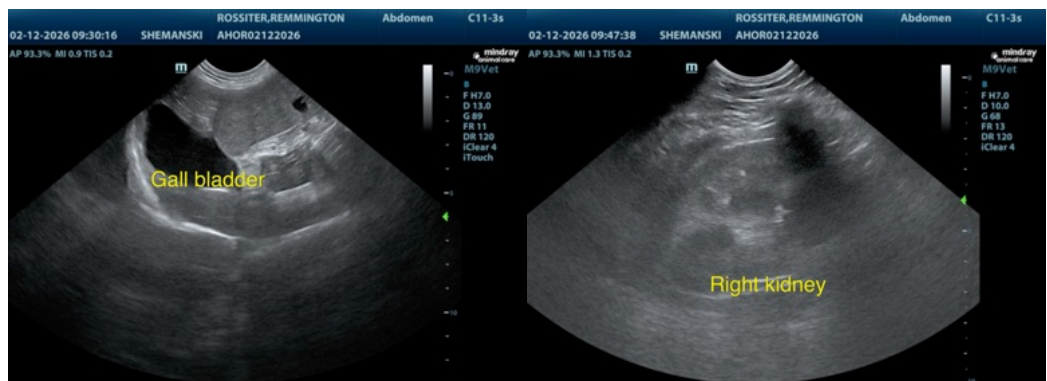
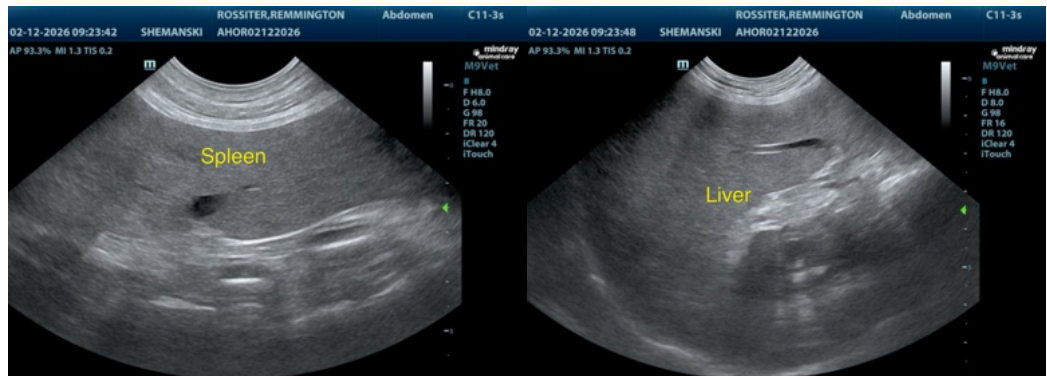
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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