



## PATIENT

Theo Chalmers

## SPECIES

Canine

## BREED

Shetland Sheepdog

## SEX

Neutered Male

## AGE

13 Years

## WEIGHT

23 pounds

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Mary Wilkinson

## HOSPITAL NAME

Severna Park  
Veterinary Hospital

## REFERRING VET

Dr. Mary Wilkinson

## INVOICE

14201

## DATE

03/10/26

## PRESENTING CLINICAL SIGNS

Chronic intermittent, vomiting, diarrhea, lethargy, and hyporexia since 5/21/24. Episodes last 1 week and self-resolve. Diarrhea is a persistent symptom. Worked up several times with bloodwork. severe dental disease. grade 4 left sided basilar heart murmur.

Abnormal PE/Chem/CBC/UA Results: March 2025: azotemia (BUN 67 mg/dL, CREA 2.8 mg/dL) elevated amylase (2112 U/L) leukopenia ( $4.61 \times 10^9/L$ ) lymphopenia ( $0.81 \times 10^9/L$ ) October 2024: resting cortisol (1.4ug/dL) proteinuria (4+) elevated Amylase (1312 U/L) elevated Cholesterol (431 mg/dL) elevated PSL lipase (217 U/L) hyperkalemia (5.7mEq/L) with normonatremia (149 mEq/L) elevated SDMA (22) low T4 (0.9 ug/dL) May 2024: resting cortisol WNL (2.7 ug/dL) elevated amylase (1448 U/L) elevated cholesterol (394 mg/dL) elevated PSL lipase (217 U/L) hyperkalemia (5.7mEq/L) with normonatremia (146 mEq/L) T4 WNL (1.3 ug/dL)

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

Full urinary bladder 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.

Small hypoechogenic prostate.

Normal renal size with increased echogenic appearance and decreased cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio and capsule. No infarcts, mineralization or renoliths evident. Mild left-sided pyelectasia with normal right sided pelvis. The left kidney measured 4.2 cm in length. The right kidney measured 4.6 cm in length. Normal color flow pattern was evident in both kidneys.

### Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. The left adrenal gland measured 1.46 cm in length and 1.59 cm and 0.48 cm in width. The right adrenal gland measured 1.27 cm in length and 1.6 cm and 0.44 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 2.2 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



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Full containing a large amount of nonadhered 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**

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.

## **ULTRASONOGRAPHIC FINDINGS**

- Age-related renal changes versus chronic kidney disease.
- Gallbladder sediment.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Although the left-sided pyelectasia is most likely incidental and associated with the chronic renal changes, underlying low-grade pyelonephritis should still be considered. The gallbladder sediment is most likely an incidental finding, however monitoring for the development of a mucocele would be recommended. On this ultrasound there's no obvious etiology for the presenting clinical signs.

Although the GI tract appears ultrasonographically normal with the presenting clinical signs, an underlying enteropathy such as dietary hypersensitivity, parasitic enteritis and inflammatory bowel disease should still be considered.

Further assessment would be urine and fecal analyses, possibly urine culture, cobalamin and folate assay and endoscopy of the upper GI tract with biopsies. Specific therapy would depend on an etiological diagnosis.

Symptomatic management that could be considered would be feeding a novel protein/hypoallergenic diet, a course of fenbendazole, cobalamin supplementation and if there's still not a satisfactory improvement, then a course of Prednisolone would then be indicated.



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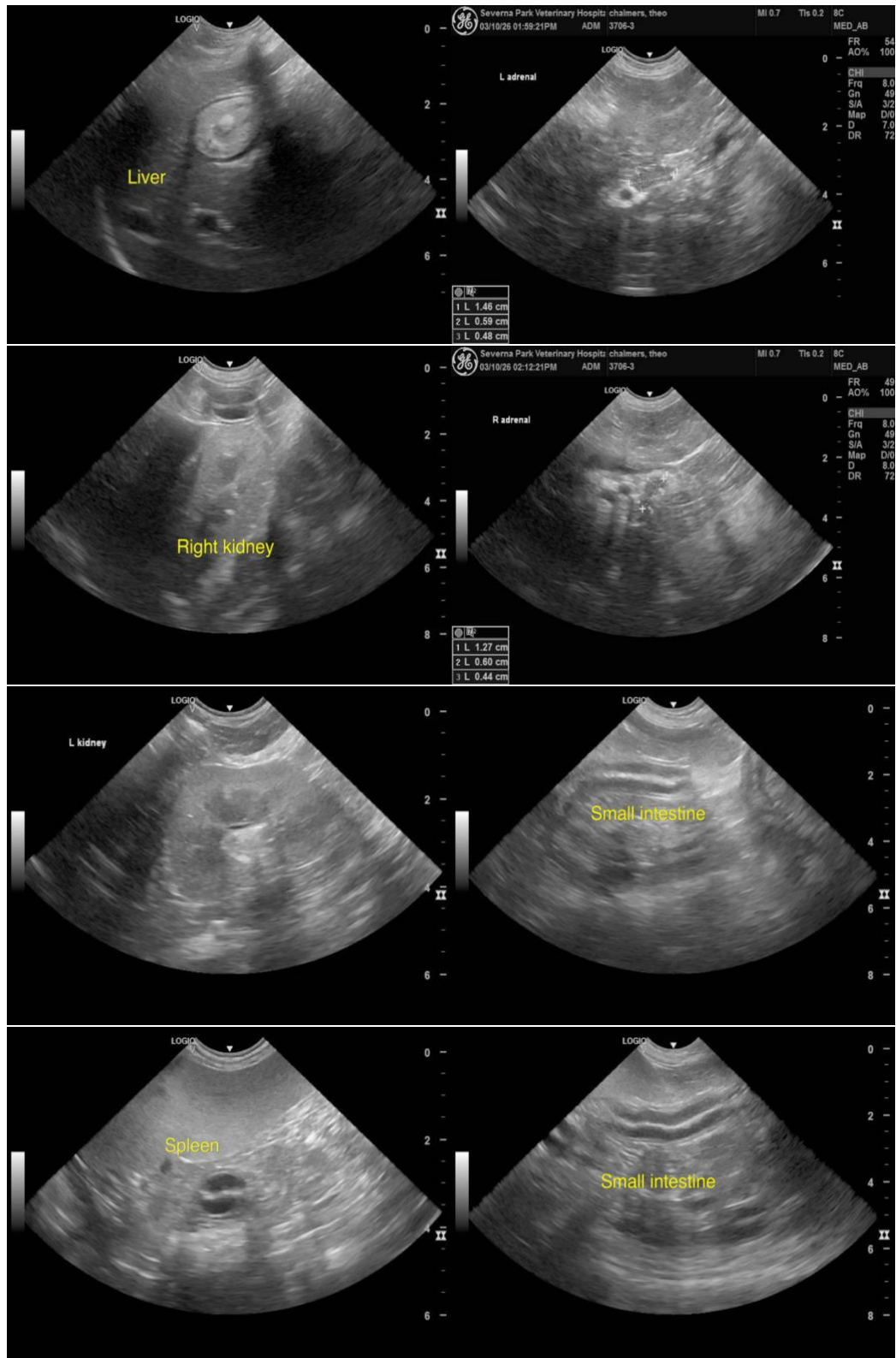
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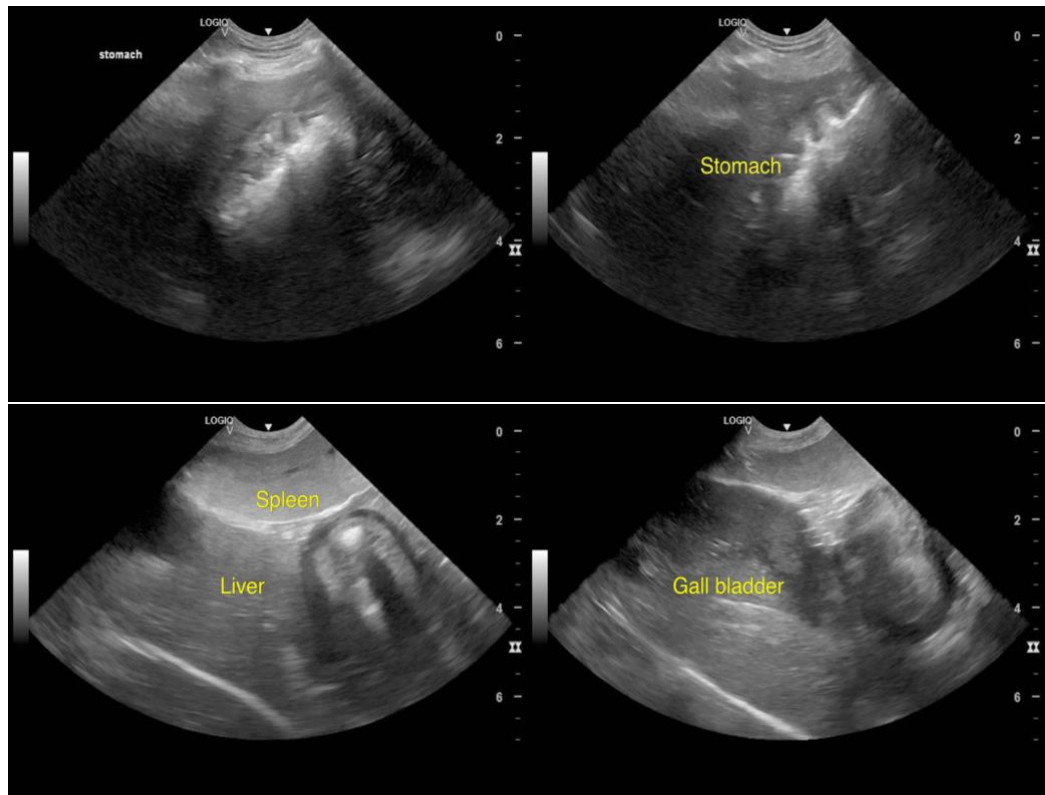
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)