



## PATIENT

Baloo Pauley

## SPECIES

Canine

## BREED

Pomski

## SEX

Neutered male

## AGE

9 years

## WEIGHT

24.4 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Amy Isaac

## HOSPITAL NAME

Valley West & Elk  
Valley VH

## REFERRING VET

Dr. Isaac

## INVOICE

73844

## DATE

3/26/26

## PRESENTING CLINICAL SIGNS

- Has been currently being treated for hypothyroidism with levothyroxine based on thyroid testing and alopecia/skin disease. T4 checked in December and was normal, and pet presented yesterday for 9 pound weight loss and extreme lethargy. Appears stiff and painful, vocalized when owner picked him up. Still eating and drinking with no vomiting.
- PE showed that he still has alopecia and a malassezia infection, but owner reports that the hairloss has improved. Weight went from 33 pounds to 24.4 pounds since December. Owner reports no vomiting and still eating. Not PU/PD CBC/Chem NSF. No ALP elevation T4 is less than 0.8 4dx negative

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder is full with a normal thickness and smooth appearance of the wall. A moderate of floating hyperechogenic sediment.

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 4.8 cm, right measured 4.5 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.

The prostate is small and hypoechogenic.

### Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 1.69 cm in length x 0.54 cm and 0.4 cm in width. The right adrenal gland measured 0.58 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 1.1 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 severely distended containing both adhered and non-adhered hyperechogenic sediment with adhered sediment arranged in a stellate pattern. 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

- Mucocele
- Urinary bladder sediment.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the urinary bladder sediment would be incidental debris with bacterial cystitis and hematuria a less likely differential diagnosis.

Further assessment would be urinalysis and possibly urine culture.

With the presenting clinical signs and the size of the mucocele cholecystectomy would be recommended.

Alternatively, medical management with Ursodiol could be considered with regular ultrasound monitoring.



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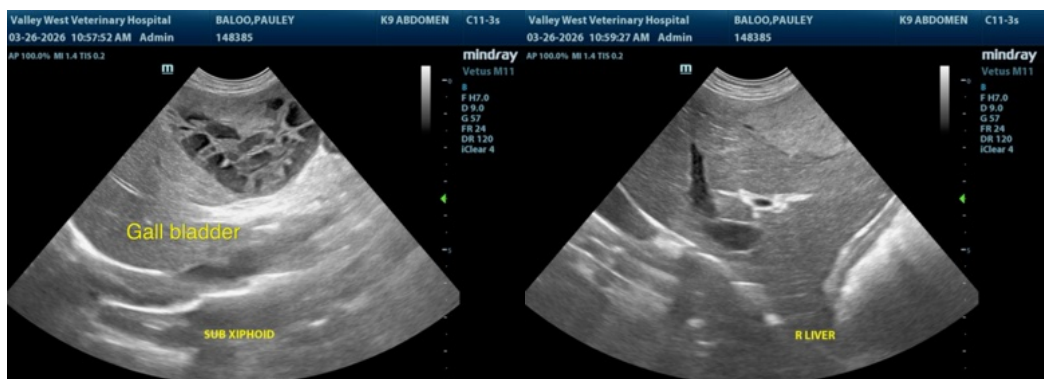
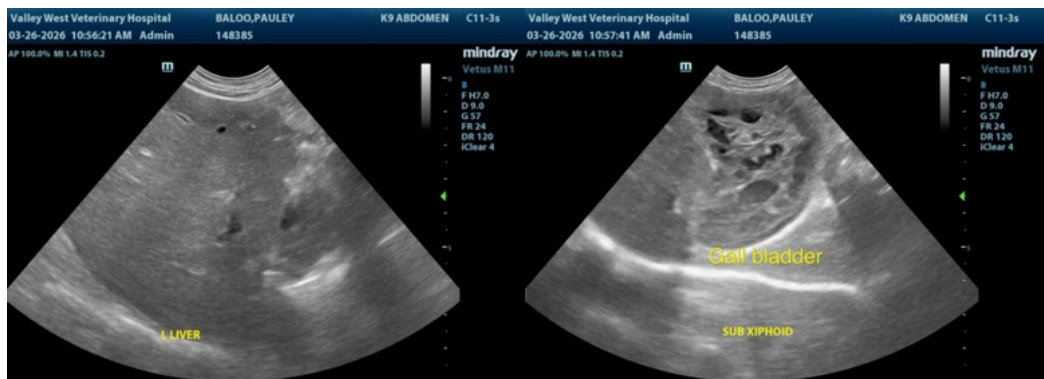
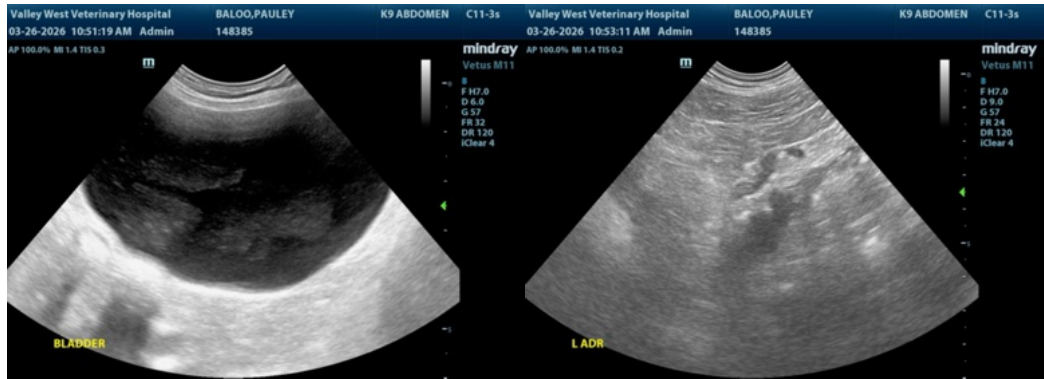
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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