



PATIENT

Penelope Joy

SPECIES

Canine

BREED

Golden Retriever

SEX

Female

AGE

4 years

WEIGHT

80 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. Morgan

INVOICE

72026

DATE

2/27/26

PRESENTING CLINICAL SIGNS

Reason for Referral: Concern for urinary stones and recurring urinary issues.

Urinary History: Increased urinary frequency and accidents for 1-2 years, despite a normal urinalysis. No reported straining or pollakiuria; squats normally when urinating. Previous Carprofen use provided no difference.

Weight/Diet: Gained weight due to overfeeding by the owner's granddaughter.

Behavioral Changes: Overly needy. Pants unexpectedly. Sometimes seems "down in the dumps" / less active/low-key. Bizarre behavior includes jumping on the owner's bed and laying on her head (abnormal).

Owner Context: Owner has recent health issues, making the onset of behavioral changes unclear.

Other: Appetite and stools are normal. Unknown if thyroid status has been checked.

MEDICATIONS: Carprofen 75 mg BID, Keflex 750 mg BID (as of 12/17), Craniadin urinary supplement (as of 11/2025)

UA NSF; USG= 1.020

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is small with a normal thickness and smooth appearance of the wall. The urinary bladder wall measured 0.3 cm. 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 6.2 cm, right measured 6.5 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 2.47 cm in length x 0.72 cm and 0.6 cm in width. The right adrenal gland measured 2.71 cm in length x 0.53 cm and 0.6 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 1.8 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.

Thorax

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

ULTRASONOGRAPHIC FINDINGS

- Normal ultrasound examination of the abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

With the presenting clinical signs, an underlying behavioral issue needs to be considered.



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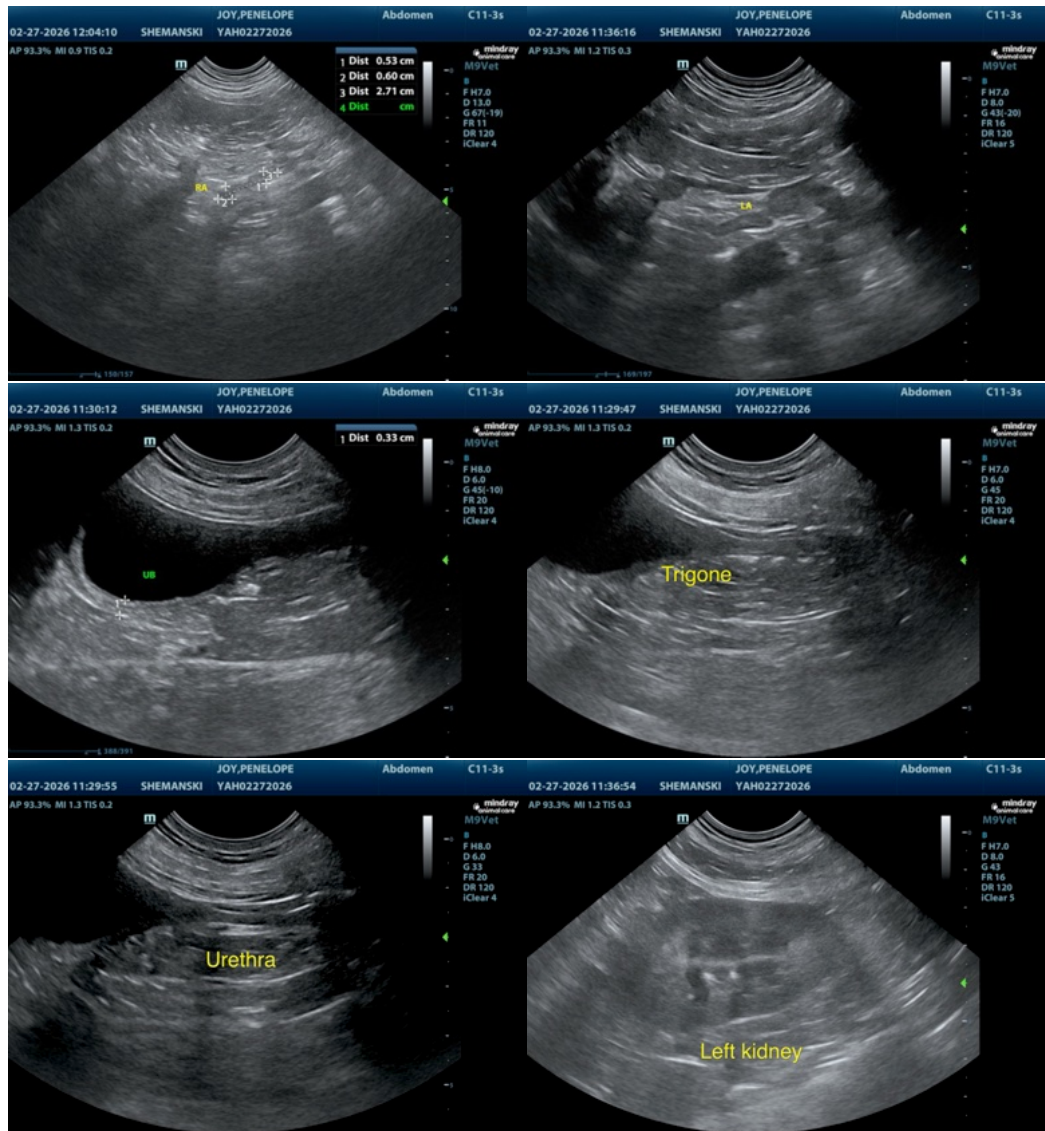
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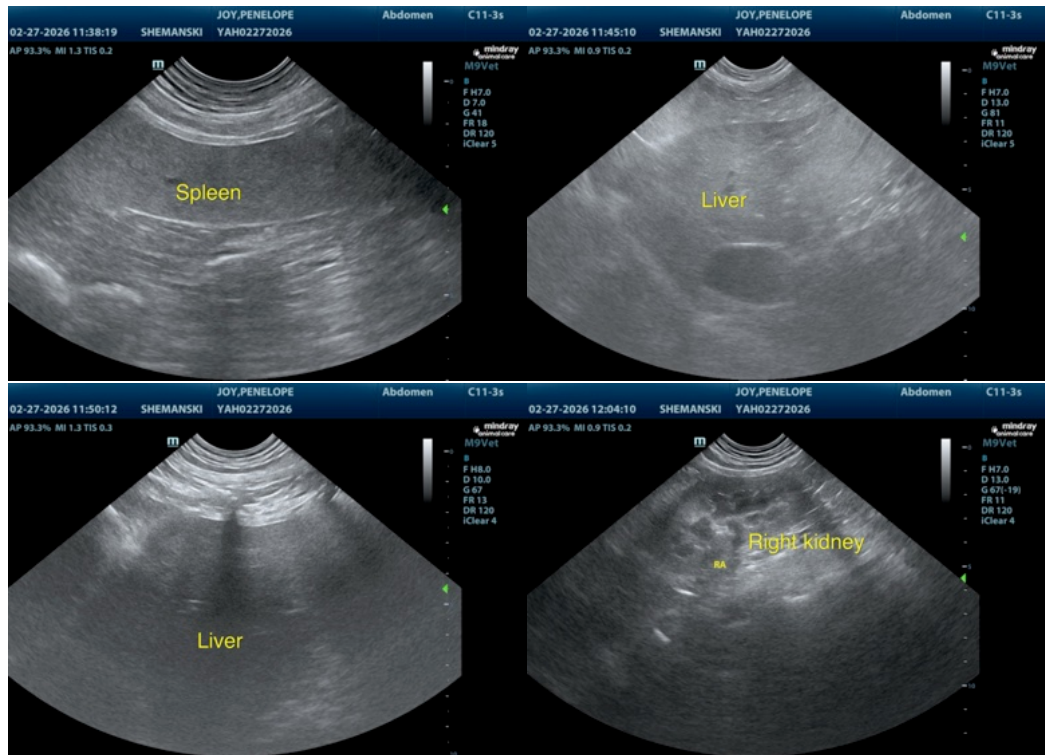
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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