



## PATIENT

Max LeBoeuf

## SPECIES

Canine

## BREED

Golden Retriever

## SEX

Neutered male

## AGE

5 years

## WEIGHT

65.4 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Brandi Barry

## HOSPITAL NAME

Bluegrass AH

## REFERRING VET

Dr. Barry

## INVOICE

71785

## DATE

2/23/26

## PRESENTING CLINICAL SIGNS

- Patient presented 2/20/26 following an acute episodes of polydipsia, urinary incontinence, and inappropriate urination inside.
- Patient stayed with a friend for a few days while owner was out of town, and they reported an excessive water intake by patient.
- Owner reports that patient was very low in energy after returning home, but seemed back to normal the next day.
- Patient seemed to have leaked urine in the bed overnight per owner, then he voided his full bladder in the house the next morning before the owner was able to take him outside (unusual behavior for him).
- Owner reports that patient had a similar episode ~1y ago while in Canada and had a full work-up, but no underlying illness detected. Patient still travels to and from Canada with owner, and was there earlier this year.
- Owner had noticed that patient has been trending down in weight over the last year, but says he is very active.
- Owner reports that patient's appetite may be slightly increased at home.
- UTD on vaccines, including Lepto.
- BCS 4/9. Weight loss (3 lbs) since August '25. Labs from 2/20/26: CBC/Chem17/Lytes: AMYL 452 (L); all else WNL UA: USG 1.036. pH 6.5. UBG 4mg/dL. BIL 3mg/dL. Inactive sediment. Urine was bright yellow in color. 1st catch USG 2/21/26: > 1.040

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder is full 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 6.4 cm, right measured 7.9 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. A small, incidental cortical cyst is present in the left kidney measuring 0.8 cm in size.

The prostate is small and hypoechogenic.

### Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.41 cm and 0.44 cm in width. The right adrenal gland measured 0.78 cm and 0.67 cm in width.



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## *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 3.4 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.

## *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

No specific therapy is recommended at this time.



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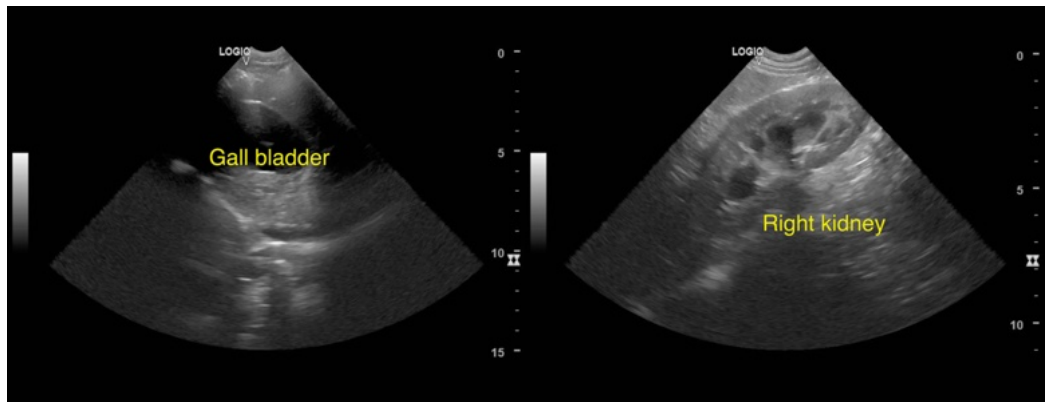
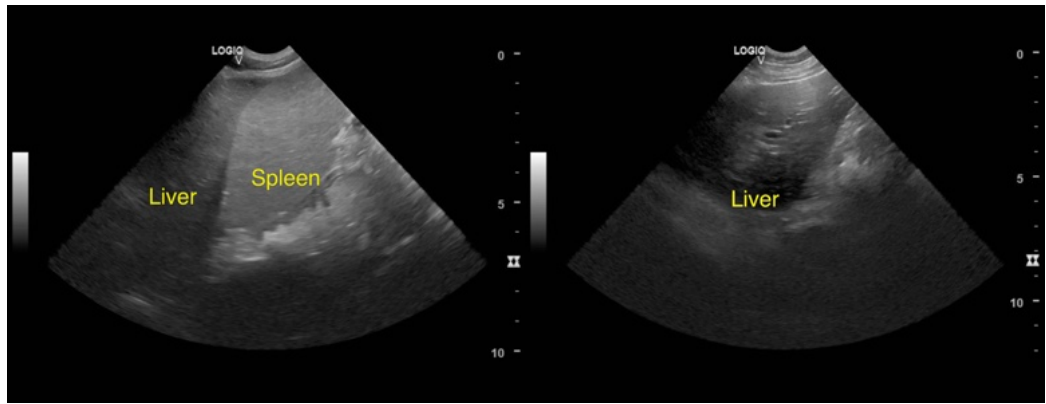
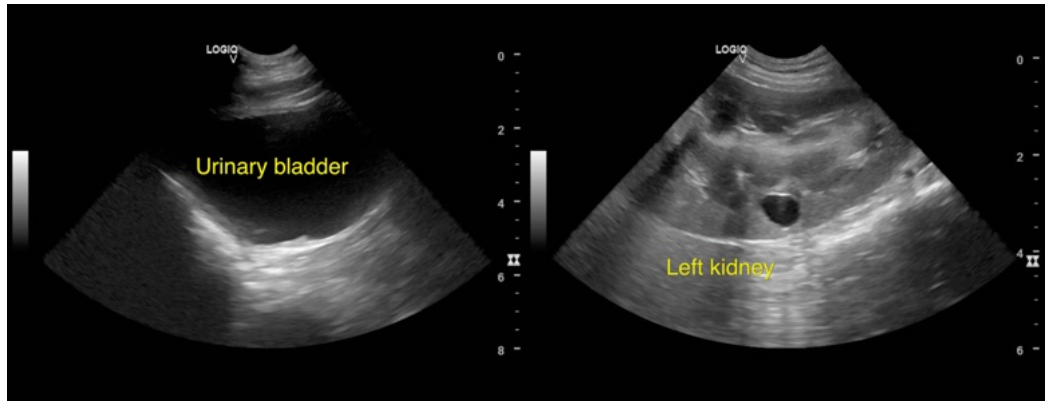
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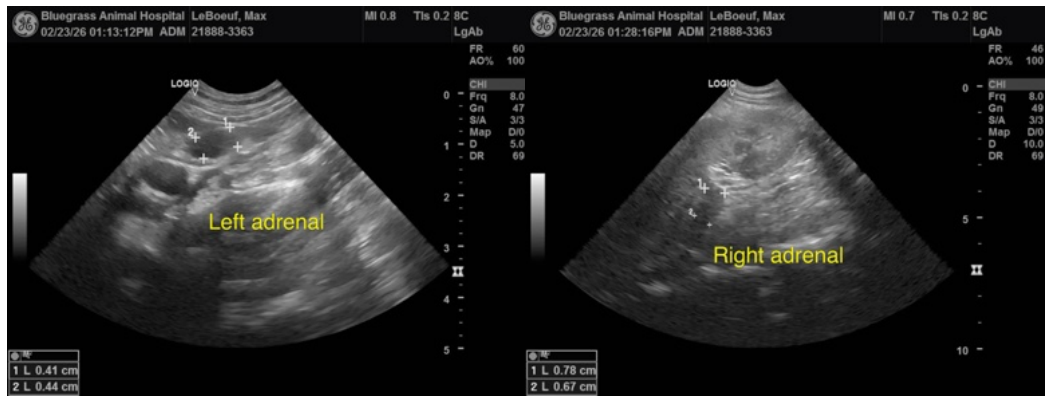
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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