



## PATIENT

Duncan Minchella

## SPECIES

Canine

## BREED

Pitbull

## SEX

Male

## AGE

12 years

## WEIGHT

61 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. Brenda Buck

## INVOICE

71344

## DATE

2/6/26

## PRESENTING CLINICAL SIGNS

- RDVM REASON FOR REFERRAL: Duncan has protein losing nephropathy. No known prior history of Lyme disease. Body condition = 4/5
- CLINICAL SIGNS: few urinary accidents in the house, otherwise no weight loss, good appetite and normal BMs
- MEDICATIONS: for sedation today, Duncan required 50mg acepromazine+ 400mg gabapentin + 15mg diazepam and then 0.5mL Dexdomitor
- Abnormal PE/Chem/CBC/UA Results: UPC =1.8 USG 1.023 Urine protein 100mg/dL CBC chem per RDVM = WNL including total protein and renal values.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder is small 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 6.3 cm, right measured 6.9 cm), increased echogenic appearance, some loss of cortico-medullary differentiation and normal pelvis, and capsule. No infarcts, mineralization or renoliths evident. Normal color flow pattern is evident in both kidneys. Small, incidental cortical cysts are present in the left kidney.

The prostate is small and hypoechogenic.

### Adrenal Glands

The adrenal glands are plump in size, but maintained normal shape, echogenic appearance, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 2.58 cm in length x 0.72 cm and 0.91 cm in width. The right adrenal gland measured 2.86 cm in length x 0.83 cm and 0.81 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 2.0 cm in width.



## PATIENT

Duncan Minchella

## SPECIES

Canine

## BREED

Pitbull

## SEX

Male

## AGE

12 years

## WEIGHT

61 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. Brenda Buck

## INVOICE

71344

## DATE

2/6/26

### *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 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.

### *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

- Age related renal changes versus early chronic kidney disease.
- Plump adrenal glands.
- Gallbladder sediment.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the plump adrenal glands would be age related reactive hyperplasia, or stress. Emerging pituitary dependent Cushing's disease would be a less likely differential diagnosis.



**PATIENT**

Duncan Minchella

**SPECIES**

Canine

**BREED**

Pitbull

**SEX**

Male

**AGE**

12 years

**WEIGHT**

61 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. Brenda Buck

**INVOICE**

71344

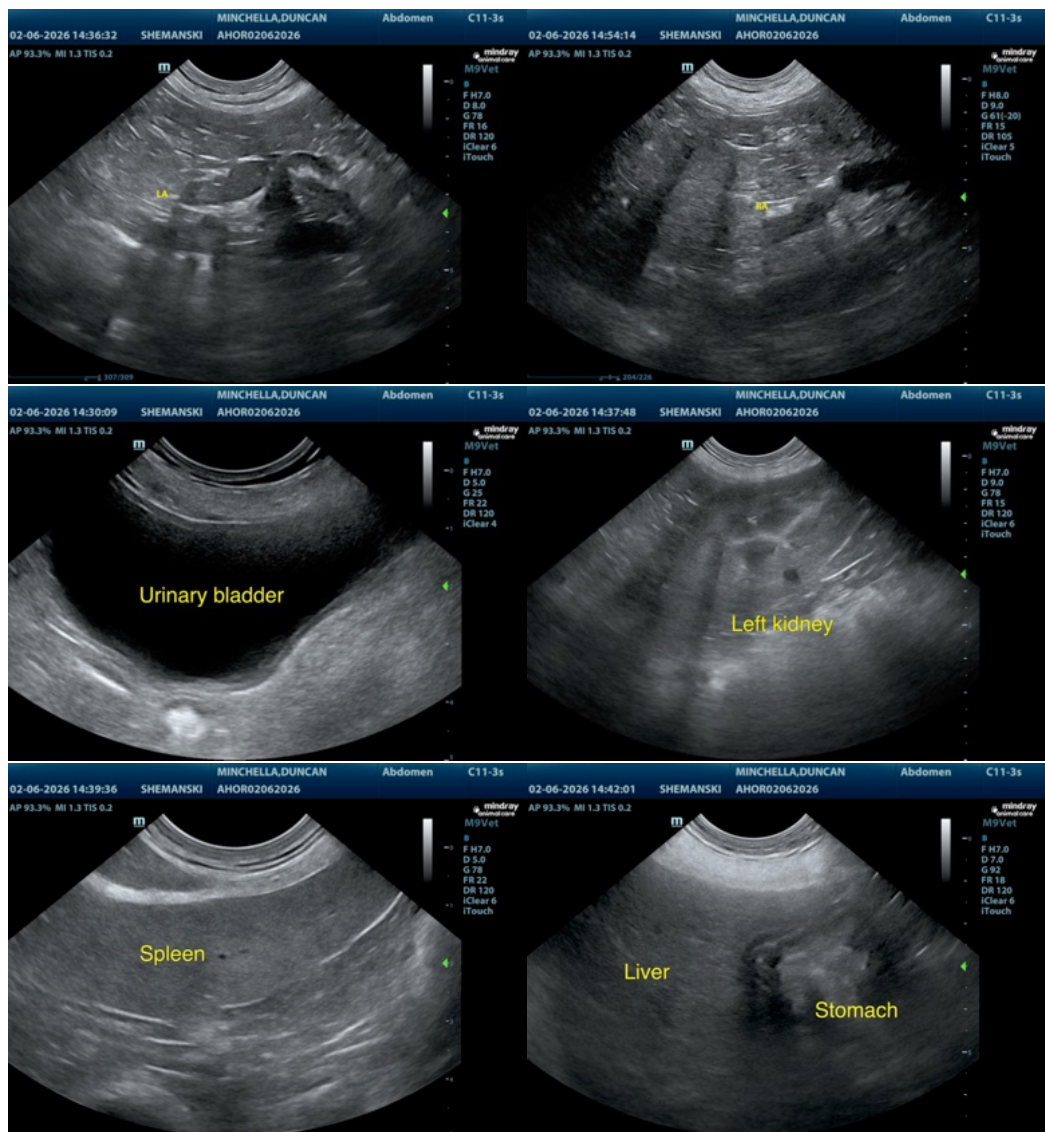
**DATE**

2/6/26

Further assessment would be urine to cortisol to creatinine ratio and if abnormal then adrenal function testing (ACTH stimulation/LDDST) would then be indicated.

Further assessment of the proteinuria would be blood pressure.

Specific therapy would be dependent on an etiological diagnosis. Management of the proteinuria (if not already done) would be either an ace inhibitor or receptor blocker and Omega 3 fatty acid supplementation.





## PATIENT

Duncan Minchella

## SPECIES

Canine

## BREED

Pitbull

## SEX

Male

## AGE

12 years

## WEIGHT

61 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

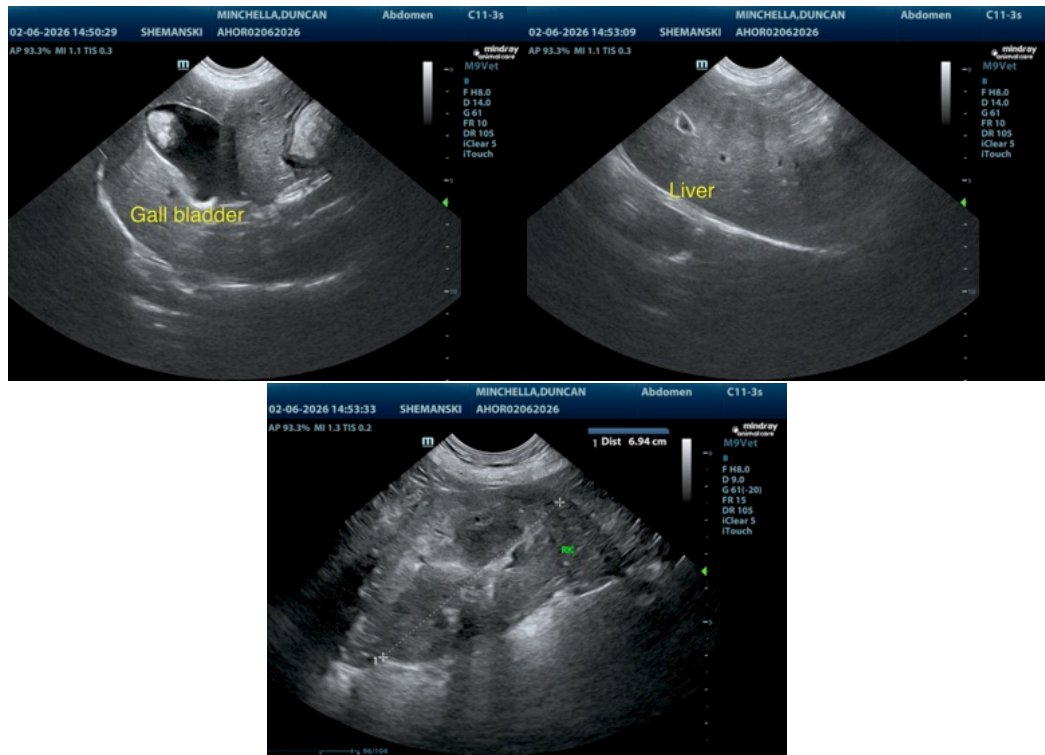
Dr. Brenda Buck

## INVOICE

71344

## DATE

2/6/26



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)