



PATIENT

Jack Clark

SPECIES

Canine

BREED

Husky Cross

SEX

Neutered male

AGE

13 ½ years

WEIGHT

28 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Danielle RVT

HOSPITAL NAME

Orchard VC

REFERRING VET

Dr. Orchard

INVOICE

74111

DATE

4/2/26

PRESENTING CLINICAL SIGNS

- Jack has not been himself for a few months, owner thought it was due to pain, last couple weeks has been more restless and passing a lot of gas. Has been treated with Cerenia, and omeprazole, with little to no change
- Today Jack vomited several times large volume of food that was from his supper the night before. (has not been on cerenia for a few days)
- Mild elevation to BUN

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is small with a thickened and irregular appearance of the apical wall measuring 0.7 cm. The rest of the wall is of normal thickness with a smooth appearance. 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 6.2 cm, right measured 6.0 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 not visualized.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.72 cm in width. The right adrenal gland measured 0.45 cm in width.

Spleen

Normal size measuring 1.5 cm in width with a diffuse patchy, mottled echogenic and nodular appearance, but maintained a regular curvilinear appeared. Normal volume of the splenic vasculature without any overt congestion or thrombosis 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.



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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 and gas is present in the stomach.

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

- Urinary bladder thickening.
- Splenic pathology.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the urinary bladder thickening would be chronic bacterial cystitis, granulomatous disease and possibly emerging neoplasia.

Etiologies for the splenic pathology would be splenitis and infiltrative neoplasia although the ingesta filled stomach may merely be a reflection of a recent meal, small gastric foreign body and gastric hypomotility should still be considered.

Initial further assessment would be urinalysis, urine culture, BRAF analysis and/or a catheter assisted aspirate/biopsy of the urinary bladder thickening and FNA cytology of the spleen.

Specific therapy would be dependent on an etiological diagnosis.



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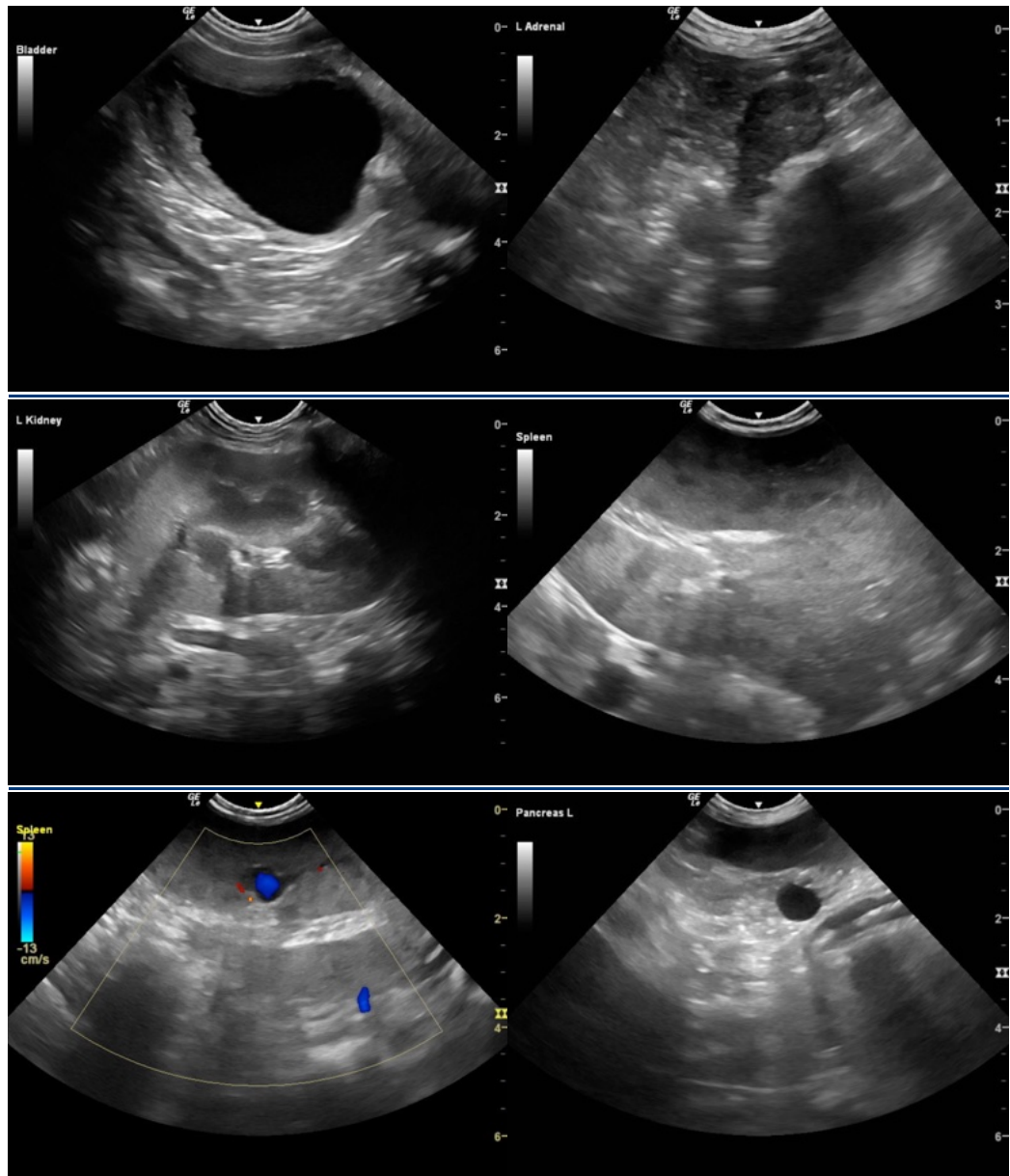
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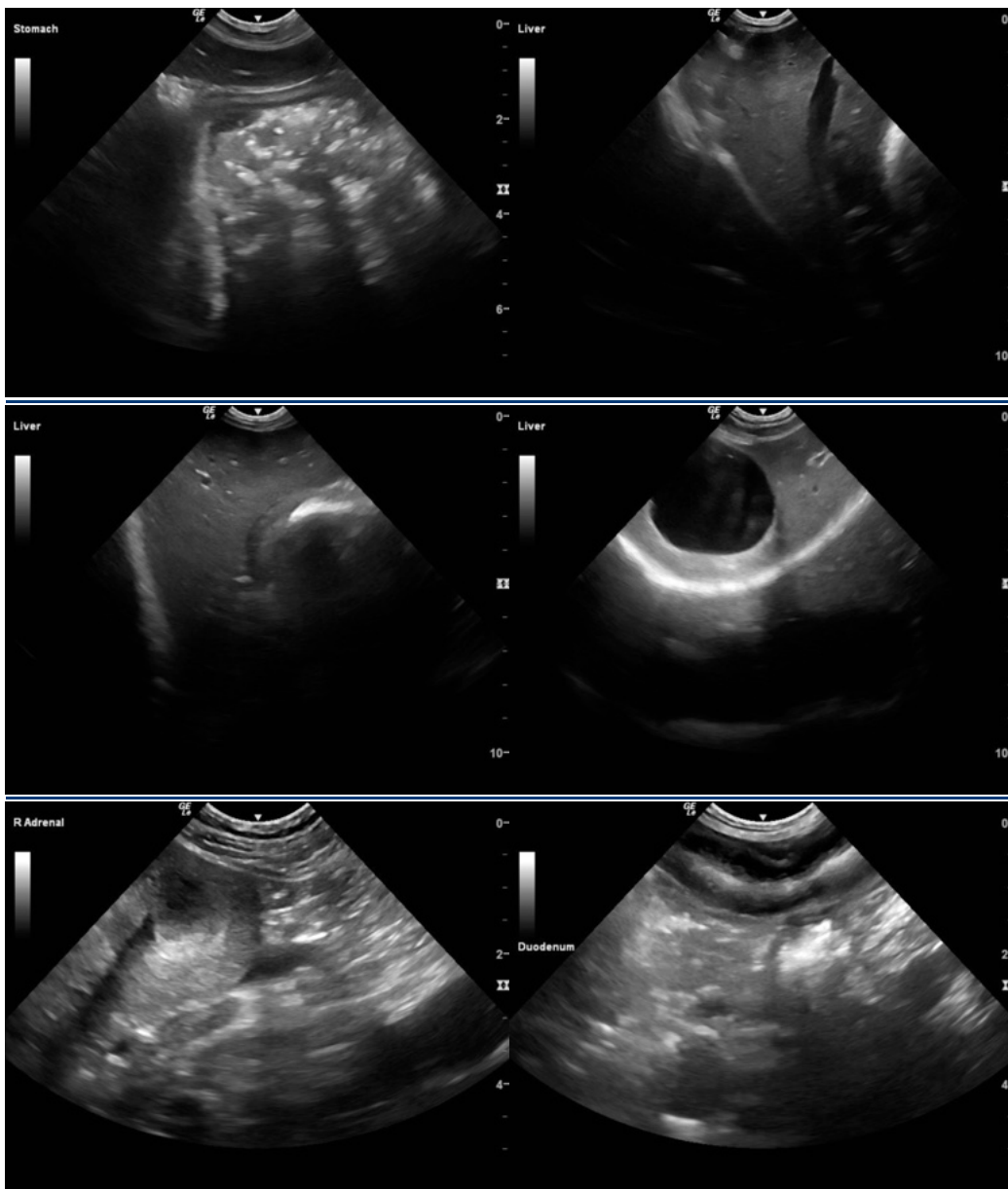
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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