

PATIENT

Scout Hall

SPECIES

Canine

BREED

Labrador

SEX

Spayed female

AGE

10 years

WEIGHT

57 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Wasserman

HOSPITAL NAME

Village Pet Clinic

REFERRING VET

Dr. Defabio

INVOICE

73883

DATE

3/30/26

PRESENTING CLINICAL SIGNS

- Progressive azotemia. Inappetence.
- Treated at local ER supportively and started on clavamox 3/14
- Current Medications: Started on telmisartan, clavamox, omeprazole initiated at ER 3/14
- Clavamox dispensed for 7 day duration. No longer on this.
- BCS 2.5/9 3/30/26 Labs: CBC: HCT (calculated) 33.9, RBC 4.7. Neut 9.8k Chemistry: BUN >180, Creatinine 14.2, Phos >20, Amylase 132, Total calcium 13.4 3/19/26 Village pet clinic BP 200 doppler (on telmisartan) 3/14/26 ER labs: BUN 60, creat 4.0. BLOOD PRESSURES by doppler at the ER between 250s to 300. (off telmisartan)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is small almost empty with a thickened, but 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 6.3 cm, right measured 5.6 cm), increased echogenic appearance, loss of cortico-medullary differentiation and normal pelvis and capsule. No infarcts evident. Bilateral cortical mineralization are present. Small, non-obstructive urolith is evident in the left kidney.

Adrenal Glands

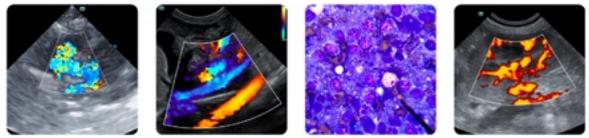
Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 3.0 cm in length x 0.69 cm and 0.52 cm in width. The right adrenal gland measured 2.33 cm in length x 0.7 cm in width.

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 full containing normal anechoic bile. 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. A small amount of fluid was present in the stomach.

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.
- Urinary bladder thickening?

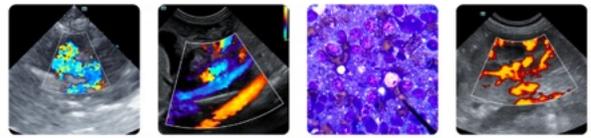
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the kidneys is consistent with chronic kidney disease.

Although the apparent thickening of the urinary bladder wall may merely be a reflection of the voided nature of the urinary bladder, underlying chronic bacterial cystitis needs to be considered.

Further assessment would be urinalysis, urine culture and UPC. With the sudden worsening of the azotemia, acute on chronic kidney disease would be highly probable and possibly associated with the severe hypertension.

Management would be fluid therapy, feeding a renal diet, enteric phosphate binders and antihypertensive agents.



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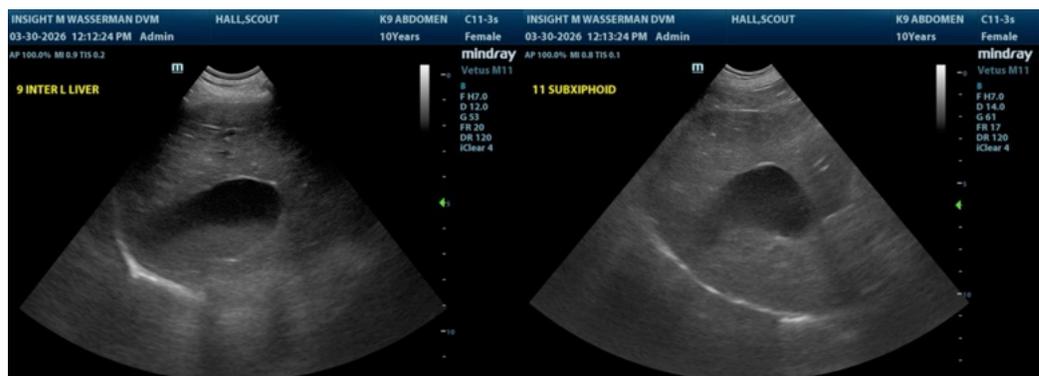
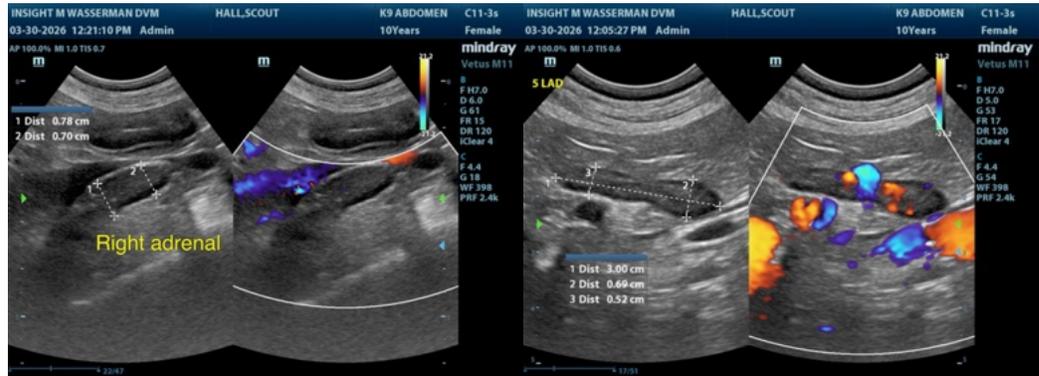
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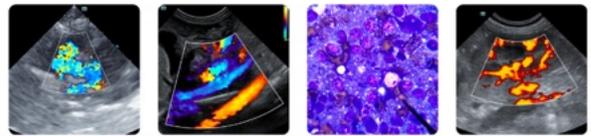
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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