



PATIENT

Rosie Stadelman

SPECIES

Canine

BREED

Basset Hound

SEX

Spayed female

AGE

11 years

WEIGHT

50.7 lbs

PRESENTING CLINICAL SIGNS

- Sedated for ultrasound with dexmedetomidine (Dexdomitor) 0.2 ml (0.5 mg/ml) and butorphanol 0.3 ml (10 mg/ml).
- Presented for inappropriate urination beginning 4/2025 (squatting and urinating while walking and urinating while sitting/lying down) and increased drinking noted over the past 6 months. A previous ultrasound was performed by a traveling sonographer in 6/2025 (report attached). There is clinical suspicion for underlying Cushing's disease with concurrent UTI's, and today's abdominal ultrasound was repeated prior to pursuing endocrine testing. The patient is also currently being managed for a corneal lesion (see attached report).
- The owner reports acute onset of vomiting, inappetence, and worsening urinary changes early this month, including urination in the bed on two consecutive nights Incurin 2 mg PO SID has had minimal to no effect on the urinary complaints. See Bloodwork and Urine testing notes below.
- Repeatedly low urine specific gravity reported over the past 12 months, with some values reportedly unreadably low. Urine culture in 6/2025 grew E. coli. A repeat culture in 7/2025 showed no growth following treatment with Clavamox. A Superchem panel in 7/2025 was within normal limits. In 3/2026, CBC showed leukocytosis (WBC 18.8) with neutrophilia (absolute neutrophils 15,500), ALP 181, and triglycerides 298. Urinalysis obtained by cystocentesis showed USG 1.005 with >100 bacteria (cocci and rods) per HPF, 2-3 WBCs/HPF, and 1+ RBCs. The patient was treated with Clavamox. Recheck urinalysis showed no evidence of UTI and a first-morning urine specific gravity of 1.015. Most recent TT4 was 2.1.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Wasserman

HOSPITAL NAME

Morningside AH

REFERRING VET

Dr. Wasserman

INVOICE

73446

DATE

3/12/26

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full with a mildly thickened and irregular appearance of the apical wall (up to 0.6 cm) with the rest of the wall having a normal thickness and 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 7.1 cm, right measured 7.0 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.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 2.51 cm in length x 0.82 cm and 0.52 cm in width. The right adrenal gland measured 2.02 cm in length x 0.68 cm and 0.7 cm in width.



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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.

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 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.

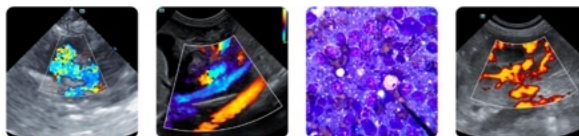
No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Urinary bladder thickening.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the urinary bladder thickening would be chronic bacterial cystitis, granulomatous disease and possibly emerging neoplasia.



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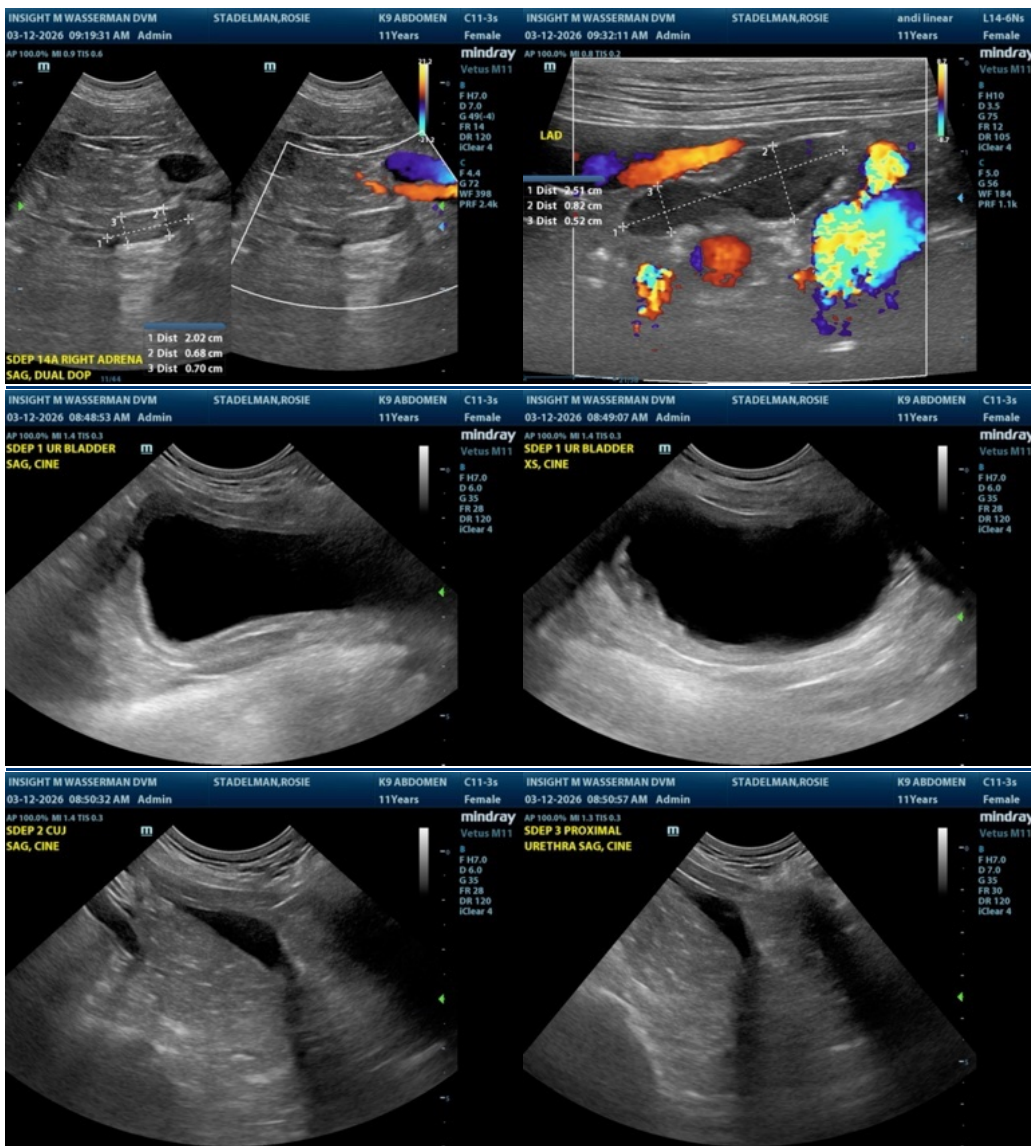
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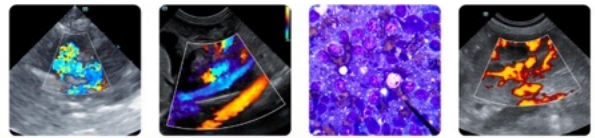
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Further assessment would be urine culture, BRAF analysis and/or a catheter assisted aspirate/biopsy of the apical bladder wall for cytology/histopathology and culture.

Specific therapy would be dependent on an etiological diagnosis.





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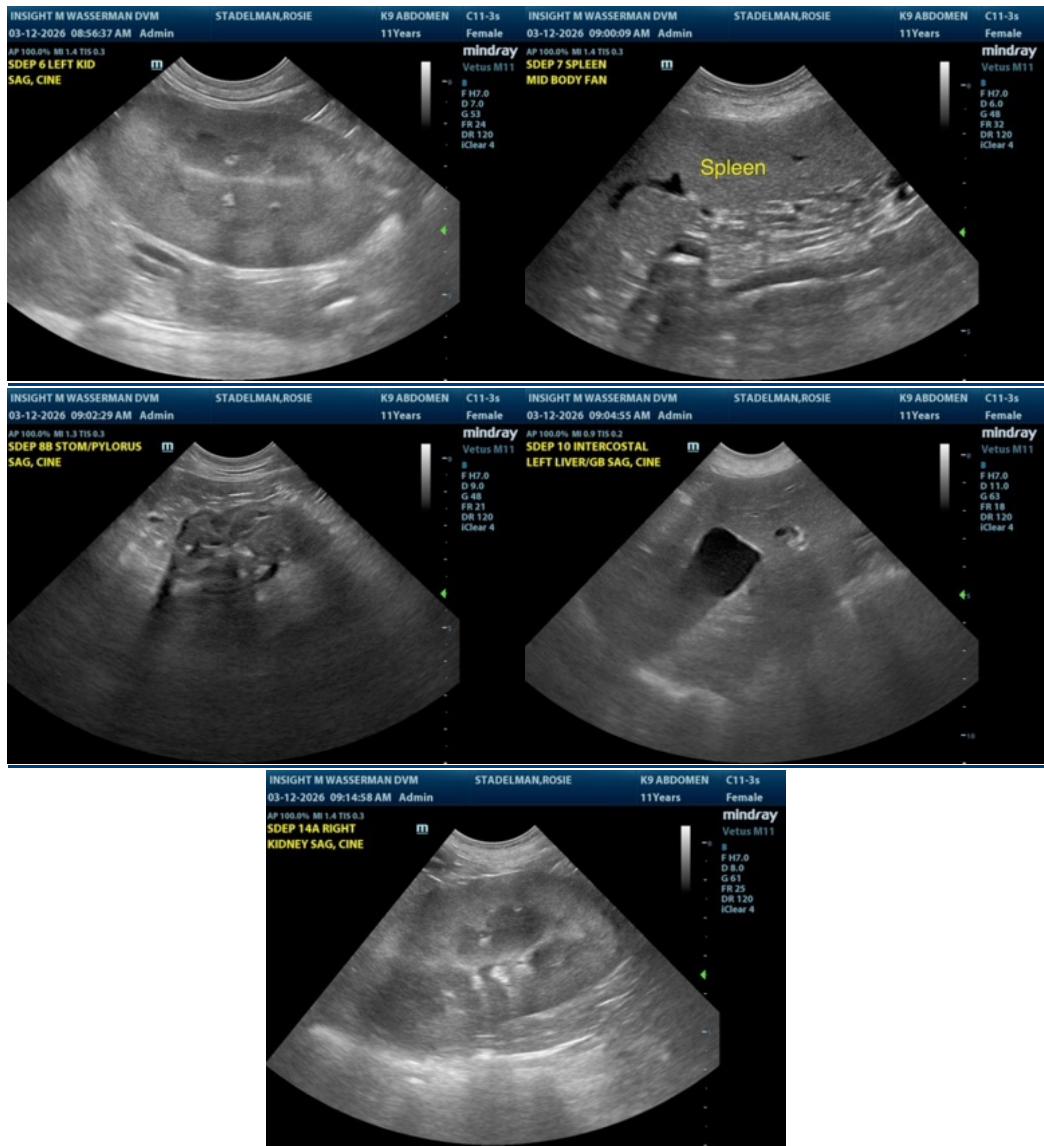
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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