



PATIENT

Charli Donceel

SPECIES

Canine

BREED

Labradoodle

SEX

FS

AGE

4 years

WEIGHT

37 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Wasserman

HOSPITAL NAME

Insight Imaging

REFERRING VET

Dr. Pilkerton

INVOICE

11679

DATE

4/10/2026

PRESENTING CLINICAL SIGNS

Rechecking left kidney for any further degenerative changes. Left kidney is mis-shaped with a blunted caudal pole, left kidney is also smaller than the right. Patient is not showing any clinical signs at this time. What precipitated the initial ultrasound was vomiting 1 year ago and resolved with supportive care. After US findings of the left kidney (at that time), it was FNA'd for cytology which did not exfoliate cells and was not diagnostic.

Abnormal PE/Chem/CBC/UA Results: 2/25 Cbc: Monocytes: 952, Chemistry within normal limits, 4dx negative x 4, Fecal not submitted with this panel, urine not submitted or was not dropped off. Referring vet to obtain free catch today for UA/Spec grav today.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full urinary bladder containing a scant amount of floating hyperechogenic sediment. Normal thickness and smooth appearance of the wall. Normal anechoic urine with no 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.

The right kidney is normal renal size (5.4 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 left kidney small in size (3.1 cm), irregular appearance, with an increased echogenic appearance, loss of cortico-medullary differentiation, and an irregular capsule. Blunted appearance of the caudal pole.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal measures 0.55 cm and 0.51 cm in width. Right adrenal measures 0.48 cm and 0.43 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 measures 1.7 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, 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.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

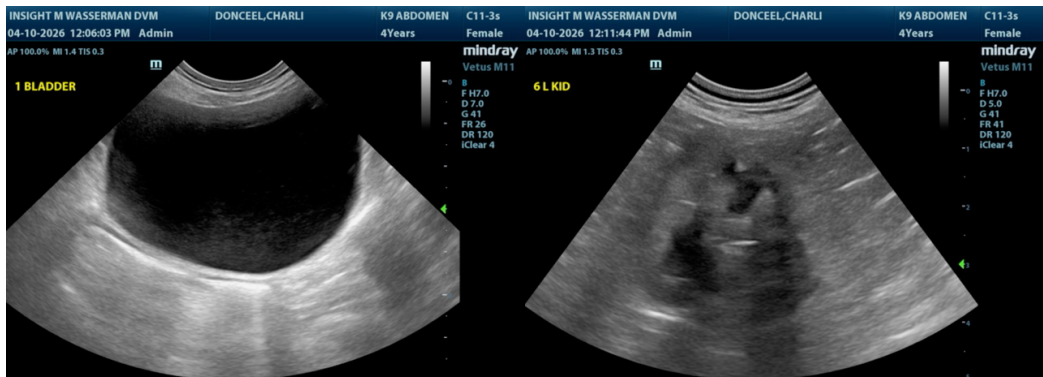
ULTRASONOGRAPHIC FINDINGS

- Left nephropathy.
- Gallbladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the left nephropathy would be previous acute kidney injury, obstructive uropathy, or bacterial nephritis, as well as a congenital anomaly. At this point it can be considered an incidental finding.

The gallbladder sediment can be considered an incidental finding.





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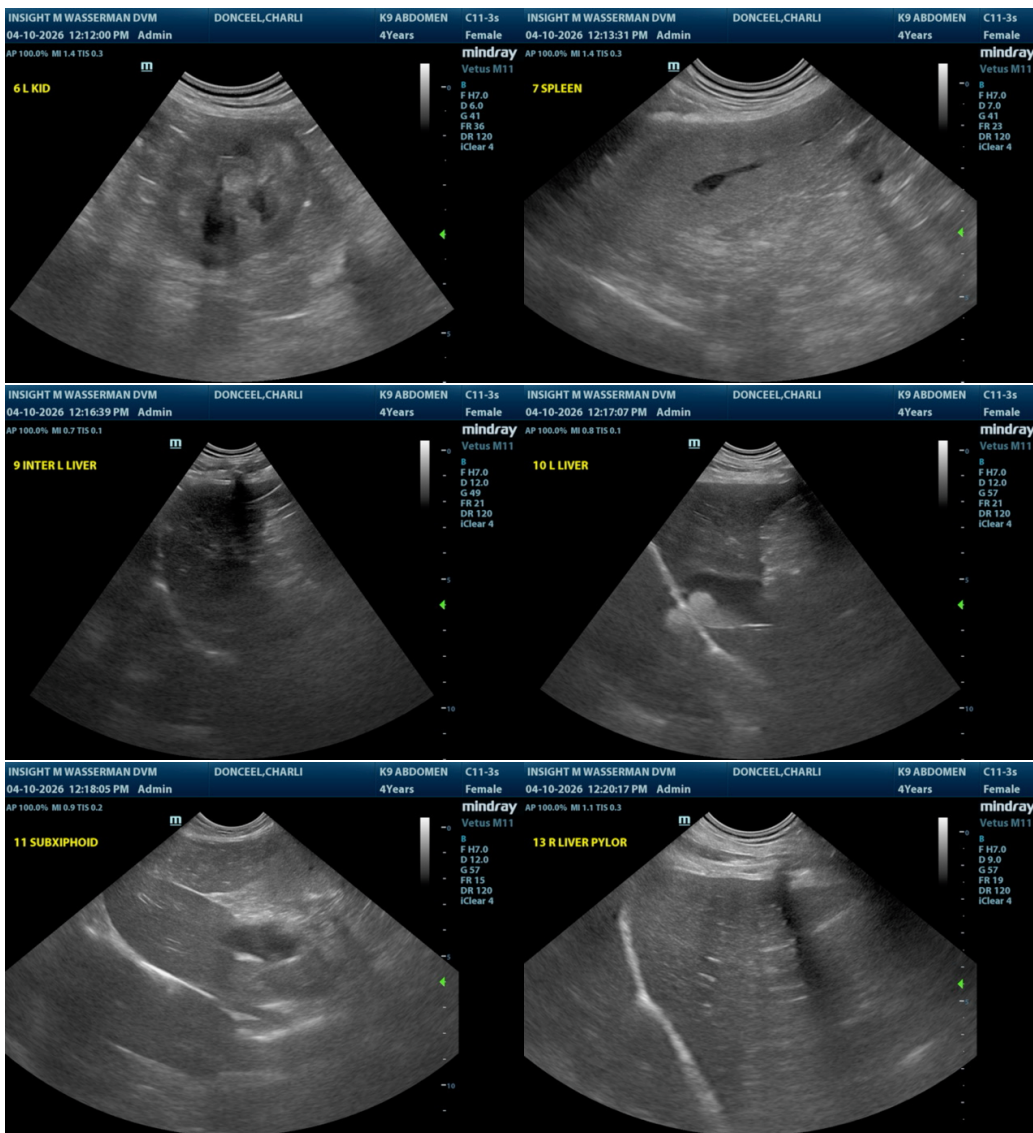
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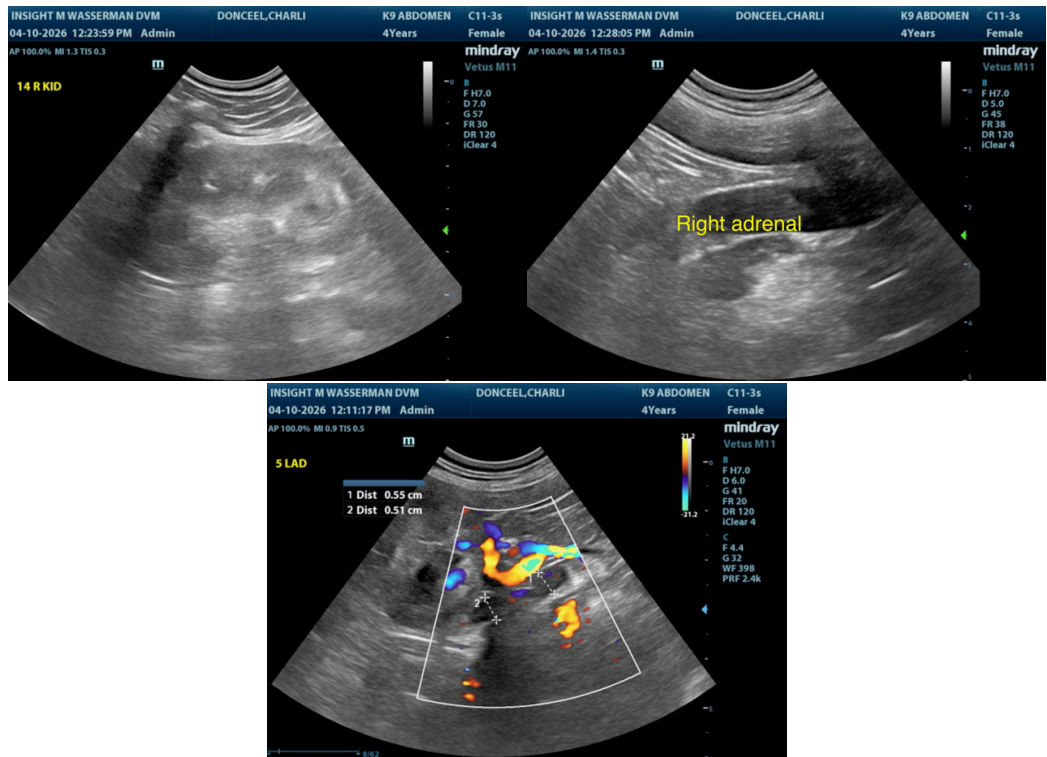
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com