



PATIENT

Lucky Dantoni

SPECIES

Canine

BREED

Pit Bull Mix

SEX

Male

AGE

12 years

WEIGHT

45.2 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. Hauschildt

INVOICE

71244

DATE

2/4/26

PRESENTING CLINICAL SIGNS

- Lucky D'Antoni, a patient presenting with a 12 lb weight loss over the past six months, is reported to have experienced a change in appetite. Although he had been eating well, the owner noted a refusal to eat his usual food last night, though he did consume salami and lick food from the owner's hand. Today, he ate some wet food at the primary veterinarian's office and appears more alert. His clinical history from yesterday includes being very unarousable, possibly having labored breathing, and displaying weak hind legs.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder revealed thickening of the apical wall of the bladder measuring 0.7 cm, but maintained a smooth appearance. The rest of the wall is of normal thickness maintaining a smooth appearance. A small amount of floating, hyperechogenic sediment is present. No 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 6.7 cm, right measured 7.6 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.

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 2.25 cm in length x 0.69 cm and 0.61 cm in width. The right adrenal gland measured 3.48 cm in length x 0.7 cm and 0.64 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.

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 a small amount of non-adhered, hyperechogenic sediment. 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. A small amount of ingesta is present in the stomach compatible with a recent meal.

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.

A scant amount of acellular ascites is present.

Thorax

Normal appearance of the heart. No pericardial or pleural effusion evident. Pulmonary consolidation is present.

ULTRASONOGRAPHIC FINDINGS

- Urinary bladder thickening.
- Urinary bladder sediment.
- Pulmonary consolidation.
- Gallbladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the appearance of the urinary bladder wall would be chronic bacterial cystitis, granulomatous disease and possibly emerging neoplasia

Etiologies for the urinary bladder sediment would be incidental debris, hematuria, crystalluria, and bacterial cystitis.



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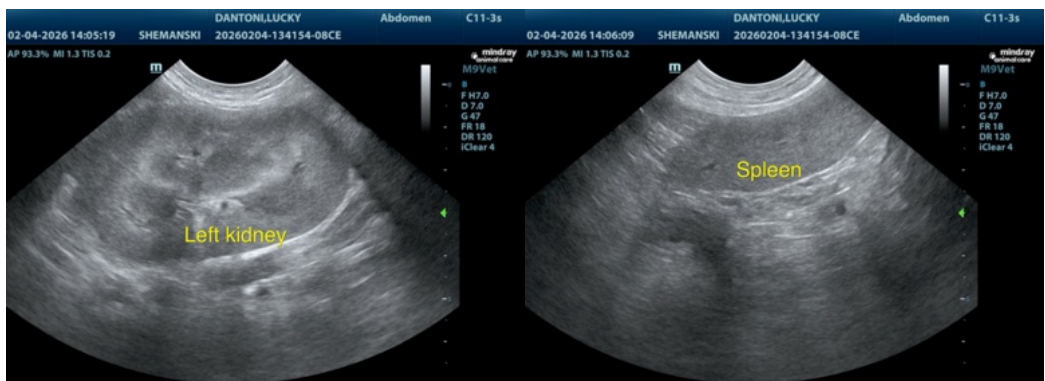
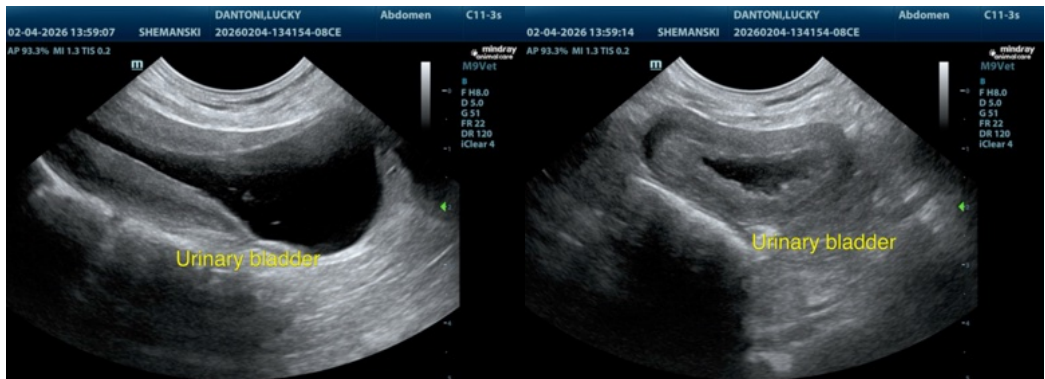
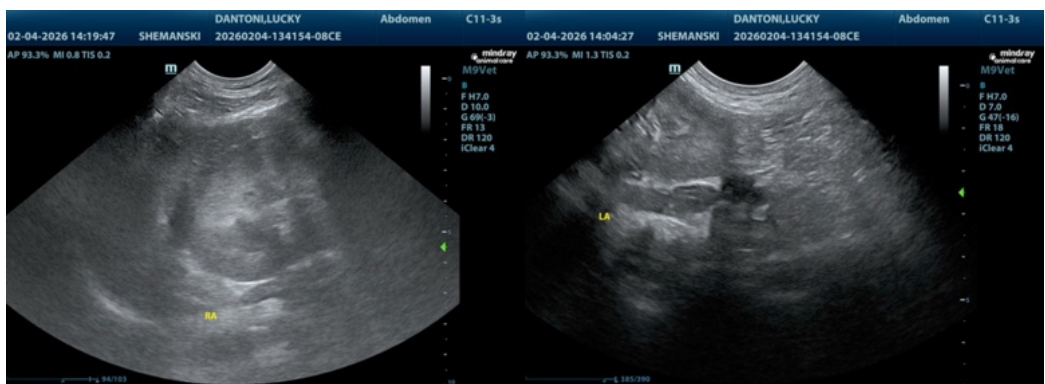
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Etiologies for the pulmonary consolidation would be edema, neoplasia and possibly bacterial pneumonia.

The gallbladder sediment can be considered an incidental finding.

Further assessment would be three view thoracic radiographs, urinalysis, urine culture, BRAF analysis and/or a catheter assisted aspirate/biopsy of the urinary bladder wall for cytology/histopathology and culture.

Specific therapy would be dependent on an etiological diagnosis.





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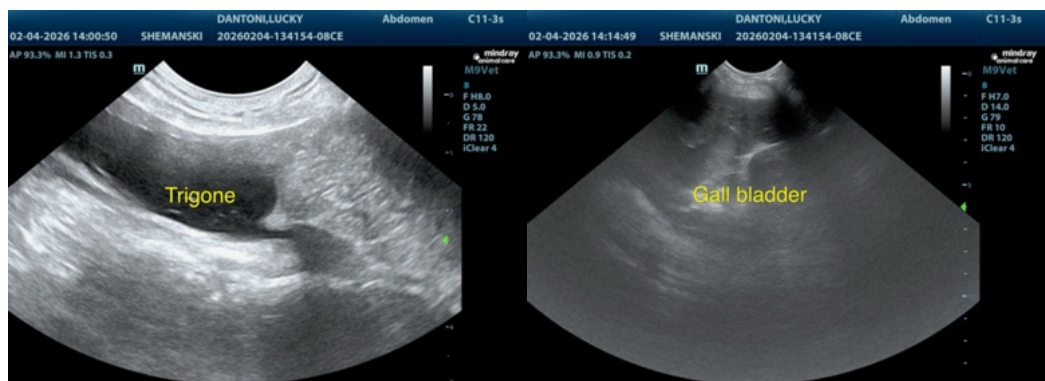
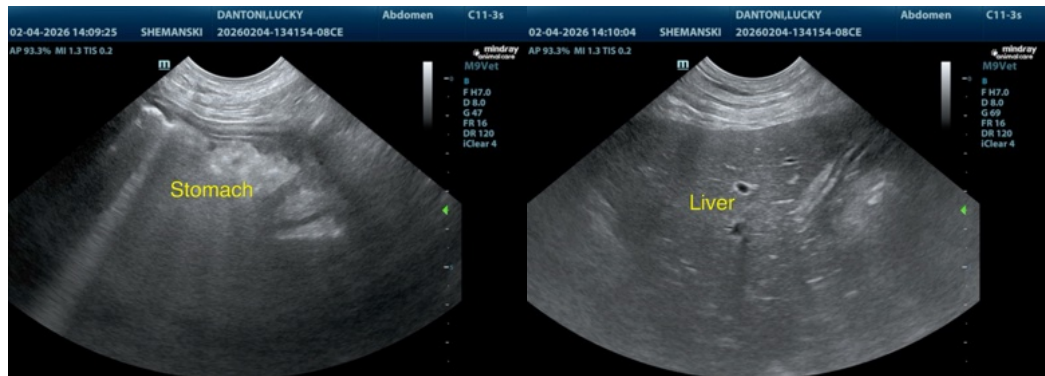
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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