



PATIENT

Kylo Hooper

SPECIES

Canine

BREED

Lab Mix

SEX

Neutered male

AGE

3 years

WEIGHT

62 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Christina Wagner

HOSPITAL NAME

Angeles Clinic for
Animals

REFERRING VET

Dr. Wagner

INVOICE

71603

DATE

2/16/26

PRESENTING CLINICAL SIGNS

- Obtained as a stray about 2 years ago. Owner reports pet tends to not drink water frequently, but when he does drink will drink a large volume. Has had periods of inappropriate urination - in the home - voids full bladder; worsened in Sept of 2025.
- Initial UA w/culture at that time had >100,000 cfu/ml E. Coli, USG 1.005 - treated with amoxi. Following treatment USG improved to 1.040, benign sediment, and thirst/urination improved per owner
- Jan 2026 owner reported recurrence of inappropriate urination and increased thirst again. USG 1.006, staph pseudointermedius on c/s but quiet sediment. Treated with antibiotics
- Recheck UA w/culture after abx indicated USG 1.003. benign sediment, culture no growth
- CBC, chem, 4dx all wnl UA - most recent UA USG 1.003, benign sediment, culture negative
Collected urine for USG today - after about 3 hours of no access to water - 1.020. Did have access to water overnight/before getting to clinic, but owner didn't think he drank very much.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is small 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 6.0 cm, right measured 6.2 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.

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 0.46 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 1.6 cm in width.



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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.

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

As the patient appears to concentrate his urine after being restricted to water, psychogenic polydipsia would be an important diagnosis for this patient.



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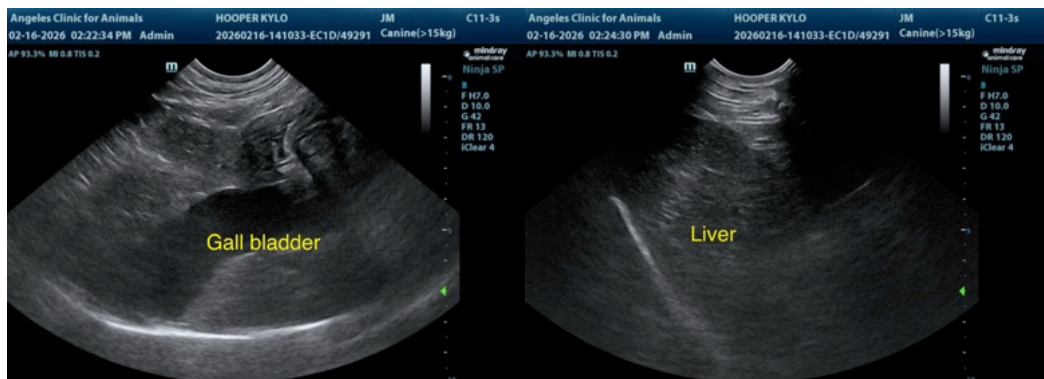
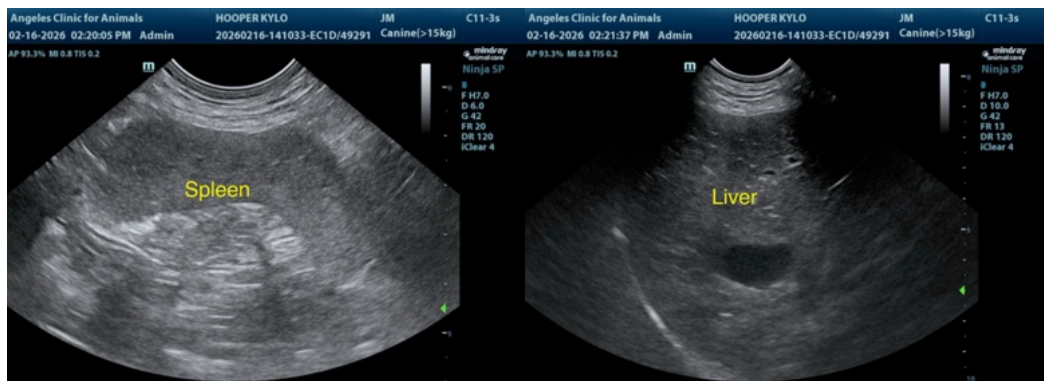
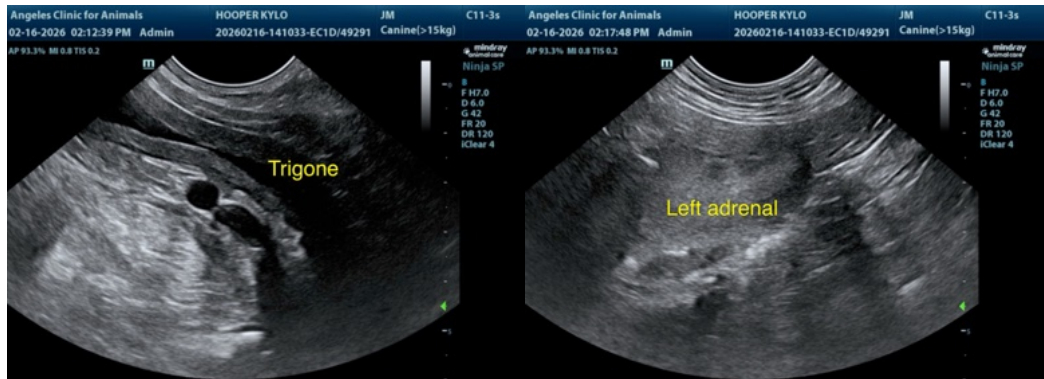
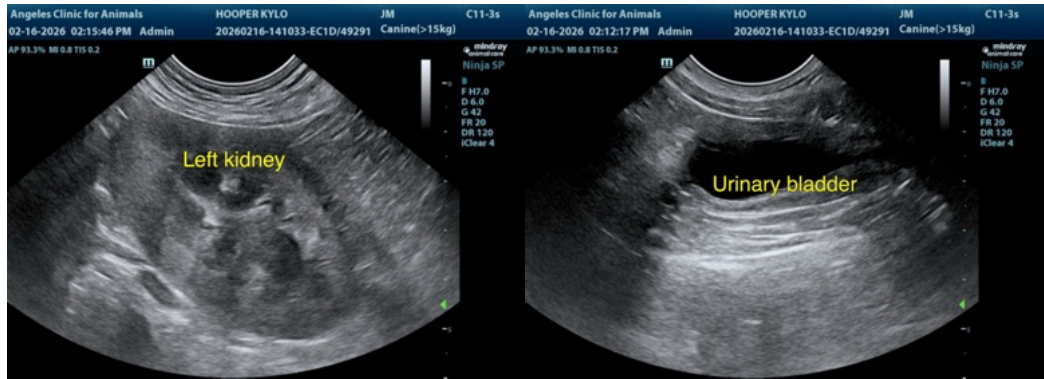
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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