



PATIENT

Bleu Fenger

SPECIES

Canine

BREED

French Bulldog

SEX

Neutered male

AGE

1 year

WEIGHT

31 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Brandi Kurzowski

HOSPITAL NAME

Corfu VC

REFERRING VET

Dr. Greil

INVOICE

74049

DATE

4/2/26

PRESENTING CLINICAL SIGNS

- P was seen 3/23 at e-clinic for urinary incontinence and UTI- tx with clavamox
- P continues to have incontinence after course of abx and is PUPD
- UA: USG 1.024, pH 5, WBC <1/hpf, RBC <1/hpf, Calcium Oxalate dihydrate 1-5/hpf, no bacteria noted (Fresh sample obtained by o).
- Placed a urinary catheter and the catheter did not feel "gritty". Checked urine off of the catheter and no crystals were noted.
- Right lateral and VD radiographs - no obvious uroliths present at this time. Stool present in colon. Difficult to visualize kidneys in either view secondary to stool. Gastric stomach appears empty. No obvious mass effect or foreign bodies present.
- CBC: WNL Chem 17: BUN: 6 mg/dL (7-27) ; Amylase 388 U/L (500-1500) L Lytes: WNL Resting Cortisol: 4.97 ug/dL UA: USG 1.024, pH 5, WBC <1/hpf, RBC <1/hpf, Calcium Oxalate dihydrate 1-5/hpf, no bacteria noted- new sample obtained via u-cath did not have crystals

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is small 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 (left measured 5.2 cm, right measured 4.2 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. Normal color flow pattern is evident in both kidneys.

The prostate is small and hypoechogenic measuring 0.8 cm in width.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.5 cm in width. The right adrenal gland measured 0.42 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 1.7 cm in width.



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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

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 moderate amount of ingesta is present in the stomach compatible with a recent meal.

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

- Normal ultrasound examination of the abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

On this ultrasound there is no obvious etiology for the urinary incontinence.

With the breed of dog underlying neurological disease needs to be considered as a possible etiology for the urinary incontinence.

Further assessment would be full neurological examination, survey thoracic radiographs of the lumbar spine and lumbosacral junction.

Specific therapy would be dependent on an etiological diagnosis.



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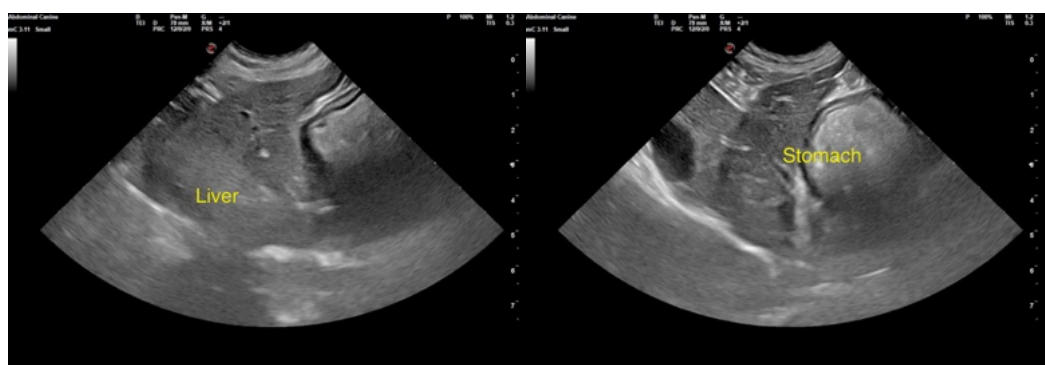
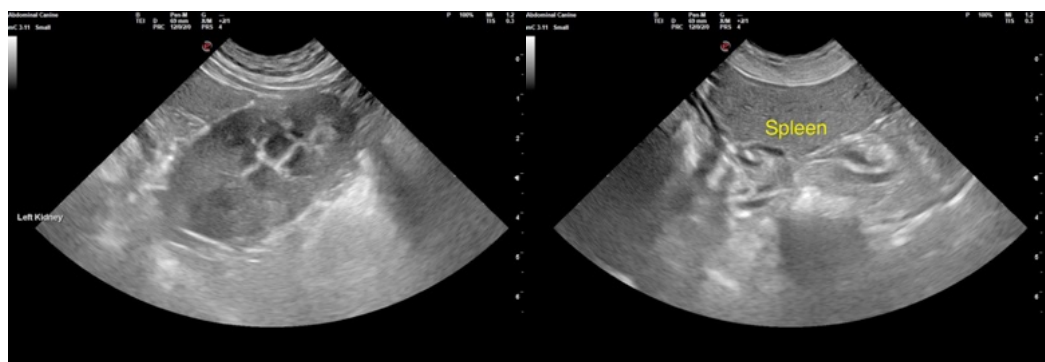
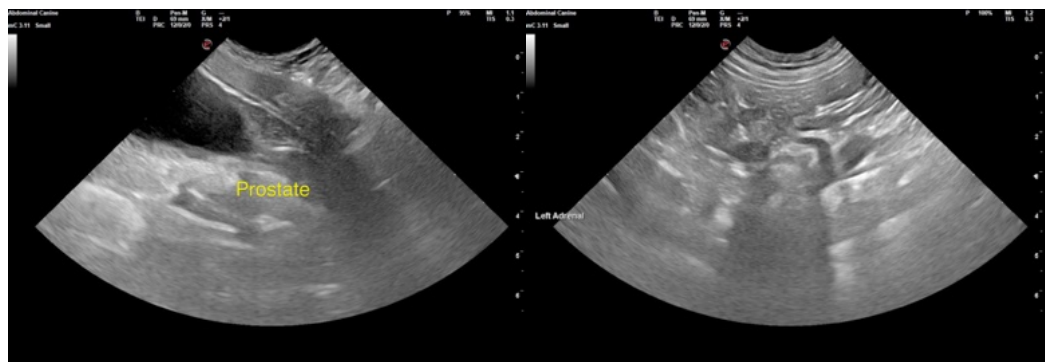
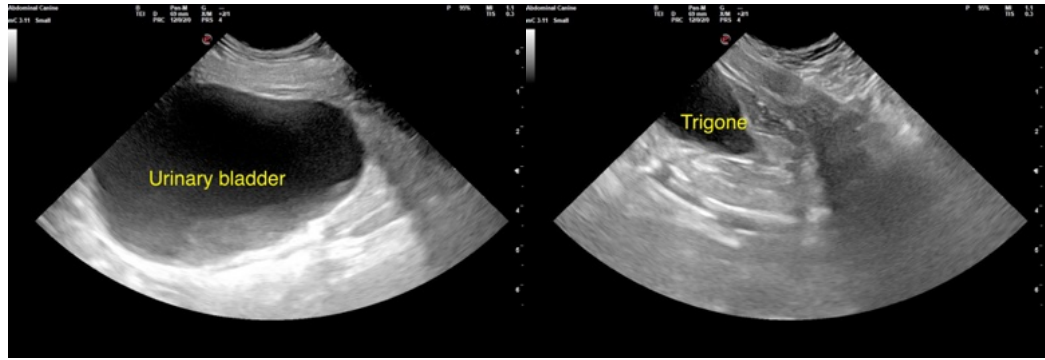
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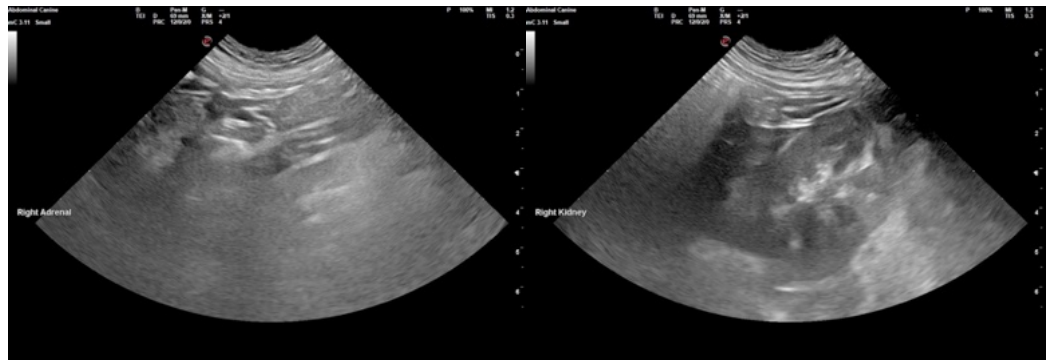
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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