



PATIENT

Rollo Dombrosky

SPECIES

Canine

BREED

Flat Coated Retriever

SEX

Neutered male

AGE

8 years

WEIGHT

91 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Brandi Barry

HOSPITAL NAME

Bluegrass AH

REFERRING VET

Dr. Barry

INVOICE

74251

DATE

4/7/26

PRESENTING CLINICAL SIGNS

- Patient presented for acute onset vomiting on 3/30/26. Owner also reported lethargy and hyporexia. Patient urinated in the bed overnight and owner noted that his urine was a light brown color after voiding outside.
- Non-regenerative anemia and moderate leukocytosis noted on labs 3/30/26. Negative slide agglutination test. No fluid or masses noted on A-FAST. Started treatment with doxycycline, sucralfate, Panacur, and Cerenia.
- Patient returned 4/1/26 for recheck. Vomiting had resolved, but urine color noted to be dark brown. Urine leakage still noted at home and in hospital. Progressive regenerative anemia noted on recheck CBC with positive slide agglutination test. 4DX negative and no fluid or masses noted on A-FAST. Started treatment with prednisone, clindamycin, and metronidazole.
- Patient returned again 4/3/26 for recheck. Urine yellow in color and patient feeling better at home. Regenerative anemia persists, but HCT slightly increased. Marked leukocytosis noted on CBC. Owner approved further diagnostics at this visit- proceeded with CXR, anemia PCR, and path review of blood film. Started treatment with cyclosporine and continued course of prednisone and triple antibiotic therapy.
- On recheck 4/6/26, regenerative anemia persists with mild leukocytosis, but HCT greatly improved. Negative slide agglutination test. Sedated for abdominal ultrasound. Continued course of treatment with prednisone, cyclosporine, and antibiotics. Added on Fortiflora.
- Temp 103.9 day of original presentation (3/30/26). Fever resolved and normal at subsequent recheck visits. Otherwise NSF on exam. Lab trends 3/30, 4/1, 4/3, and 4/6 from left to right: HCT 33.6%, 27.2%, 30.1%, 38.5% WBC 29.74K, 30.42K, 41.67K, 19.62K UA 3/30/26: USG 1.010. Protein 30mg/dL. Glu 50mg/dL. BLD 250 Ery/uL. UA 4/1/26: USG 1.018. Protein 500mg/dL. BIL 6mg/dL. BLD 250 Ery/uL 4DX: negative (ran 2 days after starting treatment with doxycycline) Anemia PCR: negative (submitted 4 days after starting antibiotic therapy) Path review of blood smear- results attached

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full 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 8.2 cm, right measured 9.3 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 1.0 cm in width.



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Adrenal Glands

The left adrenal gland is normal in shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 3.45 cm in length x 0.7 cm and 0.49 cm in width. The right adrenal gland was not visualized.

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 3.2 cm in width.

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 a scant amount of 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.

Pancreas

The pancreas is not clearly visualized, but the visualized sections 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.



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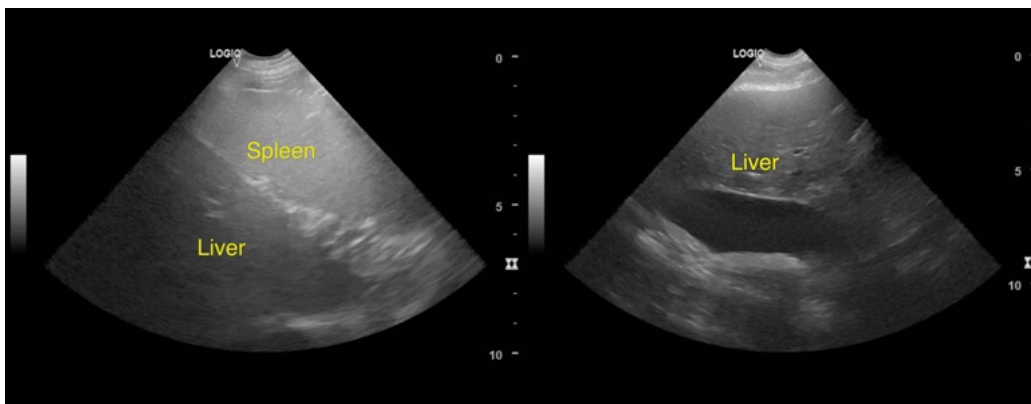
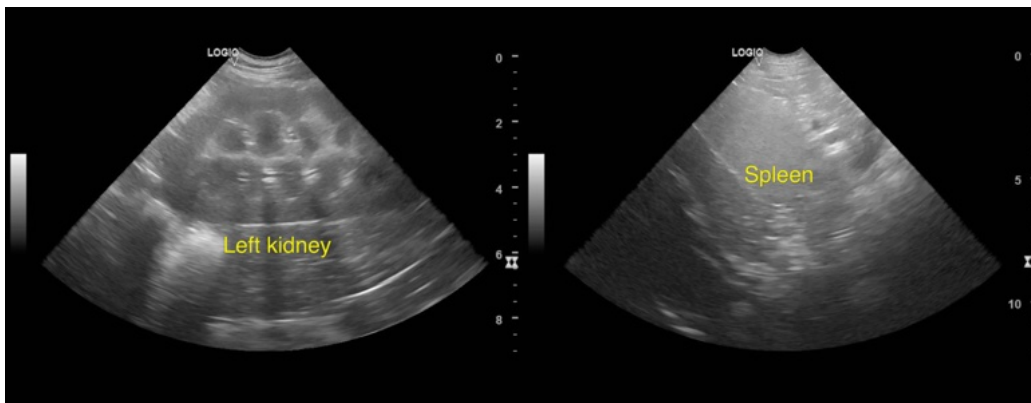
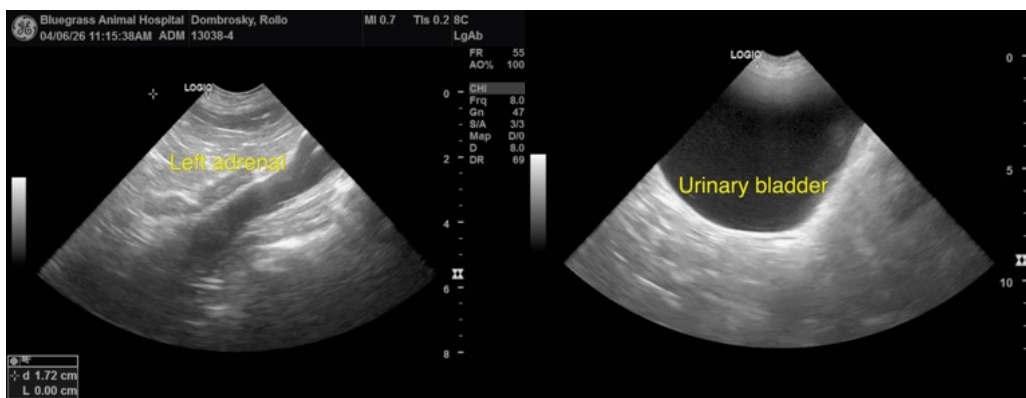
4/7/26

ULTRASONOGRAPHIC FINDINGS

- Normal ultrasound examination of the abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No specific therapy is recommended at this time.





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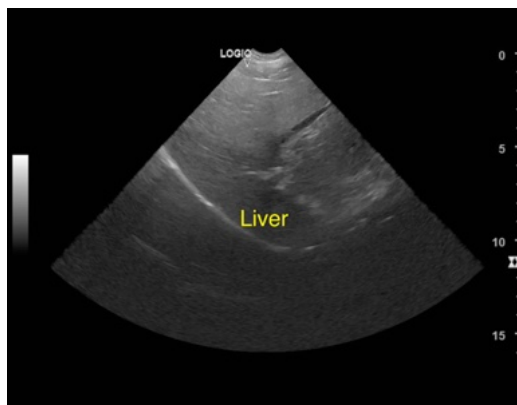
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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