

PATIENT

Kova McCorkle

SPECIES

Canine

BREED

Great Dane

SEX

Female

AGE

14 weeks

WEIGHT

42.7 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Devon Papa, CVT

HOSPITAL NAME

Valley Veterinary
Service

REFERRING VET

Dr. Samson

INVOICE

71624

DATE

2/17/26

PRESENTING CLINICAL SIGNS

- Non-client referral for abdominal ultrasound. Suspected ectopic ureters. Frequent urinary accidents and dribbling. Urine was brown/red in color. UTI was confirmed and treated but urine color didn't change. Last two cultures were negative.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is small with a normal thickness and smooth appearance of the wall. A moderate 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. Visible right proximal ureter measured 0.3 cm in diameter. The left ureter is not visualized and can be considered a normal finding. A single urethral jet is evident in the bladder.

Normal renal size (left measured, right measured), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, and capsule. No infarcts, mineralization or renoliths evident. Mild, left-sided pyelectasia with a hyperechogenic appearance of the pelvis. 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 0.41 cm and 0.42 cm in width. The right adrenal gland measured 0.65 cm in width.

Spleen

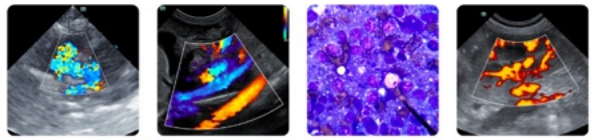
Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 1.4 cm in width.

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 normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.



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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

- Urinary bladder sediment.
- Left sided pyelectasia.
- Visible proximal right ureter.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

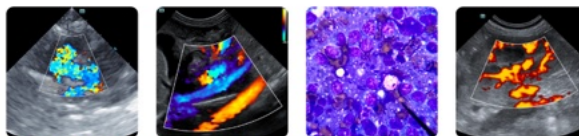
The most likely etiology for the urinary bladder sediment would be incidental debris.

Although there is no obvious ectopic ureters evident on this ultrasound, with the visible proximal right ureter, an ectopic ureter should still be considered.

Although the appearance of the left pelvis may merely be an incidental finding, with the chronic urinary tract infections, low-grade ascending pyelonephritis would be an important differential diagnosis.

Further assessment of possible ectopic ureters would be either a CT angiogram or retrograde contrast vaginogram.

Specific therapy would be dependent on an etiological diagnosis.



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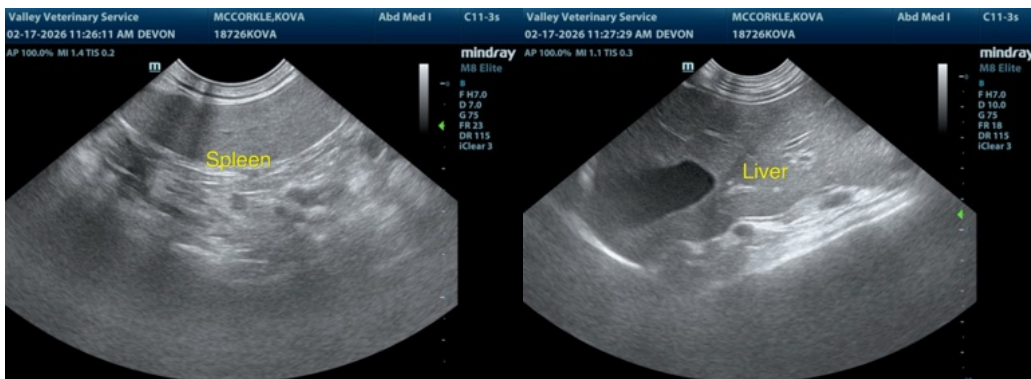
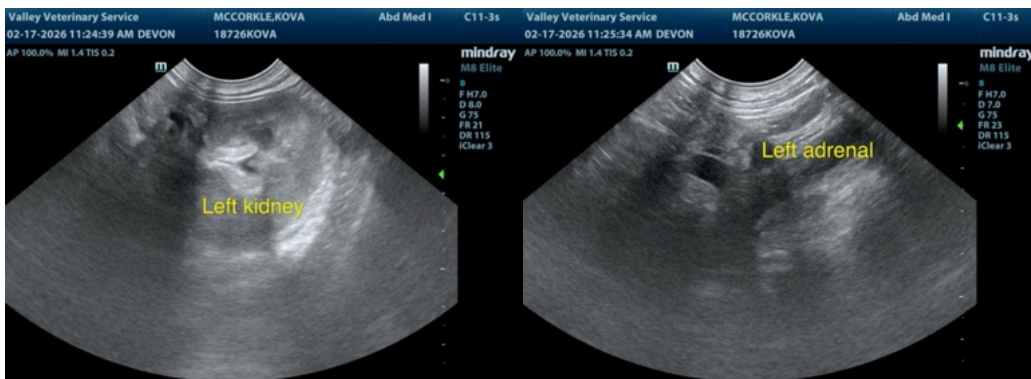
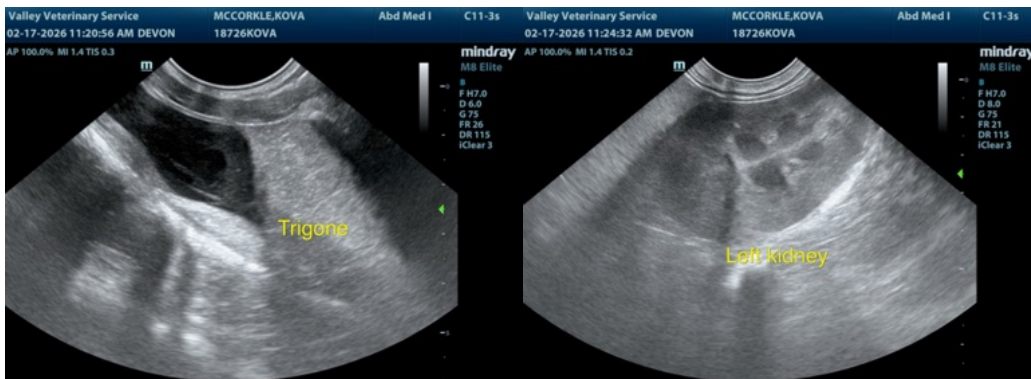
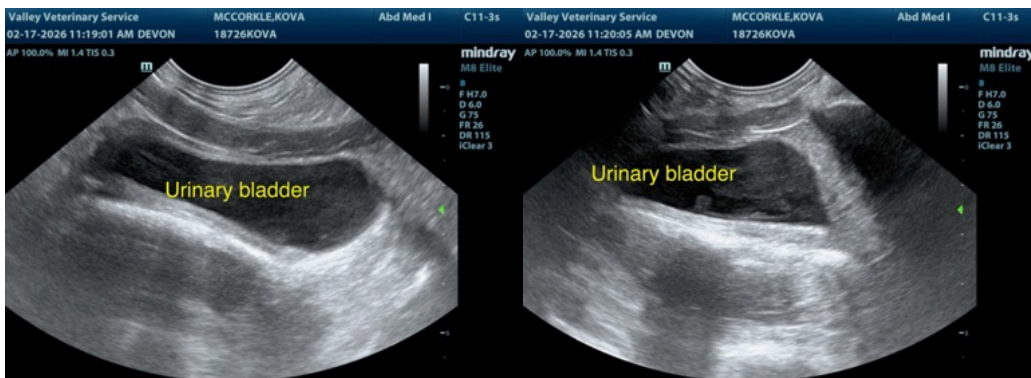
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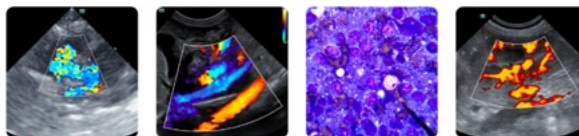
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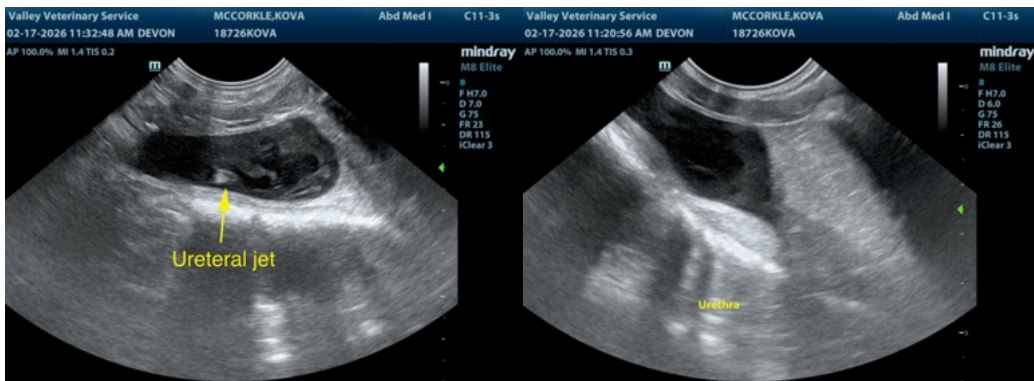
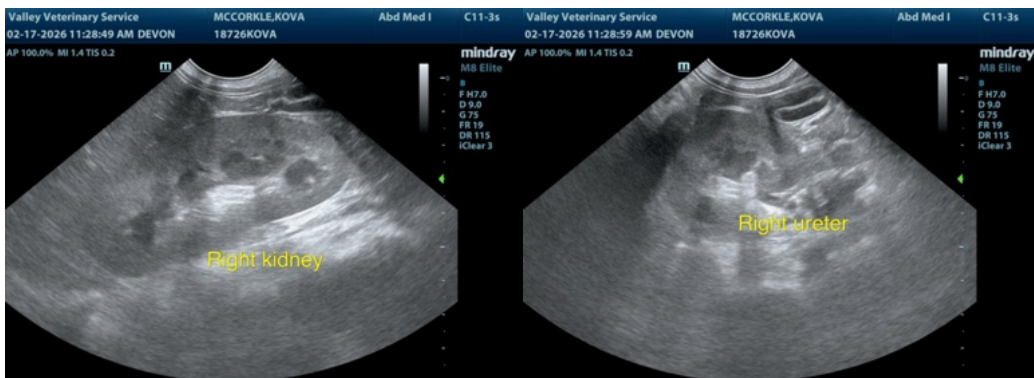
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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