



PATIENT

Daisy Bye

SPECIES

Canine

BREED

Havanese

SEX

Spayed female

AGE

15 years

WEIGHT

13.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Saum Hadi

HOSPITAL NAME

Nimbus Pet Hospital

REFERRING VET

Dr. Bukowski

INVOICE

75082

DATE

5/1/26

PRESENTING CLINICAL SIGNS

History: P developed diarrhea on 4/22. fecal performed was negative. On 4/24 she presented for continued diarrhea, decreased appetite, and decreased thirst with normal energy levels. She was being fed a diet of ground beef, cottage cheese, vegetable oil and sugar, which she showed some interest in. She was given metronidazole, cerenia, entyce and showed no improvement. she returned today for continued anorexia.

exam - BAR, vitals were normal temp 100.3, RR: 40, P: 144

her exam - mildly distended abdomen, NS OU, no pain on abdominal palpation. rectal exam - normal stool palpated with no melena or hematochezia

CBC: HCT: 48.9 MCV: 75.4, MCH: 29.9 (H), MCHCH: 39.5 (H) retic: 166.2 k/uL (h), WBC: 17.58 (H), NEU: 11.74 (H), mono: 3.79 (H), PLT: 824 k/uL (H) chem: creatinine 1.4, BUN: 47 ALP: 359 U/L (H), GGT: 14 U/L (H), CPL: 731 u/L negative fecal test

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full 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 3.8 cm, right measured 4.0 cm), increased echogenic appearance, some loss of cortico-medullary differentiation, bilateral pyelectasia and regular curvilinear capsule. No infarcts, mineralization or renoliths evident. A few, small, incidental cortical cysts are present in both kidneys.

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 0.42 cm and 0.51 cm in width. The right adrenal gland was enlarged with a rounded shape, but maintained normal echogenic appearance, position and appearance of the visible periadrenal vasculature. The right adrenal gland measured 0.86 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 1.2 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 a small 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. A small amount of fluid and gas was present in the stomach.

Pancreas

The pancreas was not visualized.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Right adrenomegaly
- Age related renal changes versus early chronic kidney disease
- Urinary bladder sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the right adrenomegaly would be age related reactive hyperplasia with disease, stress and emerging pituitary dependent Cushing's disease a possible differential diagnosis.

Although the bilateral pyelectasia is most likely secondary to the chronic renal changes, underlying low-grade pyelonephritis should still be considered.

Etiologies for the urinary bladder sediment would be incidental debris, crystalluria and possibly bacterial cystitis.

The gallbladder sediment can be considered an incidental finding.



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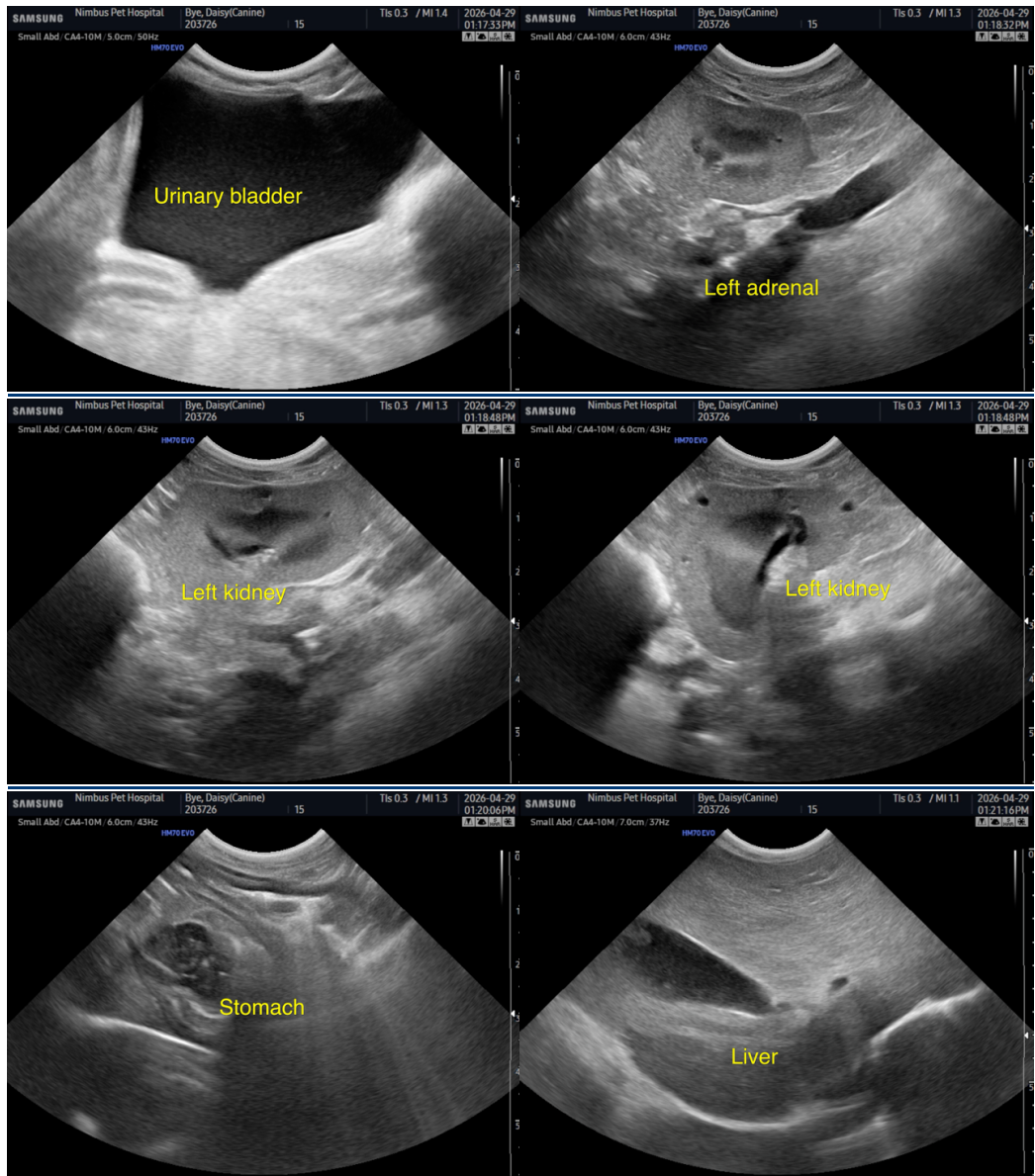
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Further assessment would be urinalysis and possibly urine culture.

On this ultrasound there is no obvious etiology for the anorexia. A possible etiology for the anorexia would be the Metronidazole therapy.





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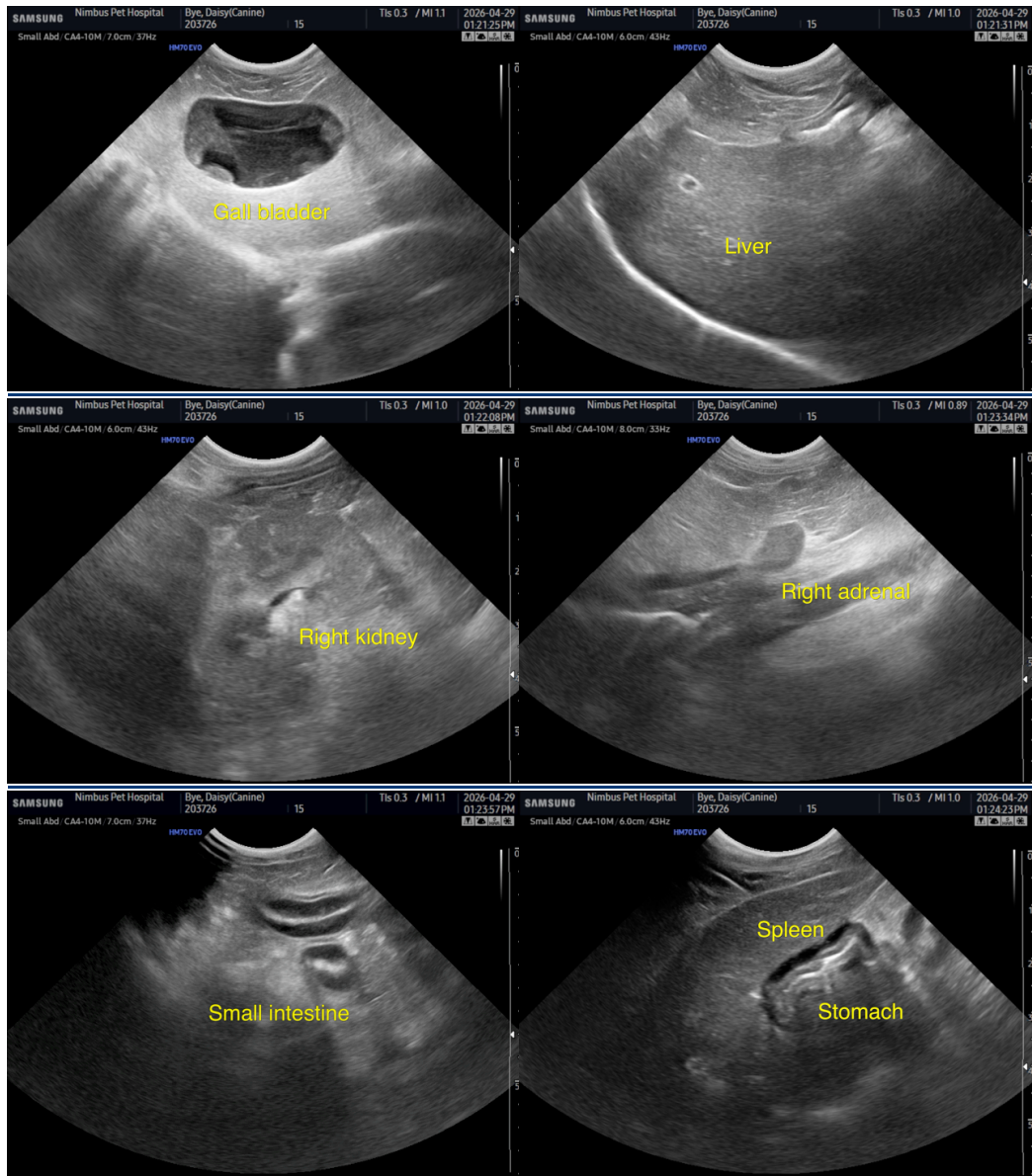
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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