



## PATIENT

Frankie Galasso

## SPECIES

Canine

## BREED

Labradoodle

## SEX

Spayed femlae

## AGE

10 years

## WEIGHT

42 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Megan Cassels-  
Conway, DVM

## HOSPITAL NAME

Centrla Broward AH

## REFERRING VET

Dr. Lezcano

## INVOICE

75007

## DATE

4/30/26

## PRESENTING CLINICAL SIGNS

History: P presented for biannual wellness exam. No concerns noted by owner, After visit p was quite lethargic for 24hrs. No v/d/c/s. No weight loss noted. P has MVD, stable B2 (as of 4/2025). Currently on Vetmedin 5mg in AM and 2.5mg in PM. Hx of UTI last year (E coli)  
UCS, Lepto PRC (urine and blood), pending 4/2026: CBC: Hg: 11.9, Chem: alb: 2.9, ALP: 432H, BUN: 40, creat: 2.1, SDMA: 22.7H, Phos: 5.7, choles: 578H, T4: 0.6L, UA: SG: 1.018, 4+ prot, pyuria, bacteiruria (rods), free catch sample; BP: 190mmHG, to be repeated w gaba next week 3/2025: CBC: WNL, Chem: ALP: 240H, Chem: BUN: 19, creat: 0.9, SDMA: 10.6, choles: 492H, TG: 614H, PSL: 222H, T4: 1.4, UA: 1.016, 3+ prot, bacteiruria, quiet sediment.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder is full 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 5.6 cm, right measured 6.6 cm), increased echogenic appearance, some loss of cortico-medullary differentiation, bilateral pyelectasia (0.2 cm) and irregular curvilinear capsule. No infarcts, mineralization or renoliths evident.

### Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.67 cm and 0.64 cm in width. The right adrenal gland measured 0.51 cm and 0.65 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.

### Liver

Normal size with a diffuse, mottled echogenic and coarse appearance, normal portal markings, and regular curvilinear capsule. Focal, irregular, hyperechogenic nodule/small mass in the left lobe measuring approximately 1.7 x 2.5 cm in size. No additional nodules or masses evident. Normal appearance of the hepatic and portal vasculature.



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## *Gallbladder*

The gallbladder is full containing a scant 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. The duodenum measured 0.24 cm, small intestine measured 0.26 cm. Fecal material was 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

- Renal disease.
- Hepatopathy.
- Hepatic nodule/small mass.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the kidneys is consistent with chronic kidney disease. Although the mild, bilateral pyelectasia is most likely associated with the renal changes, underlying, low-grade pyelonephritis needs to be considered.

Etiologies for the hepatopathy would be reactive hyperplasia, early nodular hyperplasia, vacuolar and metabolic with hepatitis and infiltrative neoplasia a less likely differential diagnosis.

Etiologies for the hepatic nodule/small mass would be nodular hyperplasia, granuloma and possibly emerging neoplasia.

Further assessment would be urine culture, UPC (if culture is negative) and FNA cytology of the liver and hepatic nodule/small mass.

A tru cut wedge biopsy of both may be required for a final etiological diagnosis.



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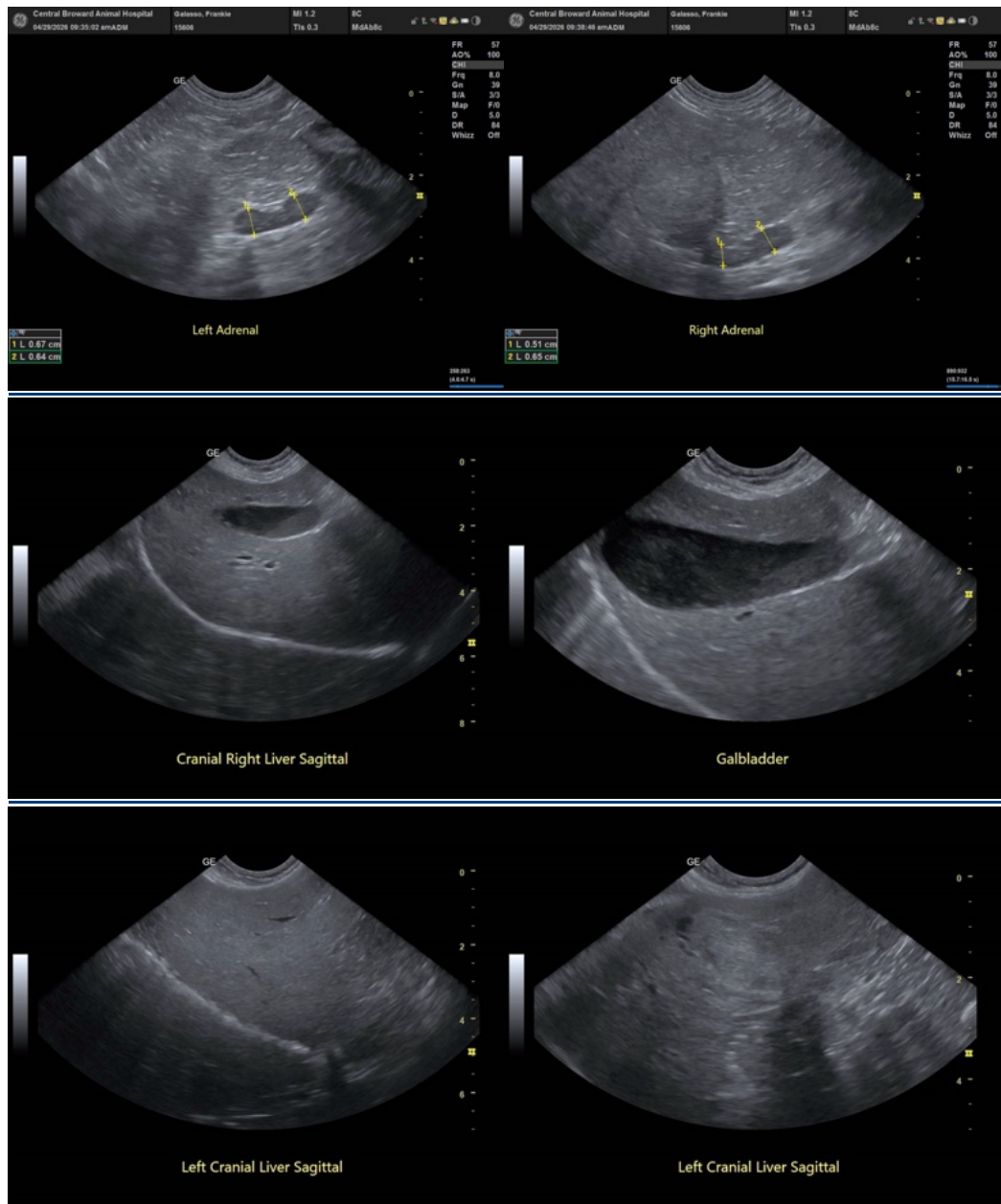
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Specific therapy would be dependent on an etiological diagnosis. Symptomatic management of the renal disease would be feeding a renal diet, enteric phosphate binders and possibly either an ace inhibitor or receptor blocker. Symptomatic management of the hepatopathy would be the use of Ursodiol with regular monitoring of liver enzyme activity.





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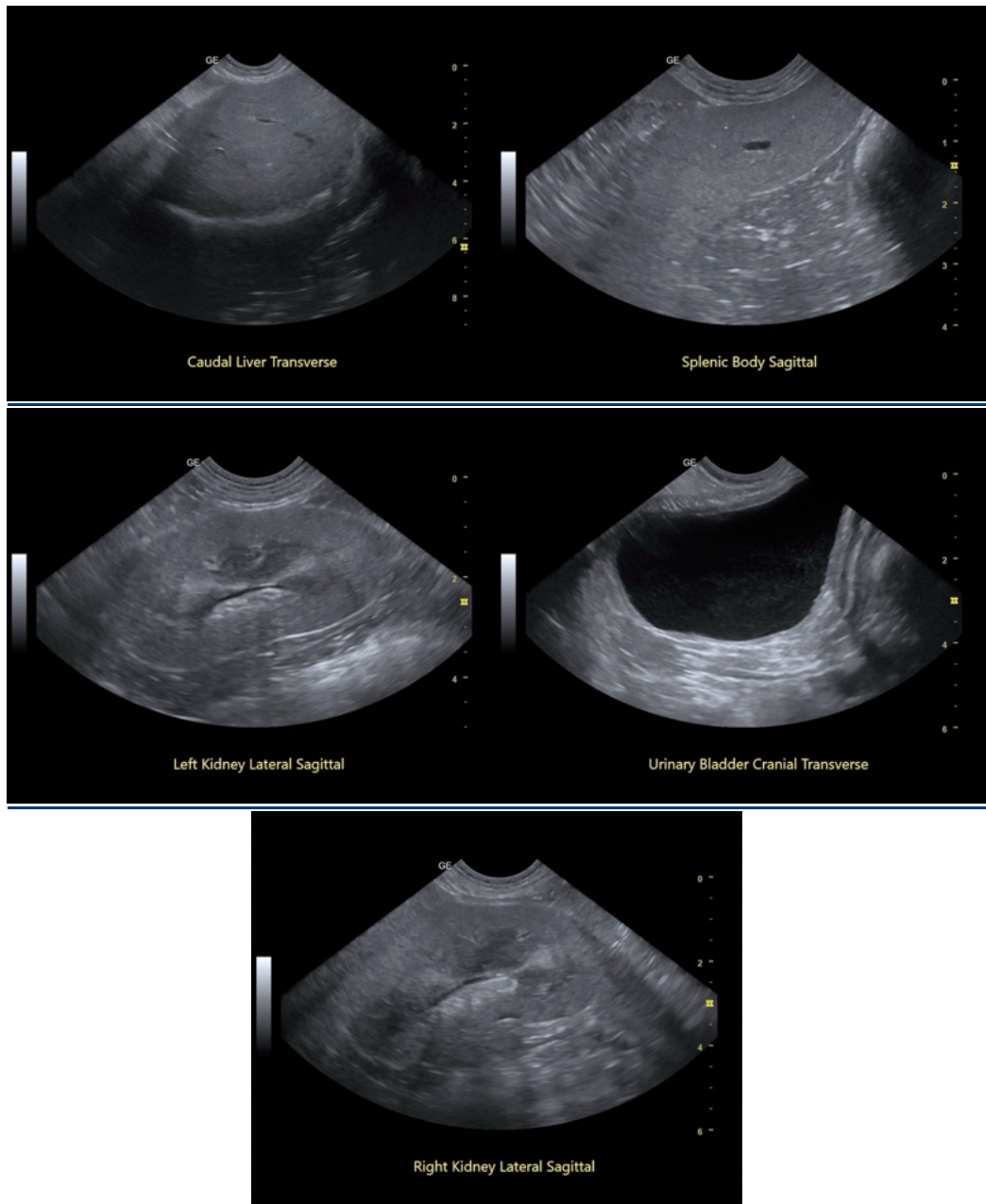
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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[info@sonopath.com](mailto:info@sonopath.com)

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