



**PATIENT**

Coco Fortino

**SPECIES**

Canine

**BREED**

Morkie

**SEX**

Spayed Female

**AGE**

3 Years 9 Months

**WEIGHT**

6.64 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Vincent Ravancho, CVT

**HOSPITAL NAME**

Summit Dog & Cat  
Hospital

**REFERRING VET**

Dr. Baker

**INVOICE**

74574

**DATE**

4/17/26

**PRESENTING CLINICAL SIGNS**

Renal workup. Clinical findings unremarkable. Hx of renal azotemia, diagnostics in 2024 revealed mild bilateral renal degeneration consistent w/ congenital dysplasia/mineralization.

Abnormal PE/Chem/CBC/UA Results: 3/2/24 - Creat 2.6, BUN 36 3/31/24 - Creat 1.7, BUN 25. 8/19/25 - Creat 2.5, BUN 30. 1/24/26 - Creat 3.3, BUN 27, Idexx Cystatin B 137 (H), 4/17/26 - BUN/Creat WNL

**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, with increased echogenic appearance, loss of cortico-medullary differentiation, and normal pelvis and capsule. No infarcts or renoliths evident. Mild pinpoint bilateral mineralization evident. Normal color flow pattern evident in both kidneys. Left kidney measures 3.3 cm. Right kidney measures 2.8 cm.

**Adrenal Glands**

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left measures 1.64 cm in length x 0.41 cm and 0.55 cm in width. Right measures 1.06 cm in length x 0.63 cm and 0.34 cm in width.

**Spleen**

Normal size (1.1 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 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. Small amount of ingesta present within the stomach, compatible with a recent meal.



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**Pancreas**

Visible sections present 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.

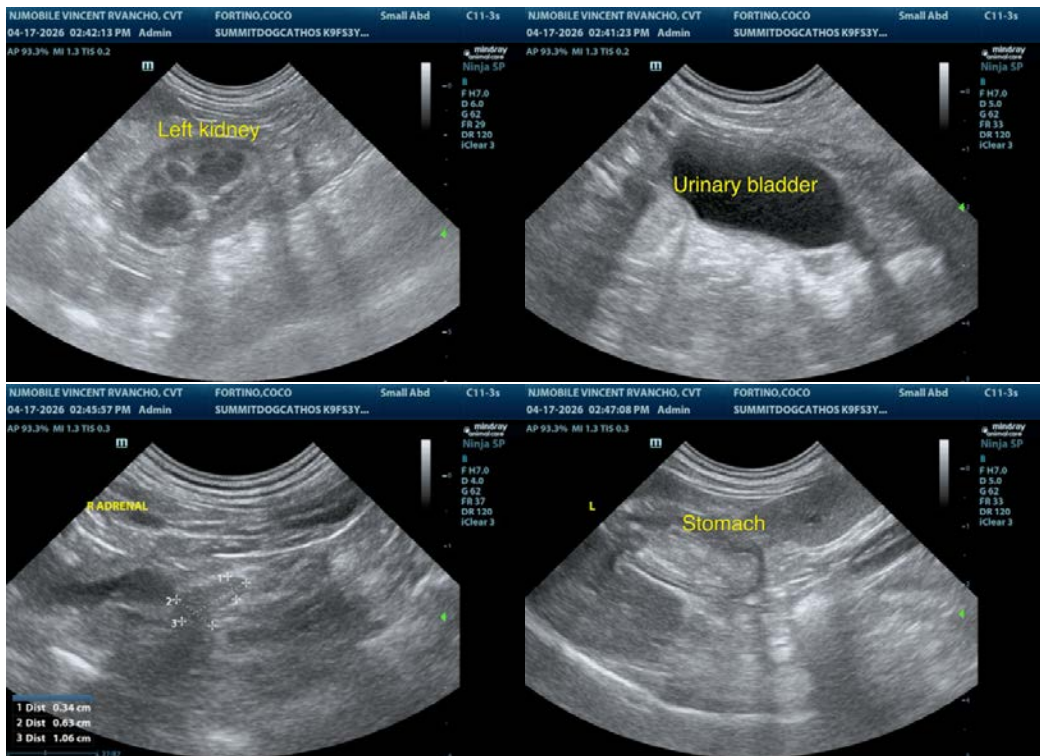
**ULTRASONOGRAPHIC FINDINGS**

- Renal disease.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The appearance of the kidneys is consistent with chronic kidney disease, with possible underlying etiologies being previous acute kidney injury, bacterial nephritis, or a congenital anomaly.

Further assessment (if not already done) would include blood pressure and UPC. A renal biopsy would be required for a final etiological diagnosis. However, this is unlikely to change the management of the renal disease. Management would include feeding a renal diet, use of enteric phosphate binders as needed, and possibly the addition of either an ACE inhibitor or receptor blocker.





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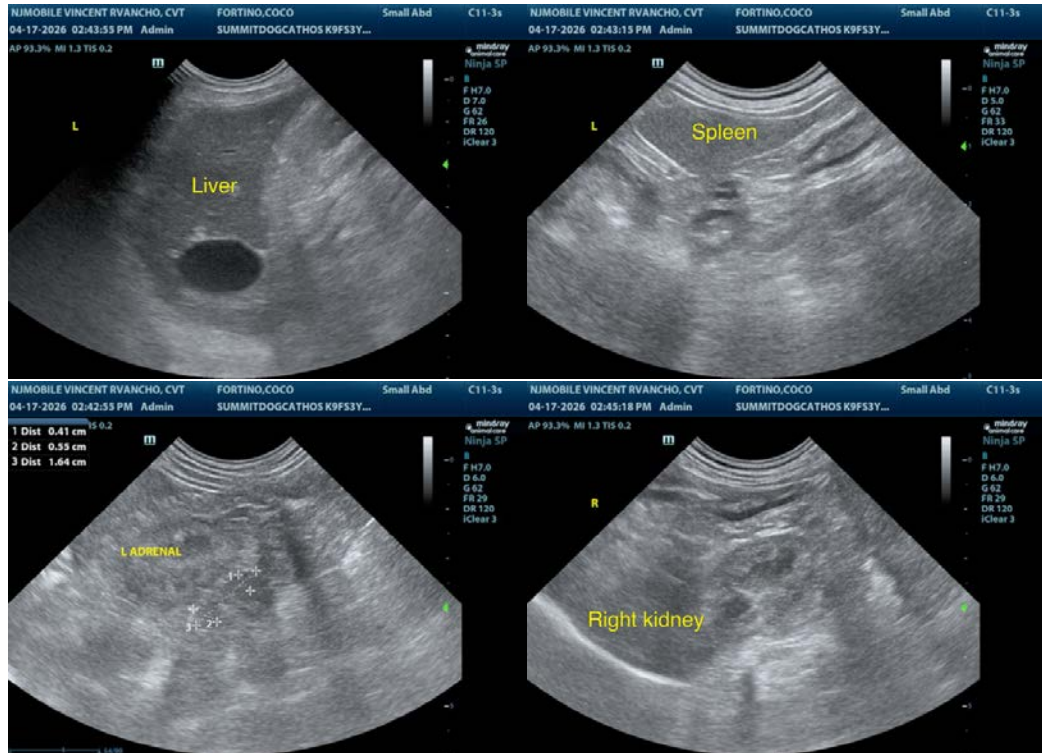
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)