



PATIENT

Macy Dean

SPECIES

Canine

BREED

Maltese

SEX

Spayed Female

AGE

11 Years

WEIGHT

11.6

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sheldon

HOSPITAL NAME

Advanced Pet Care of
Oakland

REFERRING VET

Dr. Sheldon

INVOICE

74620

DATE

4/20/26

PRESENTING CLINICAL SIGNS

Pet has a history of UTI's. In the last 48 hours she became lethargic and won't eat. She had one episode of vomiting and diarrhea. She is painful in her abdomen. Bloodwork had a high ALP 905, and slightly low K, with a neutrophilia and monocytosis. Urinalysis: leukocytosis, hematuria, large number of cocci and rods. SG 1.031, PH 7.0. Radiographs of the abdomen revealed bilateral renoliths and there also appears to be a large urolith just dorsal to the bladder. Pet was painful with ultrasound of the area of the right kidney.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full urinary bladder containing a scant amount of floating hyperechogenic sediment, with a normal thickness and smooth appearance of the wall.

Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.

Normal appearance and size of the iliac lymph nodes. Dilated right ureter noted, measuring approximately 0.40 cm in diameter, with a visible ureterolith present in the distal ureter measuring approximately 0.80 cm in size.

Normal renal size, with increased echogenic appearance, some loss of cortico-medullary differentiation (right worse than left), left-sided pyelectasia (0.50 cm), early right-sided hydronephrosis (1.1 cm). No infarcts or mineralization evident. Bilateral non-obstructive uroliths present measuring up to 0.80 cm in size. Normal color flow pattern evidence in both kidneys. Left kidney measures 5.0 cm. Right kidney measures 5.2 cm.

Adrenal Glands

Not visualized.

Spleen

Normal size (1.5 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 a large 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

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.



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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

- Right-sided obstructive uropathy.
- Bilateral renal disease.
- Gallbladder sediment.

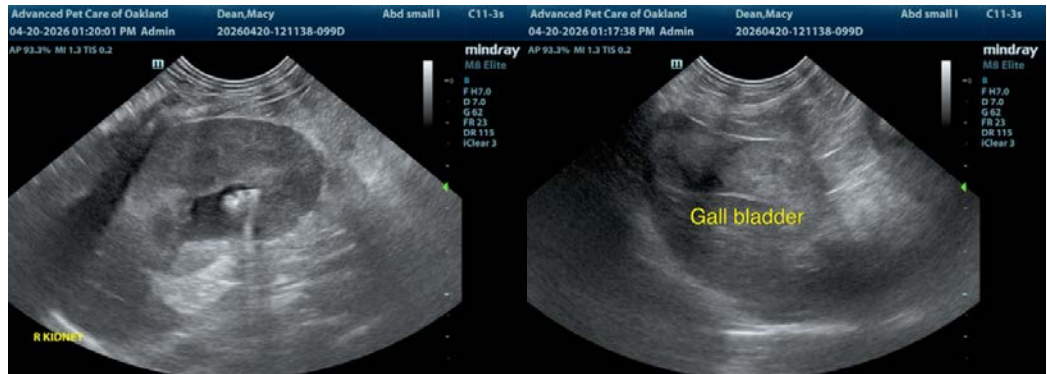
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The right sided obstructive uropathy can be ascribed to the ureterolith present in the distal ureter.

The appearance of both kidneys would be consistent with early chronic kidney disease. Although the left-sided pyelectasia is most likely associated with the renal changes, with the history of urinary tract infections, underlying low-grade pyelonephritis needs to be considered.

Further assessment would be urine culture.

Ideal management of the right-sided obstructive uropathy would be the use of a subcutaneous ureteral device.





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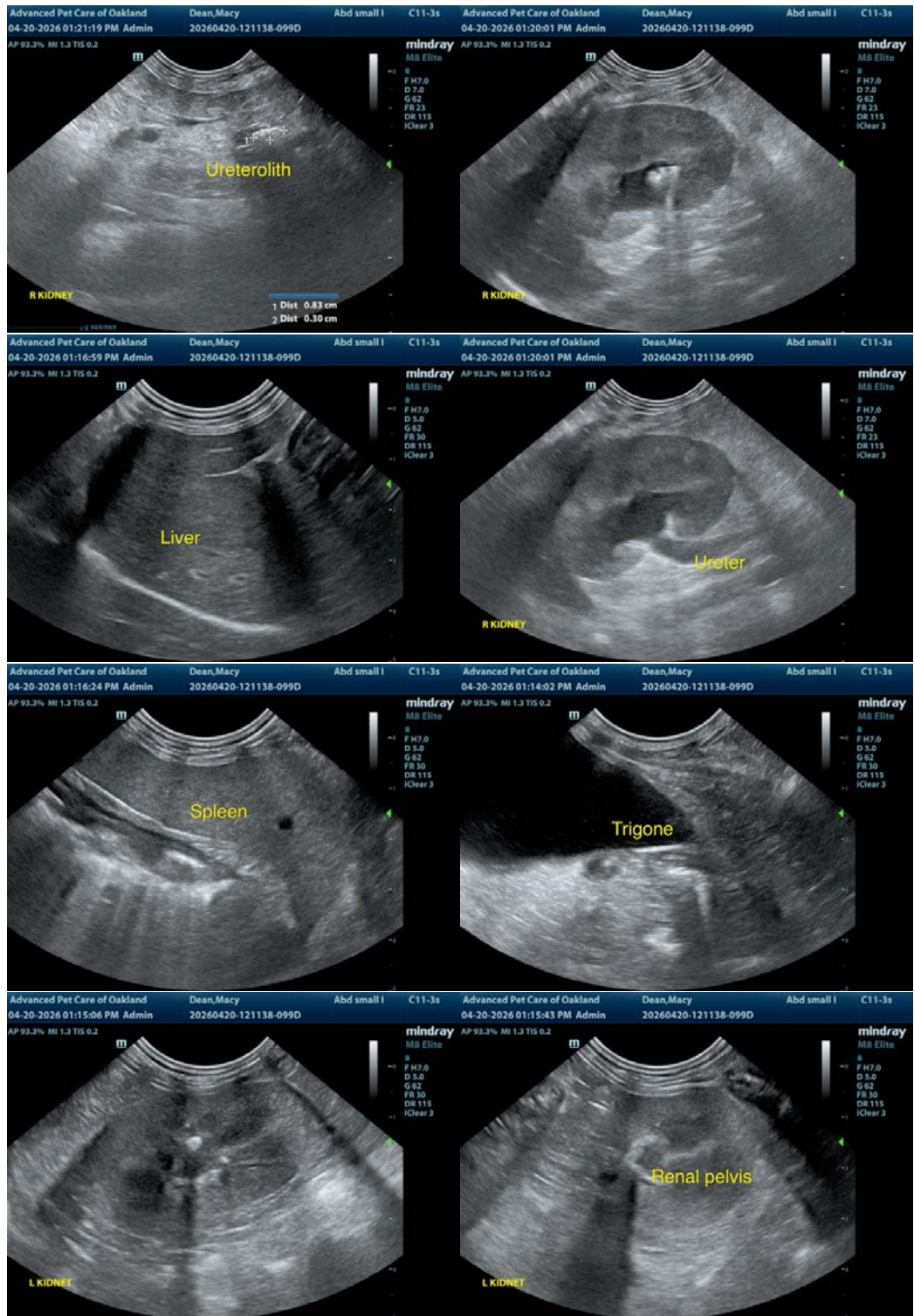
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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