



PATIENT

Rocky Woods

SPECIES

Canine

BREED

Bernedoodle

SEX

Male

AGE

10 months

WEIGHT

19.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Quinn Robinson RVT

HOSPITAL NAME

Hess Ridge AH

REFERRING VET

Dr. Skarie

INVOICE

74349

DATE

4/9/26

PRESENTING CLINICAL SIGNS

History: 10 month old asymptomatic Bernedoodle. On presurgical lab work mild azotemia observed. No known toxin exposure or medication history. Evaluate kidneys for congenital abnormalities, dysplasia, or structural causes of persistent azotemia in a young patient
Initial labs (2/11/26): mild increased creatinine (1.6) and BUN (44),; SDMA WNL (13) First morning Urinalysis (2/12/26): USG 1.039, no proteinuria, no bacteriuria -Recheck labs (3/27/26): persistent mild azotemia with increased creatinine (1.6), BUN (49), and SDMA (16)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is small with a normal thickness and smooth appearance of the wall. A small 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 4.4 cm, right measured 4.6 cm), increased echogenic appearance, some loss of cortico-medullary differentiation, mild pyelectasia and irregular curvilinear capsule, No infarcts, mineralization or renoliths evident. Normal color flow pattern is evident in both kidneys.

Normal size and appearance of the prostate measuring 2.1 x 2.2 cm in size.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 1.13 cm in length x 0.27 cm and 0.28 cm in width. The right adrenal gland measured 2.03 cm in length x 0.33 cm and 0.35 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 1.1 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.



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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.

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.
- Urinary bladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the kidneys is most consistent with chronic kidney disease with possible etiologies being previous episode of acute kidney injury or bacterial nephritis and renal dysplasia.

The most likely etiology for the urinary bladder sediment would be incidental debris with crystalluria a possible differential diagnosis.

Ideal further assessment would be a renal biopsy.

Initial management of the renal disease would be feeding a renal diet.



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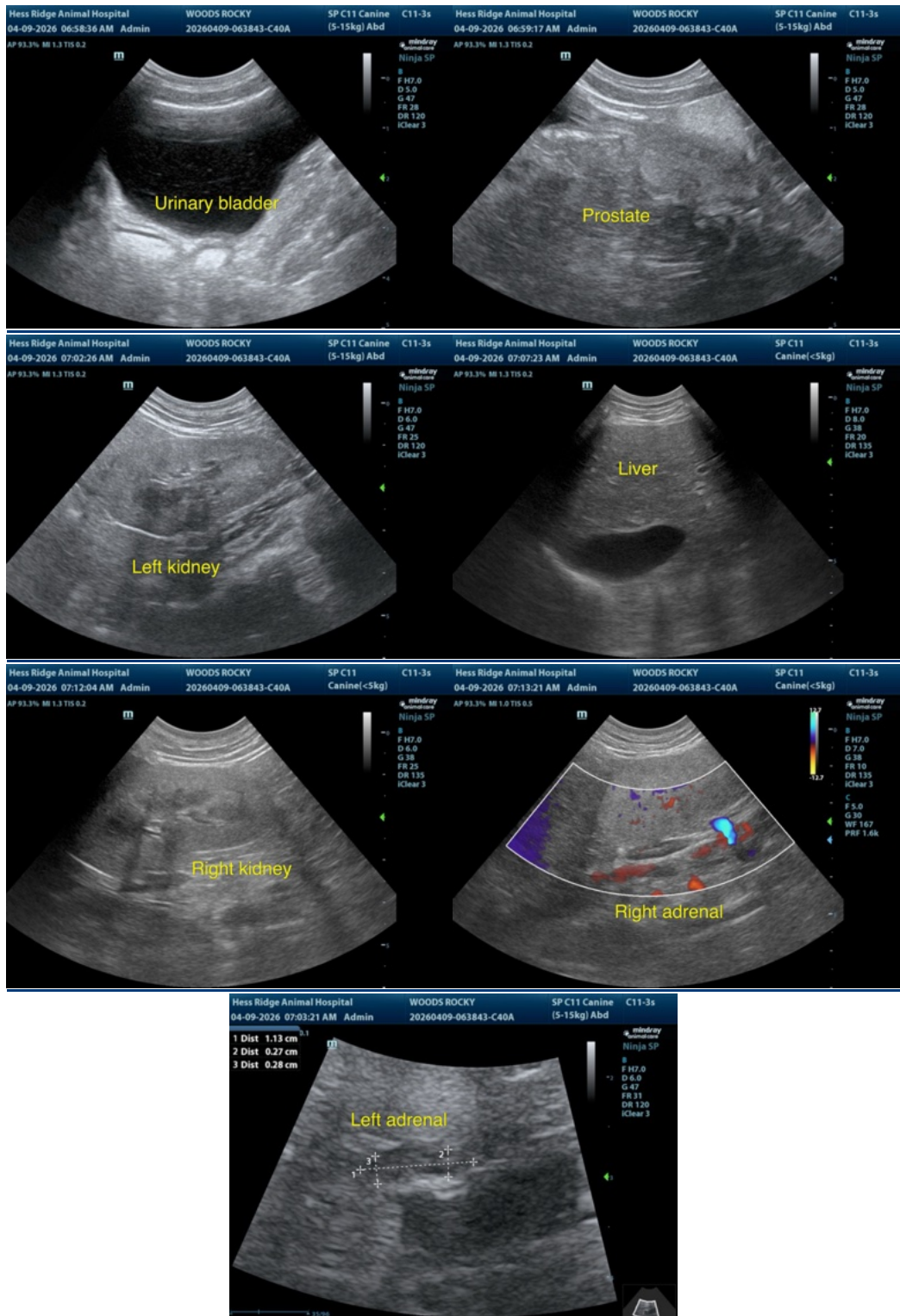
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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