



**PATIENT**

Scout Gunn

**SPECIES**

Canine

**BREED**

Collie Mix

**SEX**

Neutered Male

**AGE**

10 Years 3 Months

**WEIGHT**

60.4 Pounds

**INTERPRETED BY**

Remo Lobetti BVSc,  
 MMedVet, PhD,  
 DECVIM

**IMAGING PERFORMED BY**

Kathleen Byrnes

**HOSPITAL NAME**

Forest Oaks AH

**REFERRING VET**

Dr. Kleisch

**INVOICE**

36519

**DATE**

4/10/26

**PRESENTING CLINICAL SIGNS**

History: P presented for US due to one month history of lethargy, inappetence, decreased mobility off and on. Initially Liver values elevated which resolved but on recheck there has been elevation in renal values and no change in the appetite and energy level. On rads there was a concern for enlarged kidney size.

Abnormal PE/Chem/CBC/UA Results: BUN 32, Crea 2.7, TP 8.5, Glob 5.1 Liver values normal

**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.

Small hypoechoic prostate was noted, measuring 0.8 cm in width.

Normal renal size, with normal echogenic appearance, some loss of cortico-medullary differentiation, and a regular curvilinear capsule. Mild left sided pyelectasia (0.2 cm) was noted. Normal right sided pelvis was noted. No infarcts, mineralization or renoliths evident. The left kidney measured 8.1 cm. The right kidney measured 8.2 cm. Normal color flow pattern was evident in both kidneys.

**Adrenal Glands**

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. The left adrenal gland measured 2.4 cm in length x 0.58 cm and 0.69 cm in width. The right adrenal gland measured 2.06 cm in length x 0.53 cm and 0.58 cm in width.

**Spleen**

Normal size (2.1 cm in width) 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.

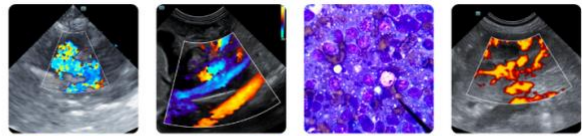
**Liver**

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 gallbladder, 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**



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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.

**SPECIES**

Canine

***Pancreas***

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.

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***Free Abdomen***

Normal mesenteric lymph nodes.

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No ascites evident.

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**ULTRASONOGRAPHIC FINDINGS**

- Renal disease
- Gallbladder sediment

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The appearance of the kidneys would be consistent with early chronic kidney disease. Although the left-sided pyelectasia is most likely associated with the renal changes, low-grade underlying pyelonephritis should still be considered. The gallbladder sediment can be considered an incidental finding. Further assessment would be urinalysis, urine culture, UPC (if culture and sediment negative) and blood pressure. Initial management of the disease would be feeding a renal diet.

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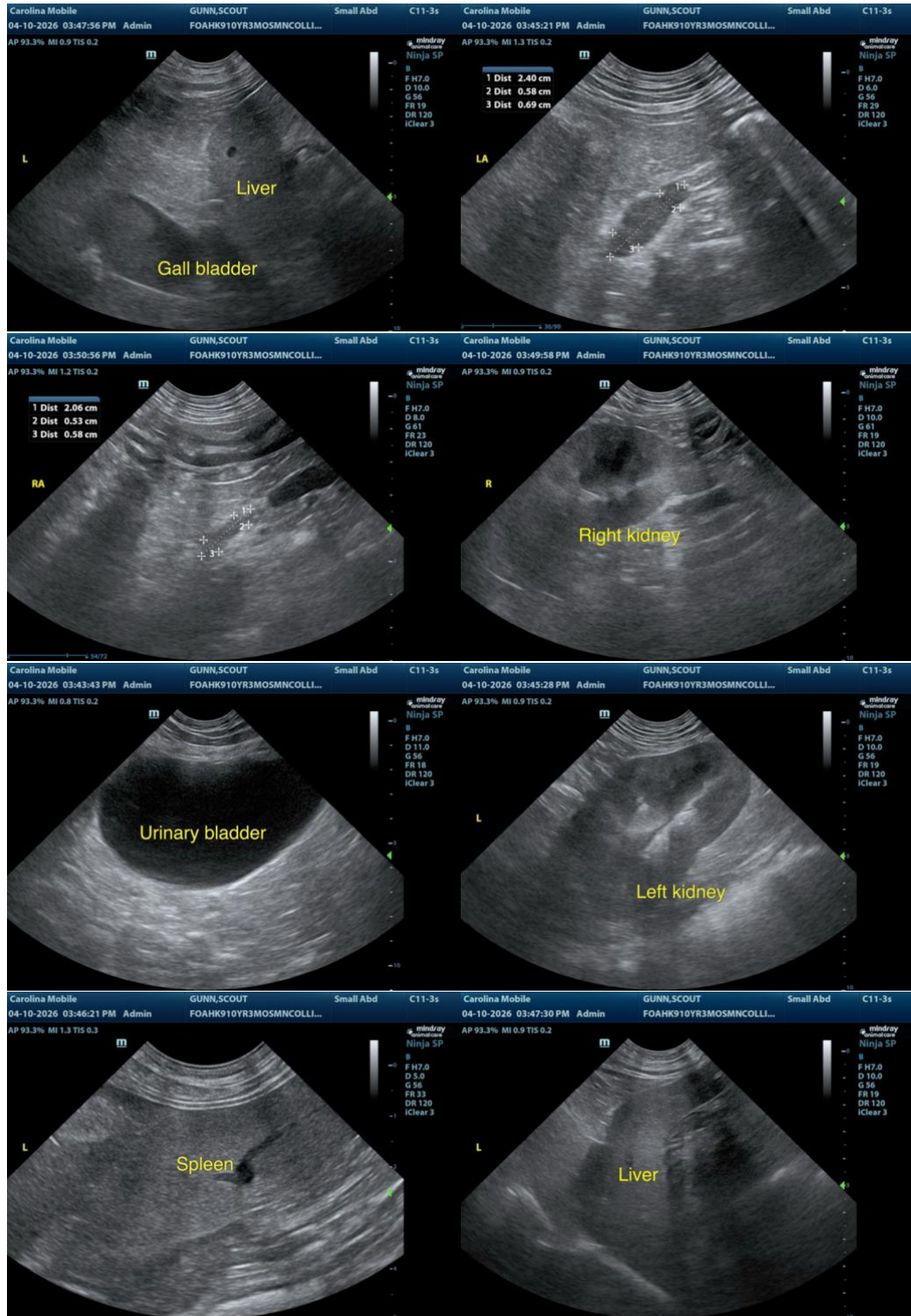
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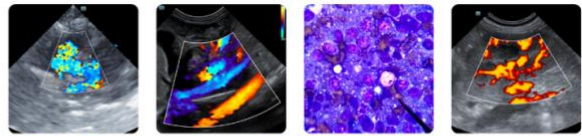
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)