



PATIENT

Aurora Toby

SPECIES

Canine

BREED

Husky

SEX

Spayed Female

AGE

12 Years 6 Months

WEIGHT

49 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Warner

HOSPITAL NAME

VT-NH Veterinary
Clinic

REFERRING VET

Dr. Warner

INVOICE

14495

DATE

03/20/26

PRESENTING CLINICAL SIGNS

- Aurora presented for workup of weight loss and decreased appetite on 3/13, started a few days before
- Perhaps increased drinking noted at home, no c/s/v/d
- At this time, they are having to hand/spoon feed her
- History of an incidental choleolith, urinary incontinence, DJD, soft tissue sarcoma in axilla (excised w/dirty margins), and periodontal disease (dental Dec 2025)
- Current meds include Incurin 1/2t daily, and Librela
- Adding Entyce on for the weekend

Abnormal PE/Chem/CBC/UA Results: May 2025 weight was 56.8lbs, trending down to a low of 46lbs 2/25/26, and is currently 49lbs 3/13/26 CBC, chem17, 4dx run: all WNL No obvious soft tissue sarcoma regrowth in L axilla Xrays were taken today, concerns for irregularity of L kidney outline, and mass effect in retroperitoneal space prompted US

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Small 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.

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. The left kidney measured 6.4 cm in length. The right kidney measured 6.3 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 1.68 cm length x 0.46 cm and 0.35 cm in width. The right adrenal gland measured 2.11 cm length x 0.59 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.

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

Full gallbladder containing a small amount of nonadhered hyperechogenic sediment and a few small choleliths. Thickened and hyperechogenic 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. Fecal material present within the colon.

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.

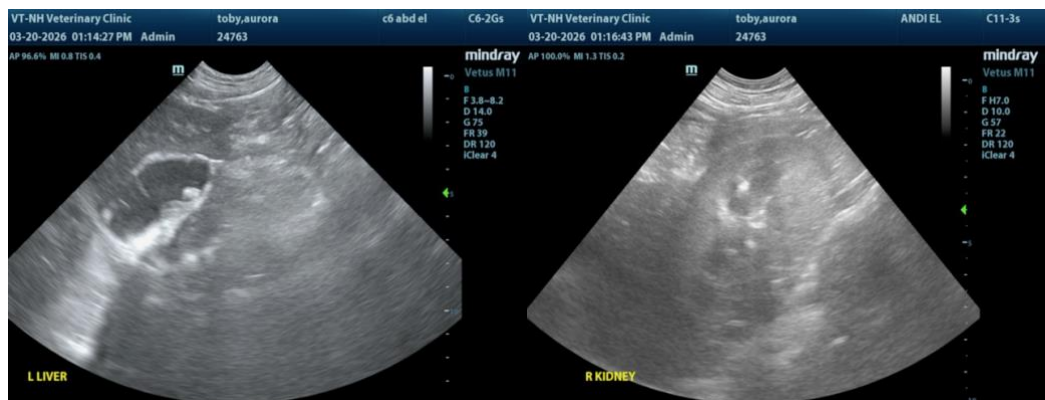
No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Choleliths.
- Previous cholecystitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

In essence, a normal ultrasound examination of the abdomen as the gallbladder changes can be considered incidental findings.





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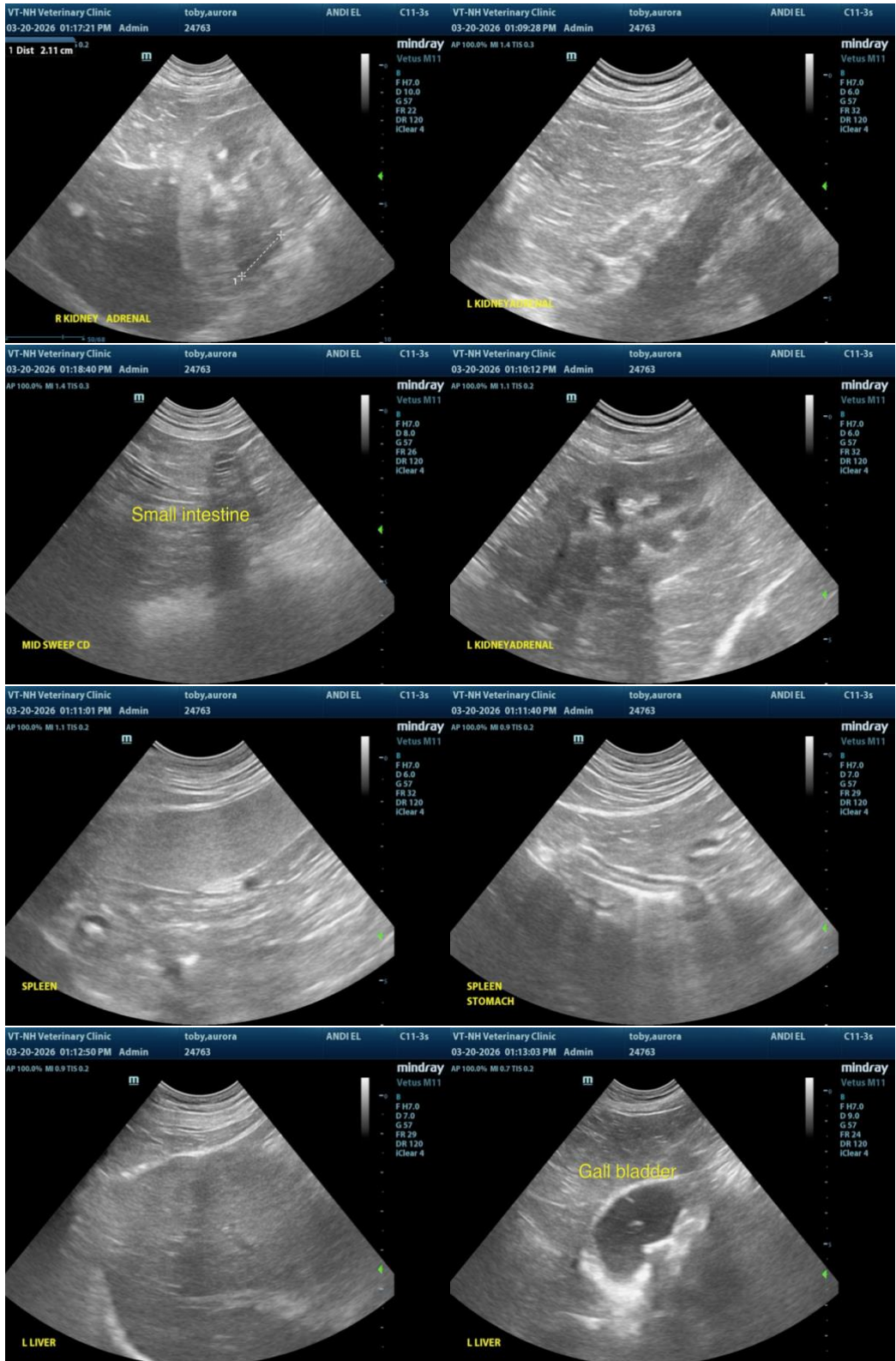
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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