



## PATIENT

Hazel Perruso

## SPECIES

Canine

## BREED

Cockapoo

## SEX

Spayed female

## AGE

15 years

## WEIGHT

27 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Shari Reffi, CVT

## HOSPITAL NAME

VCA AVH AH

## REFERRING VET

Dr. Kaulius

## INVOICE

73621

## DATE

3/19/26

## PRESENTING CLINICAL SIGNS

- Not eating well, vomiting (usually great appetite)
- Hx of IMHA & Pemphigus both in remission.
- 2 spindle cell tumors
- Rads (attached)-Spleen mildly enl. & misshapen, irregular gas pattern.
- Current meds: Incurin 1mg PO q48h; Pred 5mg PO q48h; Telmisartan 20mg PO q24h; Cerenia; Entyle; B12
- ALP-310; Glob-3.9; BUN-50; Creat-1.7; PSL-321; Neutrophilia-12.9k; T4-0.7; UA: USG 1.015; 2+ protein; urine MIC pending

## 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 5.5 cm, right measured 4.8 cm), increased echogenic appearance, loss of cortico-medullary differentiation and normal capsule. Left sided pyelectasia was noted, normal right-sided pelvis. No infarcts, mineralization or renoliths evident. Normal color flow pattern is noted in both kidneys.

### Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.4 cm and 0.42 cm in width. The right adrenal gland measured 0.36 cm and 0.47 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. Pinpoint mineralization is present. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 2.3 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 moderate 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***

Normal size with a diffuse, mottled echogenic appearance and an irregular capsule. Mild increase in the 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**

- Renal disease.
- Chronic pancreatitis.
- Gallbladder sediment.
- Splenic mineralization.

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

The appearance of the kidneys is consistent with chronic kidney disease although the left-sided pyelectasia is most likely associated with the chronic renal changes, underlying low-grade pyelonephritis should be considered.

The gallbladder sediment and the splenic mineralization can both be considered incidental findings.

Further specific therapy would be dependent on an etiological diagnosis.



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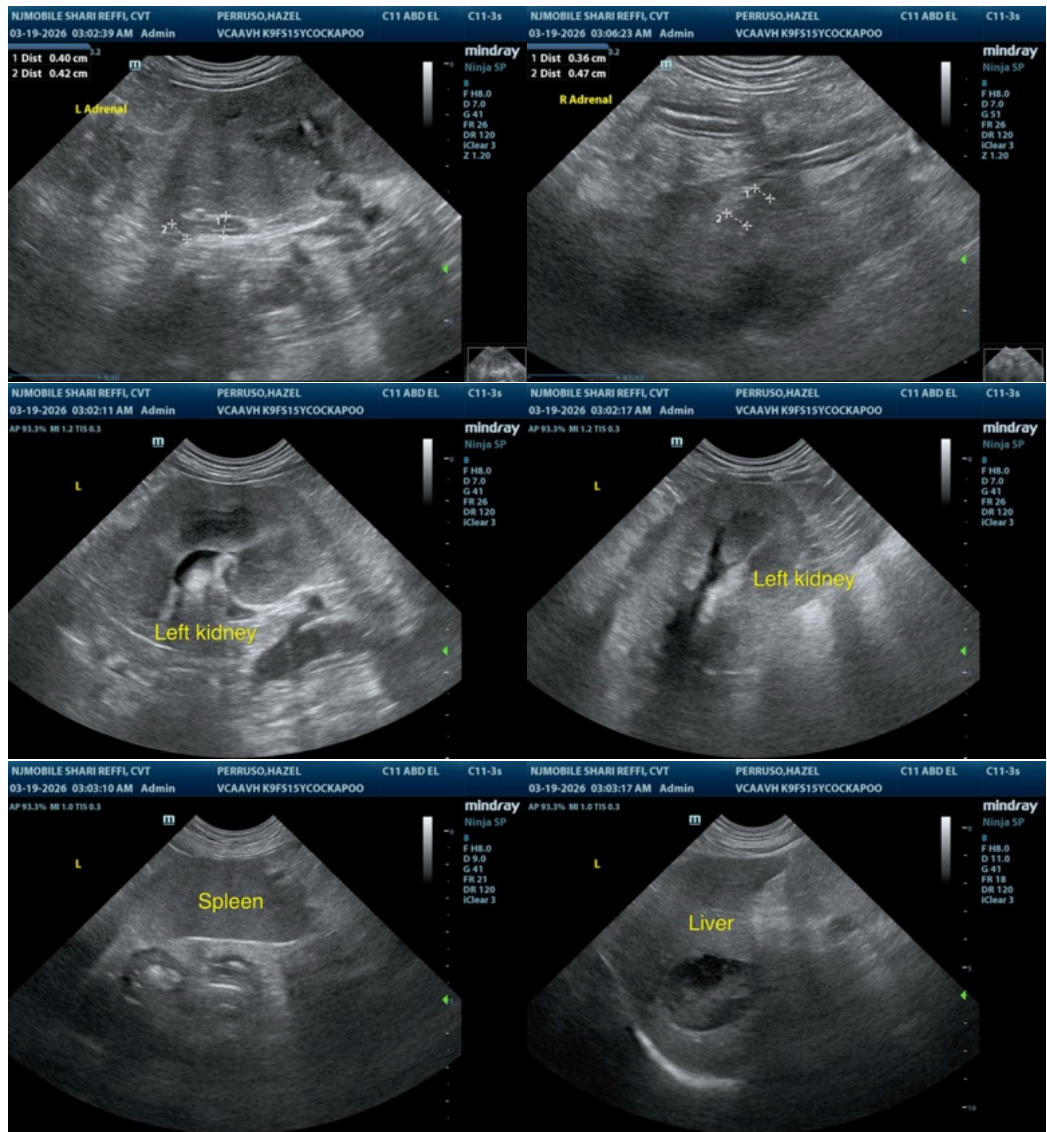
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Management would be to continue with the current therapy and feed small frequent meals of a renal type diet.





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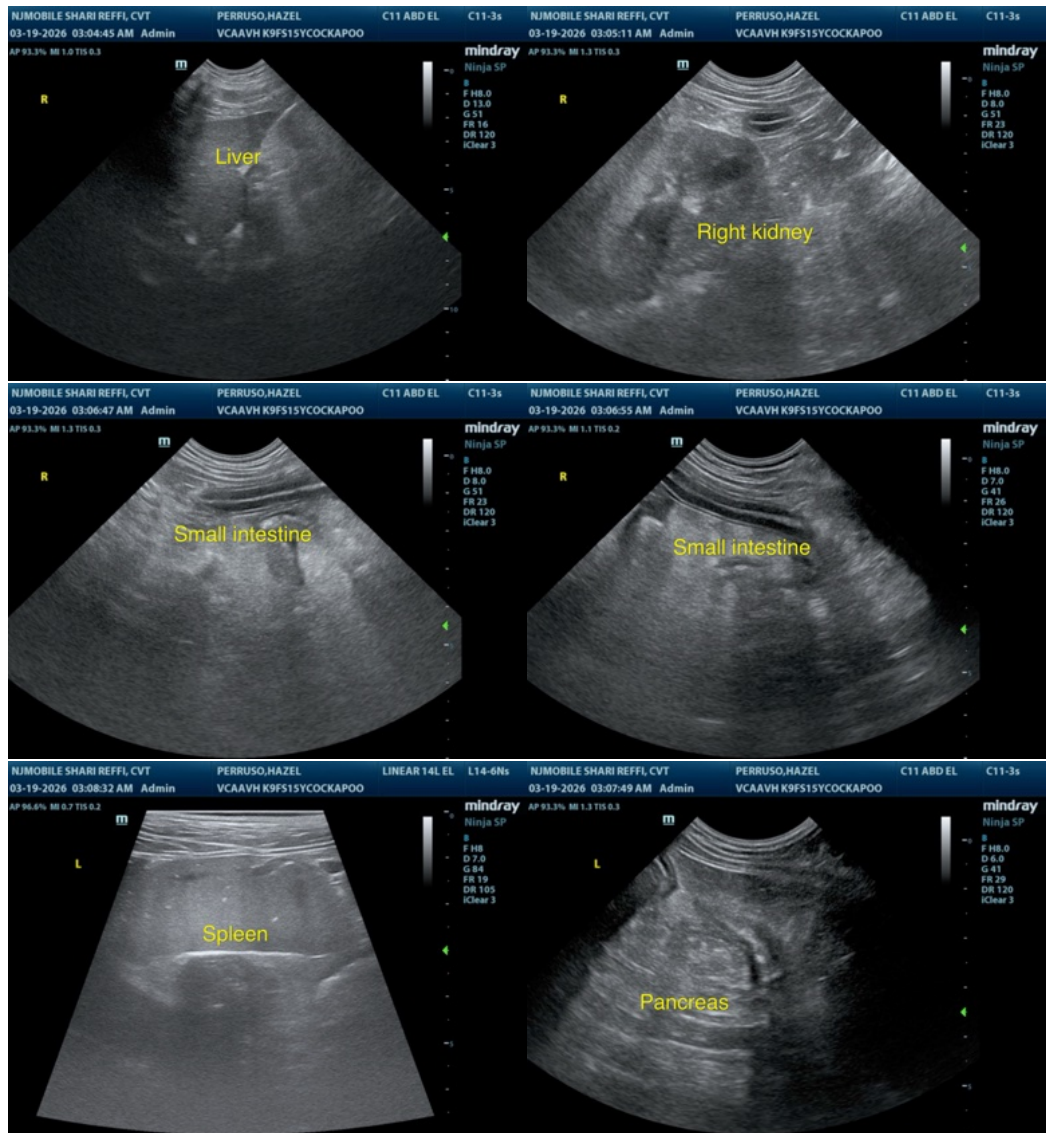
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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