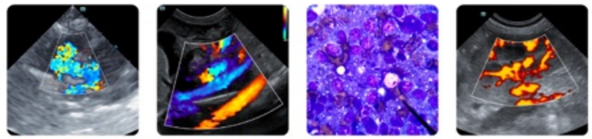




**PATIENT**
Sage Shields

**SPECIES**
Canine

**BREED**
Border Collie Mix

**SEX**
Spayed female

**AGE**
12 years

**WEIGHT**
48 lbs

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

**IMAGING PERFORMED BY**
Dr. Brandi Kurzowski

**HOSPITAL NAME**
Corfu VC

**REFERRING VET**
Dr. Beaty

**INVOICE**
71169

**DATE**
2/3/26

## PRESENTING CLINICAL SIGNS

- P presented 1/28/26 for decreased appetite for several days. No v/d. P is down over 7 lb since March 2025. Severe UTI, Non-regenerative anemia - Anemia of chronic disease vs loss
- Severe Neutrophilia/Moderate monocytosis - Secondary to UTI vs other. Anaplasma +. P prescribed a course of enrofloxacin. P still not eating 2/3/26, o elects abdominal ultrasound. O declined met check thoracic rads and recheck CBC today.
- 1/28/26 Chem 17 - ALKP^ - Otherwise WNL CBC - HCT - 32.9% - non-regenerative, Neutrophilia - 57.04 K/µL, Monocytosis - 3.64 K/µL Electrolytes - WNL U/A - TNTC Bacteria - both Rods and Cocci, WBCs, Blood, Protein - USG -1.008 4DX- anaplasma positive

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder is full with a diffuse thickening of the wall measuring up to 0.65 cm, but maintained a smooth appearance. 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 6.8 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*

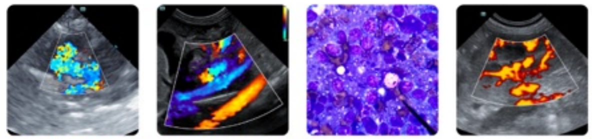
Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.64 cm in width. The right adrenal gland measured 0.56 cm and 0.63 cm in width.

### *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. Incidental myelolipoma is present. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 1.6 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.

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### *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.

Possible pleural effusion evident.

## ULTRASONOGRAPHIC FINDINGS

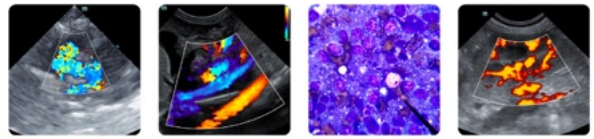
- Urinary bladder thickening.
- Pleural effusion?

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the urinary bladder would be consistent with bacterial cystitis.

Further assessment would be survey thoracic radiographs and pending those findings thoracic ultrasound.

Specific therapy would be dependent on an etiological diagnosis.





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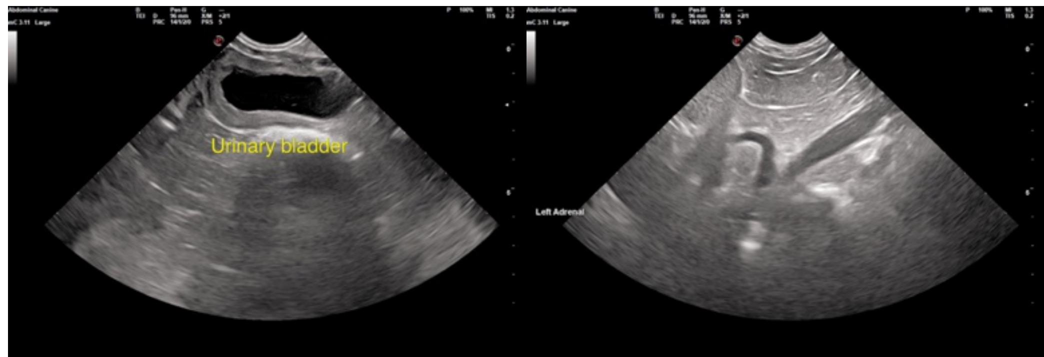


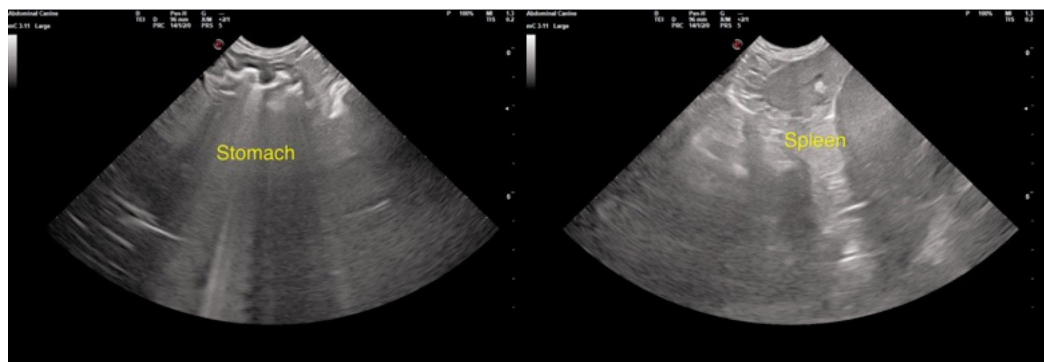


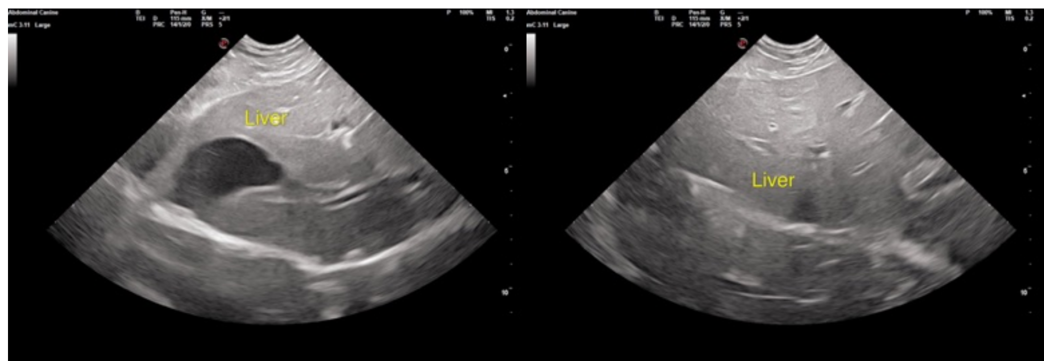


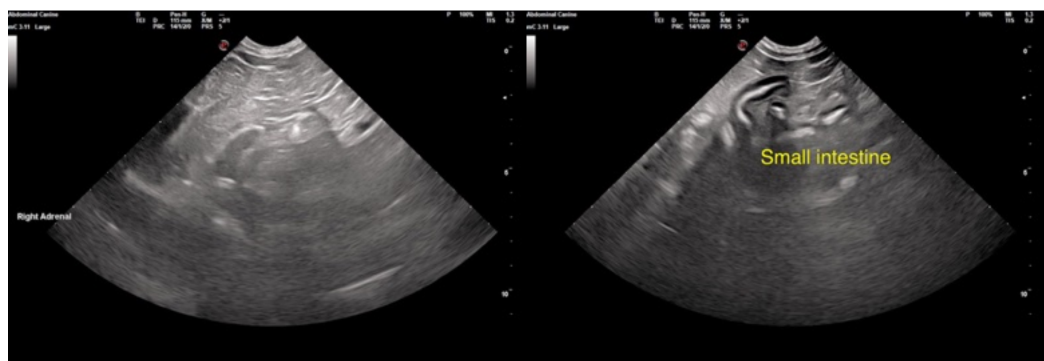

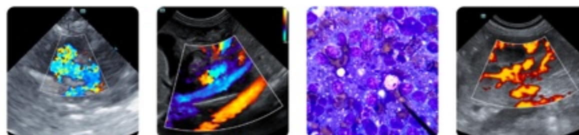



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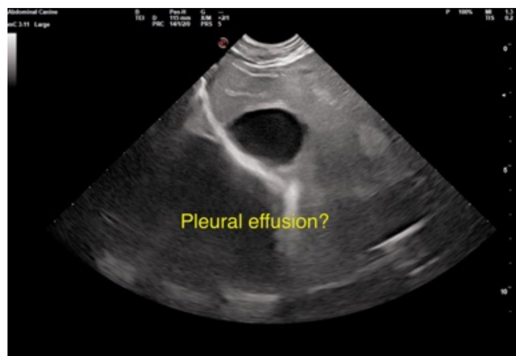


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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