

PATIENT

Twix Legaspi

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

MN

AGE

14 years old

WEIGHT

10.4

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Paul Kim

HOSPITAL NAME

Ridgefield Park AH

REFERRING VET

Dr. Paul Kim

INVOICE

11583

DATE

3/30/2026

PRESENTING CLINICAL SIGNS

- Patient came because he was lethargic and had low energy. Physical exam was normal. Patient has a history of urate crystals found in the urine. Bloodwork results indicate renal disease and hypoalbuminemia.

Abnormal PE/Chem/CBC/UA Results: ALB 2.4 GLOBULIN 3.9 BUN 97 CREA 2.5 SDMA 29.9 USG 1018 PROTEIN 3+ AMYLASE 1248 PRECISION PSL 172 UREA NITROGEN 97 PROTEIN/CREATININE RATIO 3.7.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full 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, both measuring 4.0 cm, with increased echogenic appearance, loss of cortico-medullary differentiation, bilateral pyelectasia and an irregular capsule. No infarcts, mineralization or renoliths evident.

Reproductive System

The prostate is not visualized.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal measures 1.29 cm in length x 0.45 cm in width. Right adrenal gland measures 1.24 cm in length x 0.38 cm in width.

Spleen

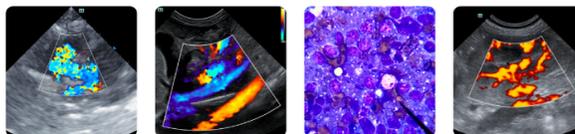
Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. Focal, hypoechogenic poorly vascularized nodule in the body of the spleen, measuring approximately 0.7 cm x 1.9 cm in size. The spleen measures 1.2 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.

Gallbladder

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.



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Gastrointestinal

Normal appearance of the stomach (0.29 cm), 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

Normal size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas. Left pancreas measures 0.5 cm in width, and the right pancreas measures 1.2 cm in width.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Renal disease.
- Splenic nodule.
- Gallbladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

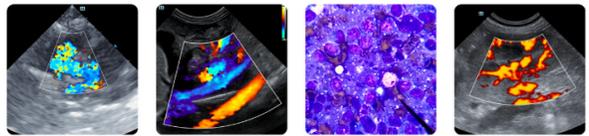
The appearance of the kidneys would be consistent with chronic kidney disease. Etiologies for the splenic nodule would be reactive hyperplasia/extramedullary hematopoiesis, hematoma, granuloma, and possibly emerging neoplasia.

The gallbladder sediment can be considered an incidental finding.

Further assessment for the renal disease (if not already done), would be blood pressure determination. Monitoring of the splenic nodule would be recommended, and if there's any progressive enlargement, or bulging of the overlying capsule noted, then a splenectomy should be considered. Management of the renal disease and the proteinuria would be feeding a renal diet, enteric phosphate binders as needed, and either an ace inhibitor or receptor blocker.

Specific therapy would be dependent on an etiological diagnosis.





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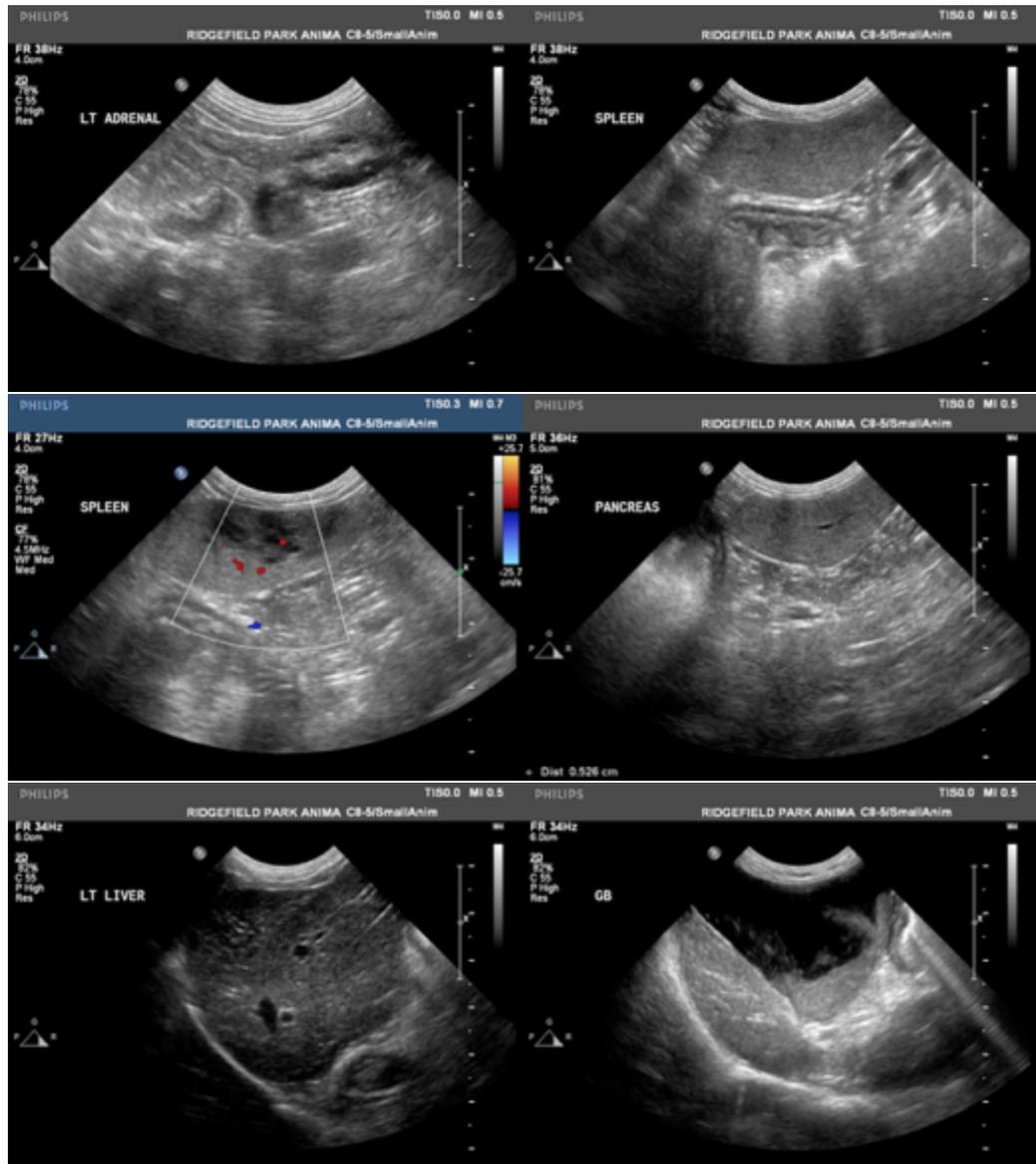
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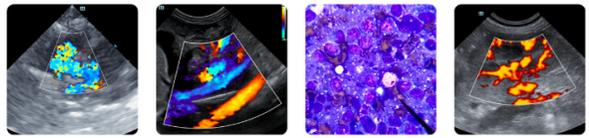
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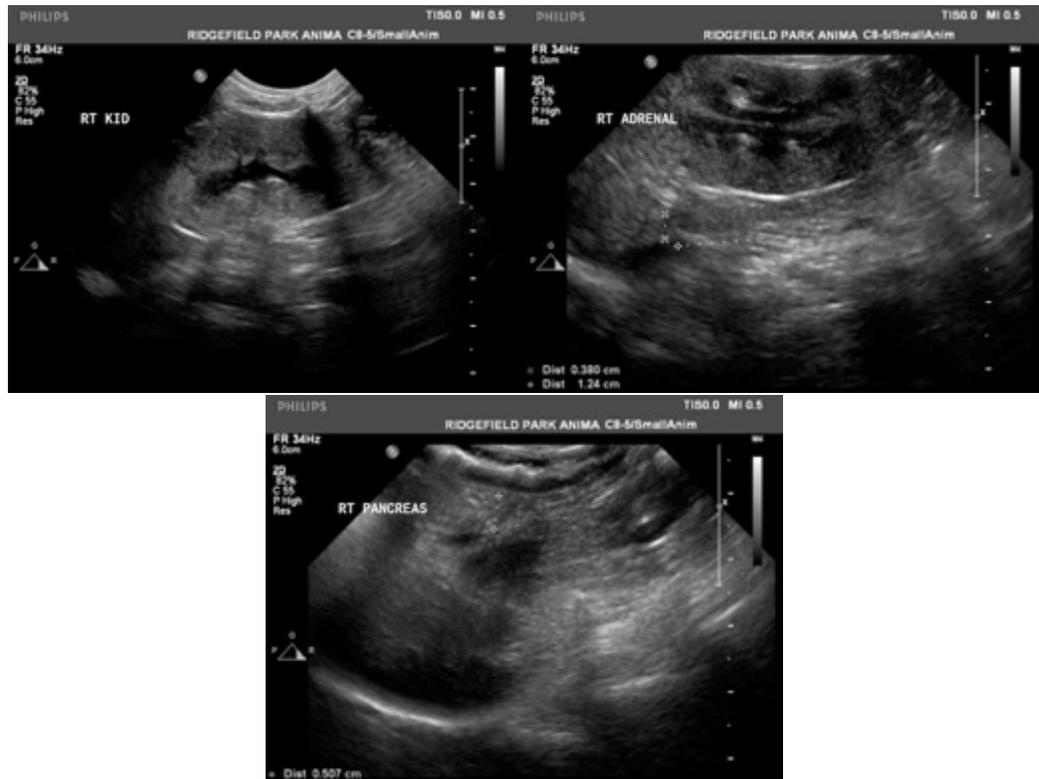
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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