



## PATIENT

Abby Grullon

## SPECIES

Canine

## BREED

Mini Schnauzer

## SEX

Spayed Female

## AGE

8 Years

## WEIGHT

11 Pounds

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Julia Bakker, DVM

## HOSPITAL NAME

Orange Blossom VI

## REFERRING VET

Nicole Day, DVM

## INVOICE

35658

## DATE

2/2/26

## PRESENTING CLINICAL SIGNS

- History of seeming uncomfortable, whining, and having a tense abdomen
- Radiographs of abdomen interpreted to have splenomegaly

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

Small, almost empty, urinary bladder 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, architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, and capsule. No infarcts, mineralization or renoliths evident. Left sided pyelectasia was noted. The left kidney measured 4.3 cm. The right kidney measured 4.1 cm. Normal colorflow pattern is evident in both kidneys.

### *Adrenal Glands*

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. The left adrenal gland measured 1.57 cm in length x 0.3 cm and 0.42 cm in width. The right adrenal gland measured 1.99 cm in length x 0.44 cm in width.

### *Spleen*

Normal size (1.0 cm in width) 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.

### *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*

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

### *Gastrointestinal*

Fluid and ingesta filled stomach was noted, with no obvious pyloric obstruction evident. Normal appearance of the 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*

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.



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**Free Abdomen**

Normal mesenteric lymph nodes.

No ascites evident.

**ULTRASONOGRAPHIC FINDINGS**

- Left sided pyelectasia
- Fluid and ingesta filled stomach

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Although the left sided pyelectasia may be an incidental finding, underlying low grade pyelonephritis should still be considered.

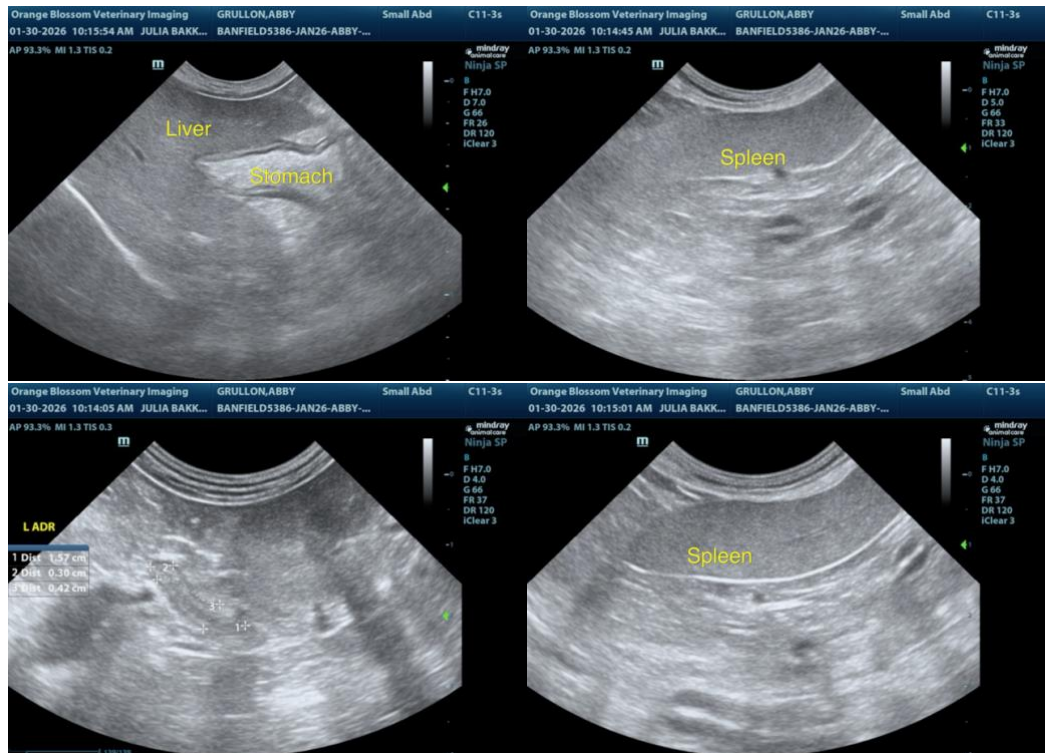
Etiologies for the appearance of the stomach would be a recent meal or gastric hypomotility.

Although the visible sections of the pancreas appear ultrasonographically normal, with the presenting clinical signs, underlying low grade pancreatitis should still be considered.

With the presenting clinical signs, an important etiology would be intervertebral disc disease.

Further assessment would be urinalysis, urine culture, CPL/PSL assay, and neurological examination.

Specific therapy would be dependent on an etiological diagnosis.





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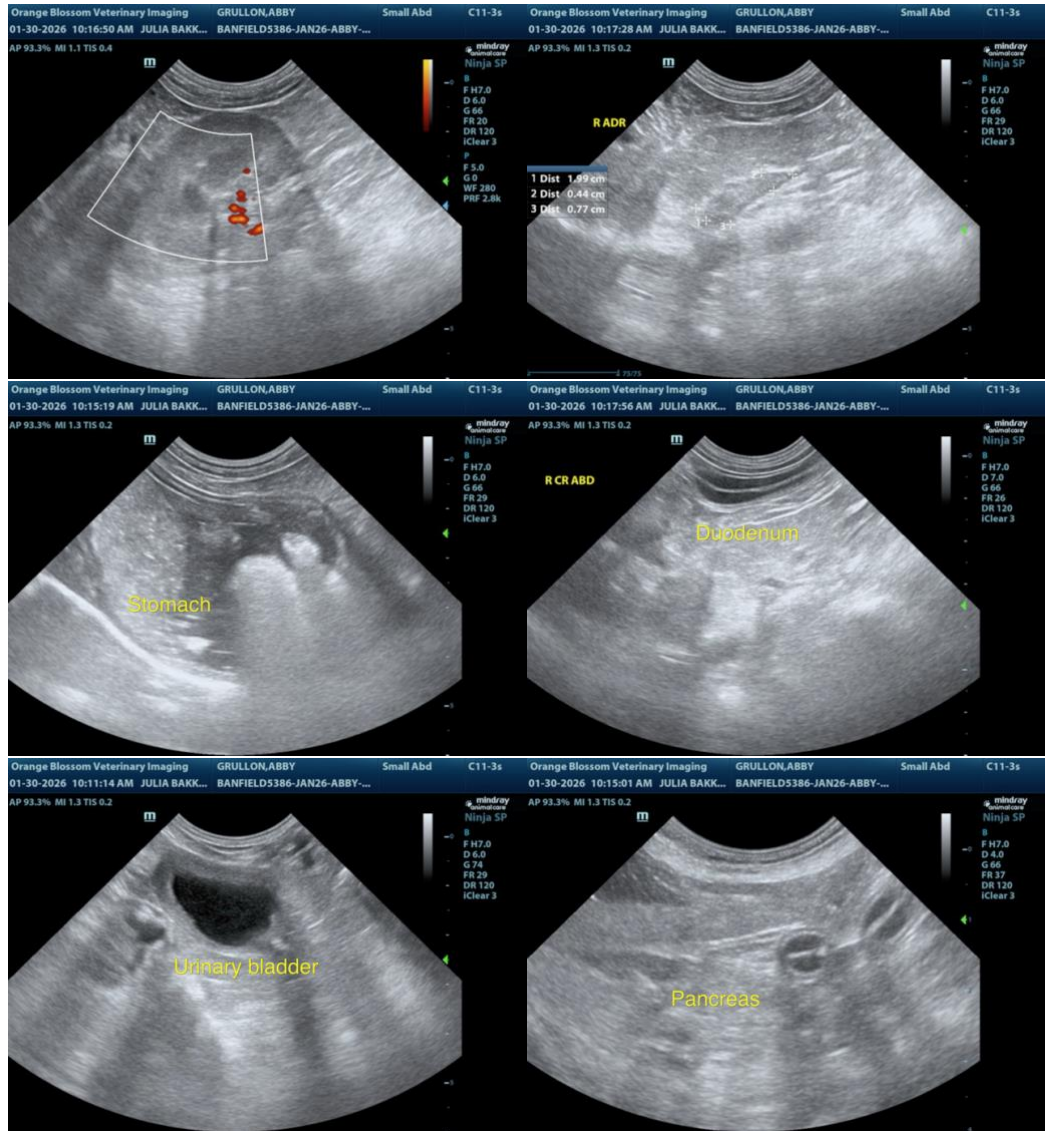
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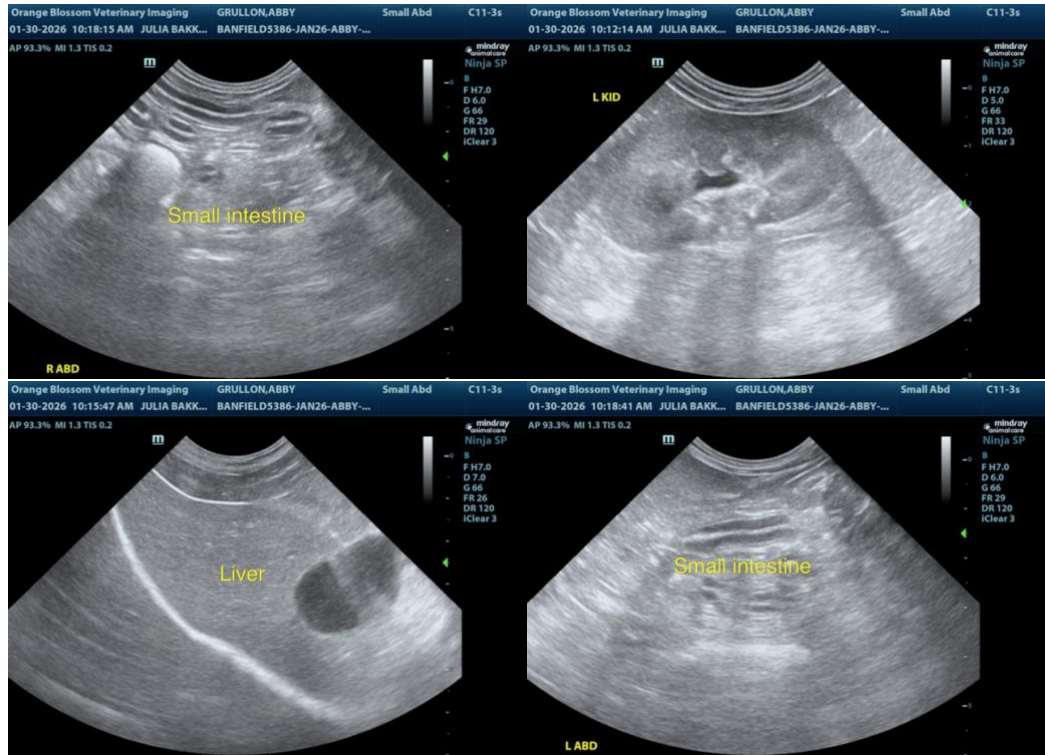
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)