



PATIENT

Baby Girl Quesada

SPECIES

Canine

BREED

Pitbull

SEX

Female Spayed

AGE

16y

WEIGHT

41.5

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Claudia Giuliani,
DVM

HOSPITAL NAME

The Pet Hospital of
Stratford

REFERRING VET

Dr. Claudia Giuliani,
DVM

INVOICE

13266

DATE

3/10/26

PRESENTING CLINICAL SIGNS

History:

- Presented 2/19 for diarrhea and vomit
- Presented 3/9 for blood clots in urine and pu/pd.

Abnormal PE/Chem/CBC/UA Results: bw from 2/19 - mildly anemic, hct -38, alb 2.6, glob 4.2, amylase 1589, lipase >1800, cpl 1435, u/a - s.g 1014, 3+ blood, no wbc or bacteria. Culture taken today pending.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Small urinary bladder with a thickened irregular appearance of the apical wall measuring up to 0.7 cm with the rest of the wall having a normal thickness and smooth appearance. Scant amount of floating hyperechogenic sediment was present with 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, 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 evident in both kidneys. The left kidney measured 5.4 cm. The right kidney measured 5.9 cm.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. The left adrenal gland measured 0.57 cm and 0.54 cm width. The right adrenal gland was not clearly visualized but appears to be of normal shape, echogenic appearance and size.

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 1.4 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

Small containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.



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Gastrointestinal

The stomach exhibited segmental thickening of the fundus wall measuring up to 0.8 cm with no loss of layering but with an increase in the muscularis to mucosa ratio. Small amount of gas was present within the stomach with normal peristaltic activity evident. Normal appearance of the 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 exhibited normal size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Urinary bladder thickening
- Gastric thickening

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the urinary bladder thickening would be chronic bacterial cystitis, granulomatous disease and possibly emerging neoplasia. Etiologies for the gastric thickening would be chronic gastritis, helicobacter gastritis, parasitic gastroenteritis and possibly ulcerative disease. Emerging neoplasia would be a less likely differential diagnosis.

Further assessment of the urinary bladder needs to be based on the pending culture results but could include BRAF assay and/or a catheter assisted aspirate/biopsy of the urinary bladder wall for cytology/histopathology and culture. Further assessment of the gastric thickening would be a fecal analysis, possibly FNA cytology and gastroscopy with biopsies. Specific therapy would be dependent on an etiological diagnosis. Symptomatic management of the gastric thickening would be feeding small frequent meals of an intestinal type of diet and gastro protectants (Sulforaphane and Omeprazole).



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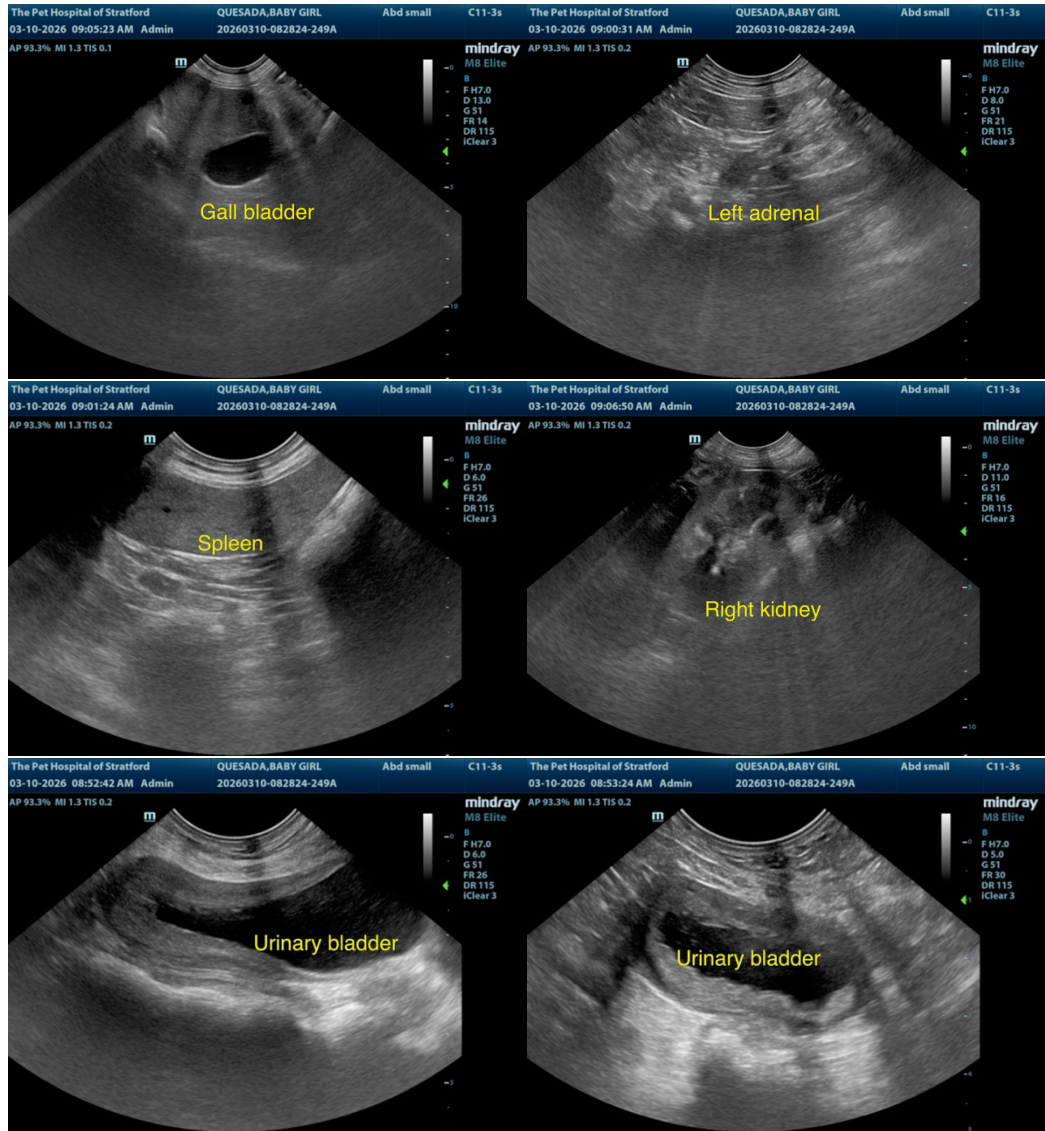
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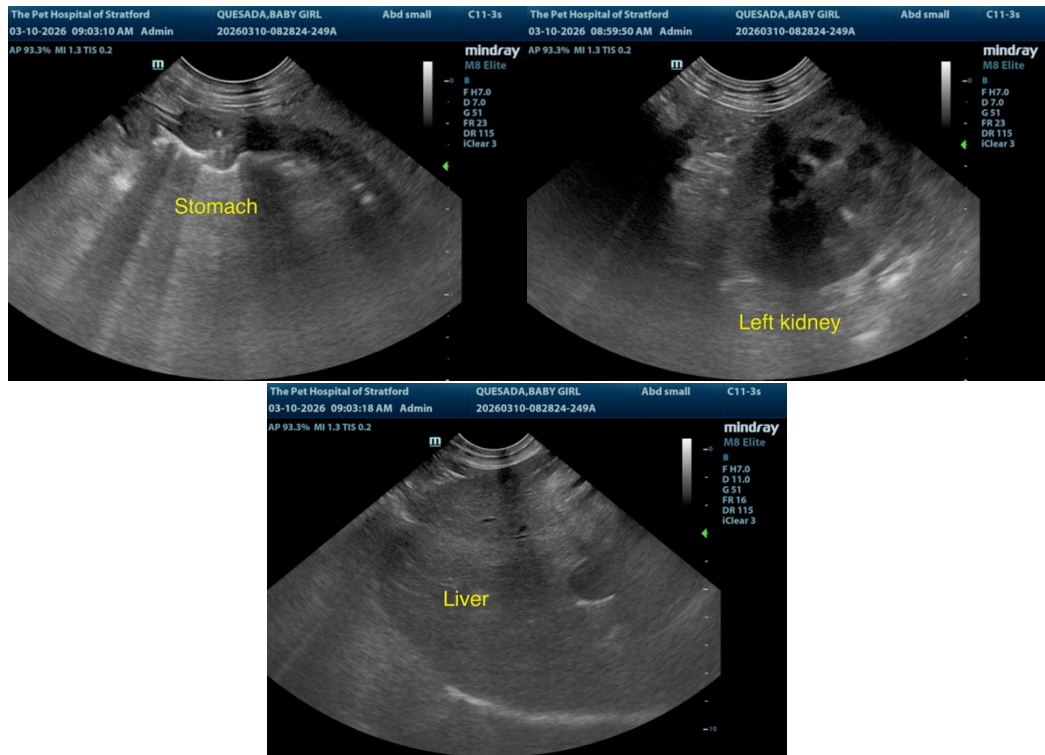
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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