



PATIENT

Penny Gearan

SPECIES

Canine

BREED

Golden Retriever

SEX

Intact female

AGE

4 months

WEIGHT

24 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sorbo

HOSPITAL NAME

JM Pet Rescue and
Veterinary Clinic

REFERRING VET

Dr. Jones

INVOICE

74129

DATE

4/3/26

PRESENTING CLINICAL SIGNS

- Previous UTI with E. coli infection susceptible to Clavamox
- Recent episode with inappropriate urination and hematuria
- Currently on Clavamox (day 7 of 10-day course) started Saturday
- - Using Mal-a-Ket wipes for vulvar hygiene
- - Symptoms initially improved on antibiotics but now showing frequent urination again over past 2 days
- - No blood currently observed in urine
- - Urinating multiple times in succession when outside
- - Increased vulvar licking
- - Recent diarrhea 2 weeks ago, now transitioning from bland diet to Purina Pro puppy food with some Dave's brand restricted
- Problem List: - Chronic urinary tract infection - r/o bacterial cystitis, puppy vaginitis, antibiotic resistance - Frequent urination - r/o lower urinary tract infection, puppy vaginitis, behavioral

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is small with a normal thickness and smooth appearance of the wall. A scant amount of floating, hyperechogenic sediment.

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 5.8 cm, right measured 6.6 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 ovaries and uterus are not visualized.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.35 cm and 0.36 cm in width. The right adrenal gland measured 0.51 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 1.3 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 small amount of ingesta is present in the stomach compatible with a recent meal. Fecal material is present in the colon.

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 presenting clinical signs.

With the presenting clinical signs low-grade resistant bacterial cystitis and vaginitis should still be considered.

Further assessment would be urine culture.

Further specific therapy would be dependent on an etiological diagnosis.



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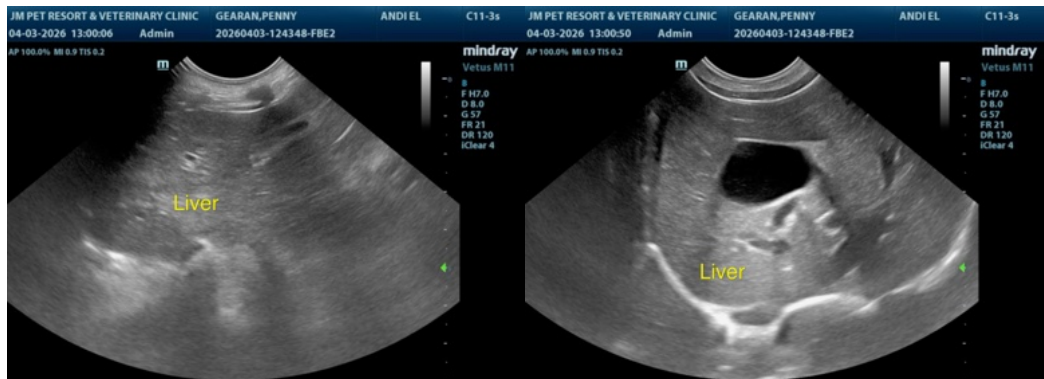
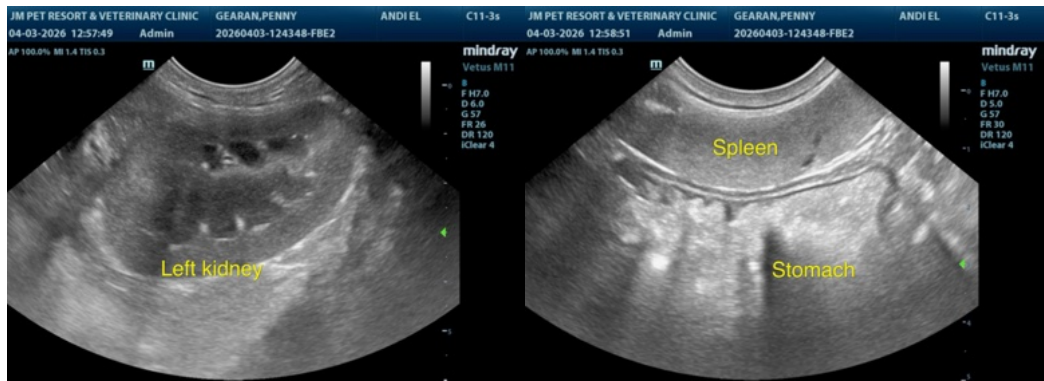
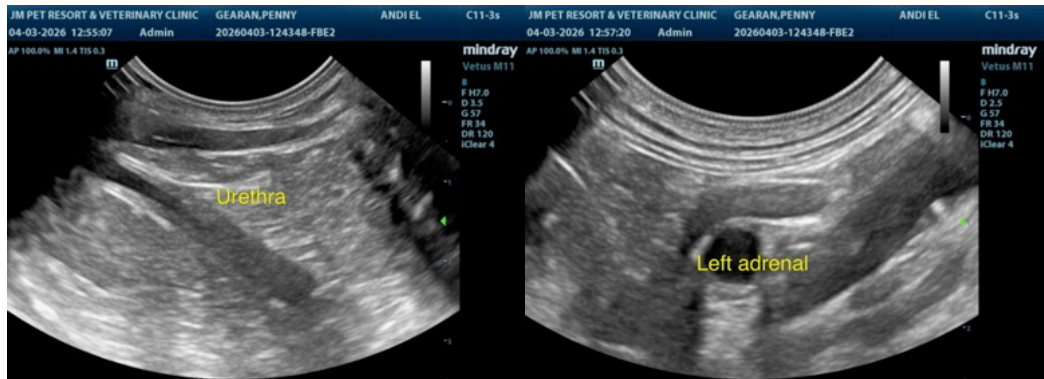
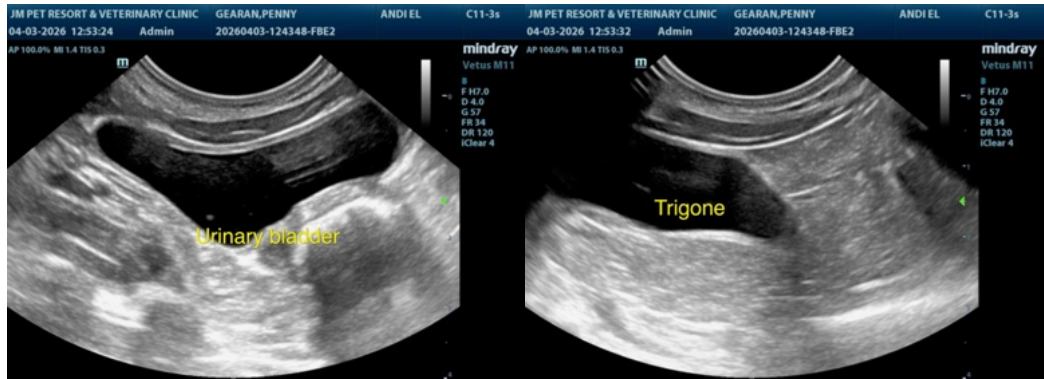
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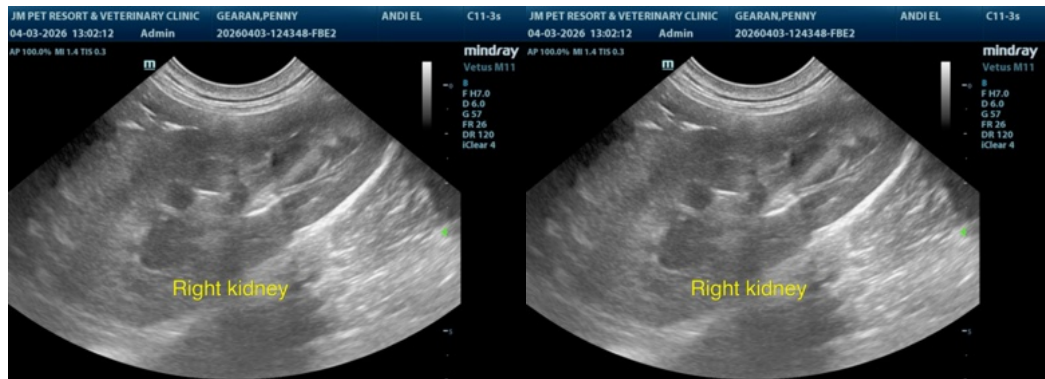
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com