



PATIENT

Lulu Ducros

SPECIES

Canine

BREED

Terrier Mix

SEX

Spayed female

AGE

7 years

WEIGHT

13.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Leanna Boyd

HOSPITAL NAME

Oakridge VC

REFERRING VET

Dr. Boyd

INVOICE

72121

DATE

3/2/26

PRESENTING CLINICAL SIGNS

- Patient presents with history of spindle cell tumor removal from left pelvic limb digit (amputation) in June 2025. Patient also tested positive for Ehrlichia and developed thrombocytopenia. She was treated with Doxycycline and steroids and appeared to recover. In October 2025 owner thinks patient got into some chocolate and had some vomiting and diarrhea but appeared to do okay. Since October however the owner has noticed that she is PU/PD. Bloodwork showed severe azotemia suggestive of Stage 3 renal disease.
- U/S to assess the kidneys and bladder and generalized neoplasia screening due to history of spindle cell tumor. Acting normally outside of the PU/PD.
- Lymphocytes 0.964 0.98 - 4.2 K/ μ L IDEXX SDMA a 32 0 - 14 μ g/dL H Creatinine 4.1 0.5 - 1.5 mg/dL H BUN 45 9 - 31 mg/dL Phosphorus 1.9 2.5 - 6.1 mg/dL Total Protein 8.0 5.5 - 7.5 g/dL H Albumin 2.9 2.7 - 3.9 g/dL Globulin 5.1 2.4 - 4.0 g/dL H Albumin: Globulin Ratio 0.6 0.7 - 1.5 Specific Gravity a 1.014 Trace protein No bacteria, pyuria or crystalluria Ehrlichia and Anaplasma antibody positive (has never tested positive for Anaplasma before)

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 4.0 cm, right measured 3.0 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, and capsule. No infarcts, mineralization or renoliths evident. Bilateral pyelectasia was noted. The pyelectasia in the left kidney measured 0.5 cm. 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 1.24 cm in length x 0.36 cm in width. The right adrenal gland measured 1.6 cm in length x 0.45 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. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 1.6 cm in width.



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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. Fecal material was present in the colon.

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

- Bilateral pyelectasia.
- Gallbladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although the kidneys appear ultrasonographically normal, besides the pyelectasia, this does not exclude a chronic kidney disease as per the patient's history and blood work.

An important etiology to consider for the bilateral pyelectasia would be pyelonephritis.

On this ultrasound there is no obvious evidence of metastatic neoplastic disease.

Further assessment would be urine culture, UPC (if culture is negative) and blood pressure. Pyelocentesis for culture and cytology could also be considered.



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Pyelocentesis for culture and cytology could also be considered.

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Specific therapy would be dependent on an etiological diagnosis. Management of the renal disease would be feeding a renal diet, enteric phosphate binders as needed and either an ace inhibitor or receptor blocker if needed.

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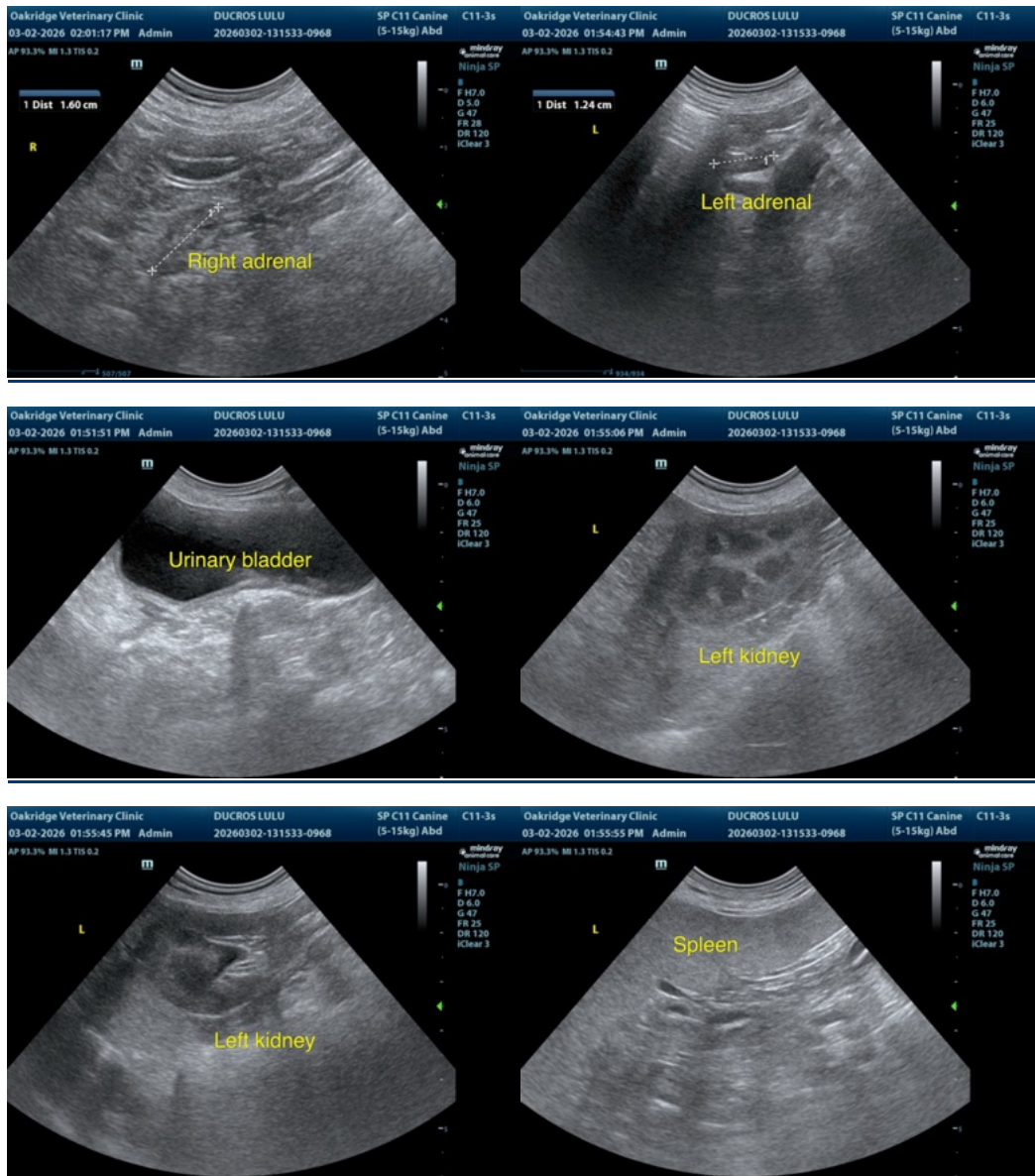
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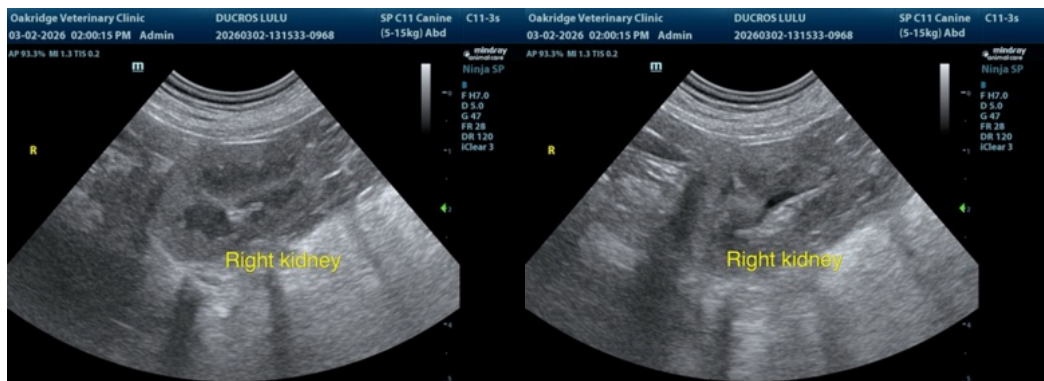
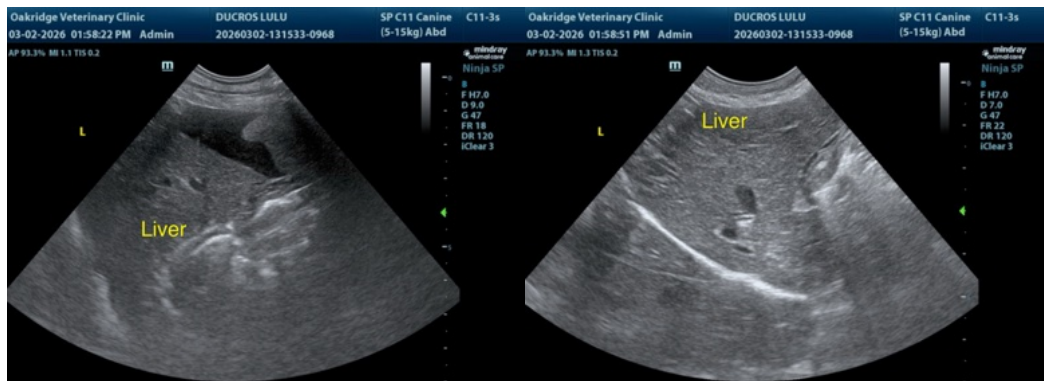
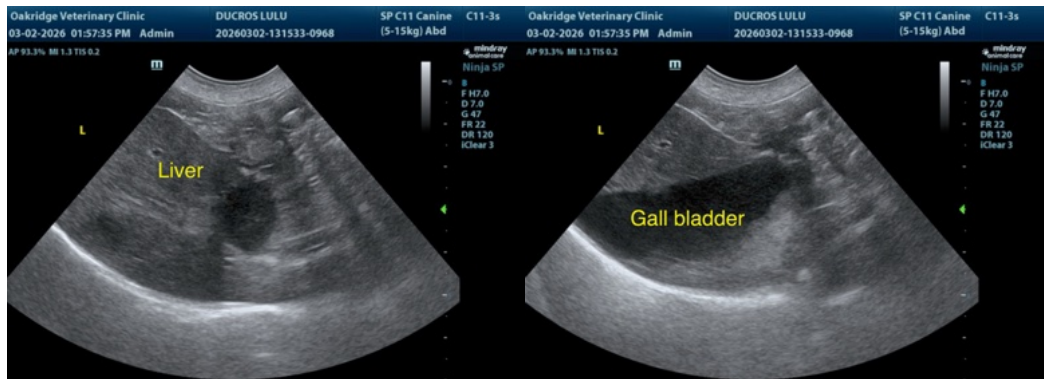
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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