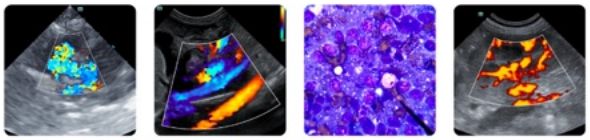


PATIENT

Lacy Isbister

SPECIES

Canine

BREED

Border Collie

SEX

Spayed female

AGE

12 years

WEIGHT

17.2 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sarah Colborne

HOSPITAL NAME

Riverside Small AH

REFERRING VET

Dr. Colborne

INVOICE

73829

DATE

3/25/26

PRESENTING CLINICAL SIGNS

- Reoccurring UTI, concern of possible bladder tumor
- Owners report weight loss and inappetence, has been switched to k/d since initial bloodwork but tricky to get her to eat.
- I had attempted a ultrasound here with our point of care ultrasound and bladder was unfortunately empty at that time (Feb 27/26)
- Presented for a general exam in hopes for a dental procedure (severe dental disease) in Dec 2025, on bloodwork, found renal insufficiency Stage II. Advised GA will be higher risk and owners opted to hold off for now. UA done Jan 22/26 for completeness and a UTI was found, trial of TMS for 7 days, confirmed with resolved with repeat UA Jan 28/26. Repeat bloodwork and UA done in Feb 27/26 and similar findings still, renal insufficiency and UTI again - repeated TMS again. Repeat UA March 9/26 and confirmed resolved again. UA done March 24th and UTI evident again

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.

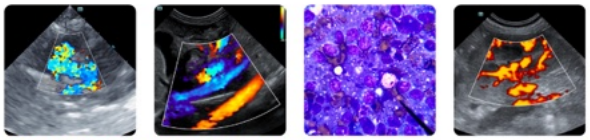
Normal renal size (left measured 4.6 cm, right measured 4.7 cm), increased echogenic appearance, some loss of cortico-medullary differentiation, some loss of corticomedullary differentiation and normal pelvis and capsule. No infarcts, mineralization or renoliths evident.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.56 cm and 0.51 cm in width. The right adrenal gland measured 0.44 cm and 0.37 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 0.3 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 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. The stomach measured 0.31 cm in width, duodenum measured 0.51 cm, small intestine measured up to 0.45 cm.

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

- Renal disease.
- Gallbladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the kidneys is consistent with chronic kidney disease and in line with the patient's history.

Although the gallbladder sediment is most likely an incidental finding, monitoring for the development of a mucocele would be recommended.

Further assessment of the renal disease (if not already done) would be blood pressure and UPC.

Further specific tehrapy would be dependent on an etiological diagnosis.

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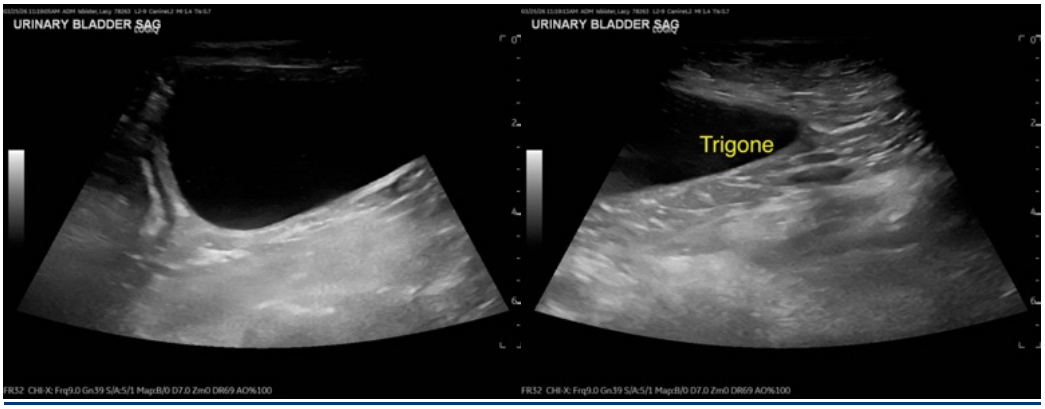

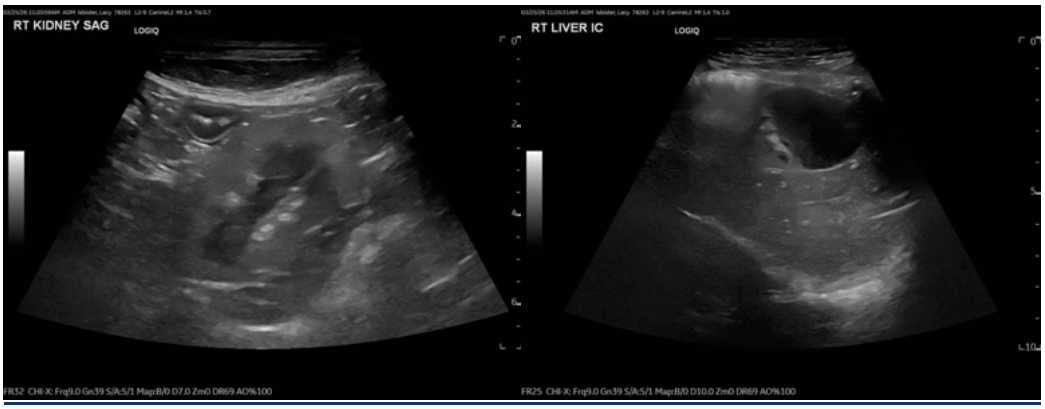

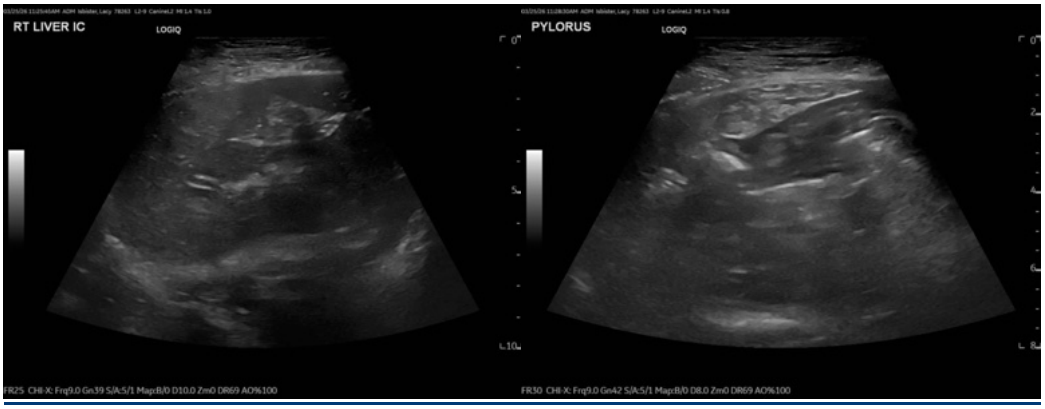

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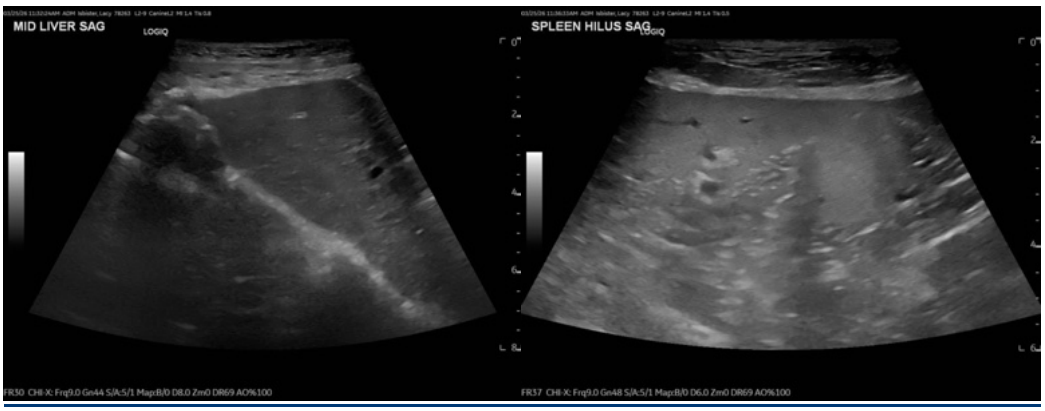

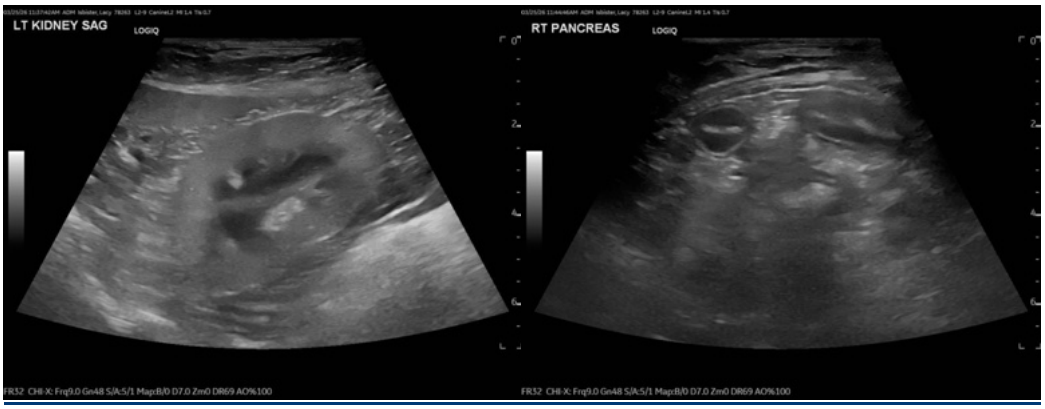

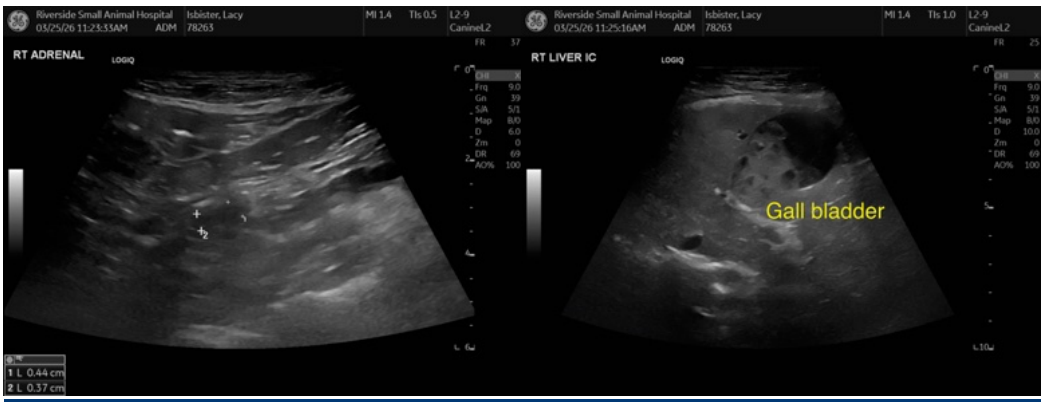

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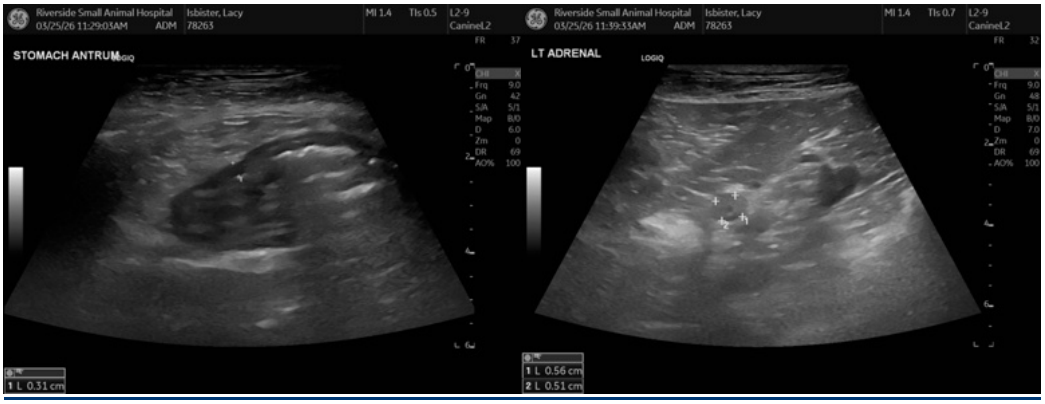

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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