



PATIENT

Ari Bleacher

SPECIES

Canine

BREED

Beagle

SEX

Spayed Female

AGE

10 Years

WEIGHT

20.3 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Lindsay Powell CVT

HOSPITAL NAME

Hershey Animal
Emergency Center

REFERRING VET

Dr. Cara Sinopoli

INVOICE

16027

DATE

05/10/26

PRESENTING CLINICAL SIGNS

Presented Saturday 5/9 at 8a for pancreatitis. Hasn't been eating the past few days, had a frosty paw dog ice cream on 5/15/26 then vomited it, few days late vomiting started again. Been intermediate vomiting this past week. went to rDVM yesterday and did bloodwork, rDVM diagnosed pancreatitis and Renal failure. Did Subcutaneous fluids, famotidine and Cerenia injection around 2:00pm yesterday. rDVM recommended she brings her to the ER for supportive care. PE:EENT/oral: pink hypersalivating mm, crt <2s rapid refill. Abd: Mild discomfort on palpation, pendulous abdomen
Integ: saliva staining on labia from hypersalivation

Abnormal PE/Chem/CBC/UA Results: 5/8/2026 Landisville Animal Hospital CHEM17: ALT 194, BUN 99, CREA 4.4, LIPA 1832, PHOS 12.4, SDMA: 31 Panc Lipase: 435 CBC: HCT 36.2, MCHC 40.9, PLT 519, MCV 59.3, PCT 0.51 PCV 41 TS 8.1 5/9 HAEC EPOC: PO2 92.9, CSO2 96.9, PH 7.354, BE -6.7, BUN 102, CREA 5.98 4DX: Neg PCV: 44 TS 7.2 UA USG 1.020, pH 7.0, PRO 500, GLU 50, BLD 250, RBC > 50 Rads Abdomen: serosal detail is adequate, the stomach is moderately distended with heterogenous material (ingesta). The SI is a single population containing fluid and gas. The colon is empty and gas distended. The liver, spleen, kidneys, urinary bladder appear WNL 5/9 ON: BP: 12a-150/91(103) PCV/TS: 27%/5.4 clear EPOC: pO2 72.4 (H) cSO2 93.9 (H) pH 7.355 (L) BE,ECF -6.8 (L) K 5.2 (H) BUN 114 (H) Creat 5.13 (H) HCT 22 (L)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full urinary bladder with a normal thickness and smooth appearance of the wall. Normal anechoic urine with 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.

The left kidney was enlarged measuring 7.0 cm with increased echogenic appearance, some loss of corticomedullary differentiation, mild pyelectasia and a regular curvilinear capsule. No infarcts, mineralizations or illness evident. Normal color flow pattern evident. Corticomedullary rim sign is present. Right kidney is not visualized.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. The left adrenal gland measured 1.8 cm length x 0.40 cm and 0.43 cm in width. The right adrenal gland measured 0.41 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 2.3 cm in width. Incidental myelolipoma is present.

Liver



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Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

Gallbladder

Full gallbladder containing a moderate amount of nonadhered 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

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.
- Absent right kidney
- Urinary bladder sediment
- Gallbladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the renal disease would be acute kidney injury, bacterial nephritis, and acute on chronic kidney disease. Etiologies for the absent right kidney would be a congenital anomaly or previous nephrectomy. Etiologies for the urinary bladder sediment would be hematuria, crystalluria, and possibly bacterial cystitis. The gallbladder sediment can be considered an incidental finding.

Further assessment would be urine culture and urine cystatin B assay.

Initial management would be fluid therapy, however, if there is not a satisfactory improvement in renal function, then dialysis may be indicated. Longer term management of the renal disease would be feeding a renal diet and the use of enteric phosphate binders.



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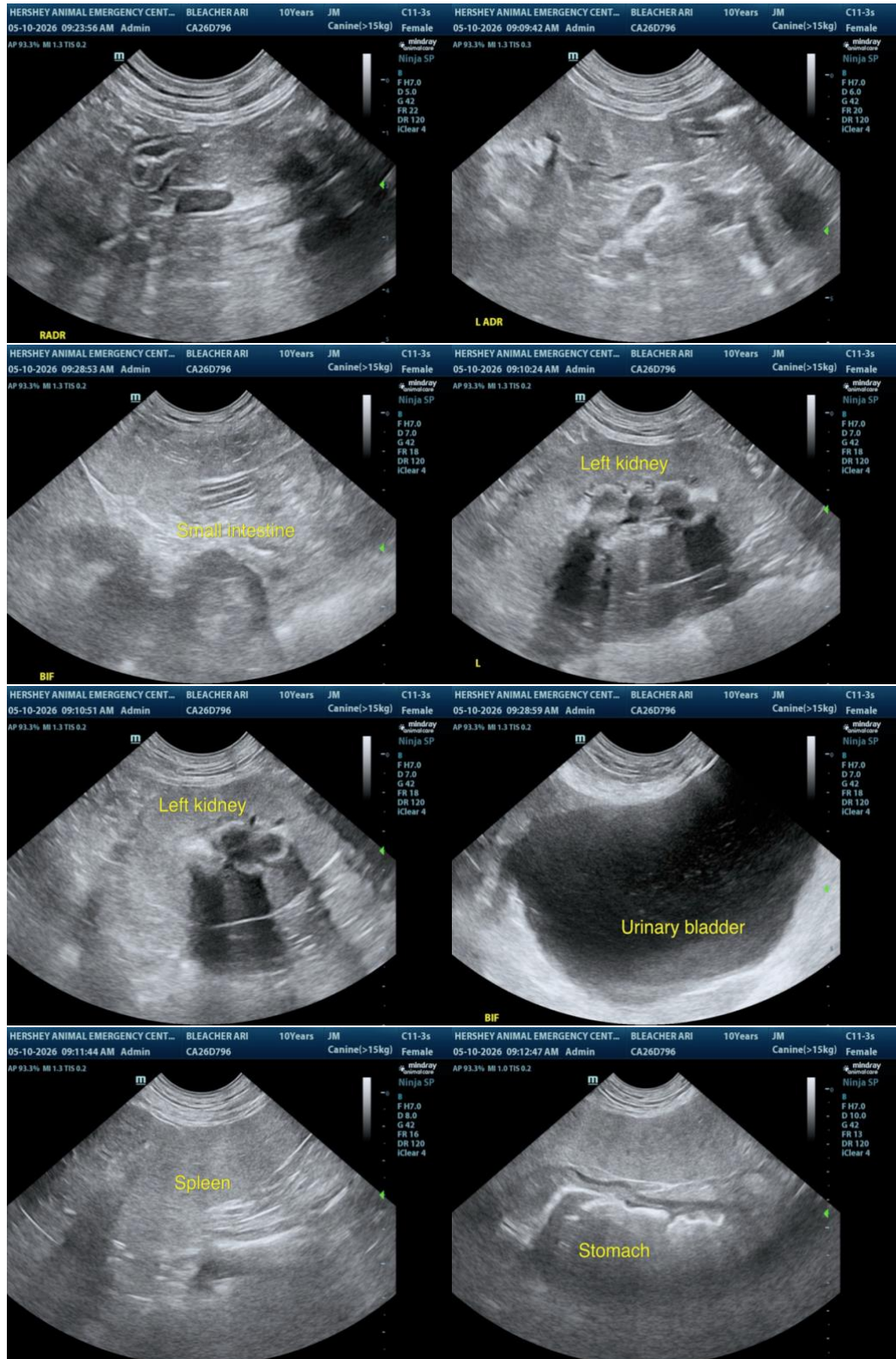
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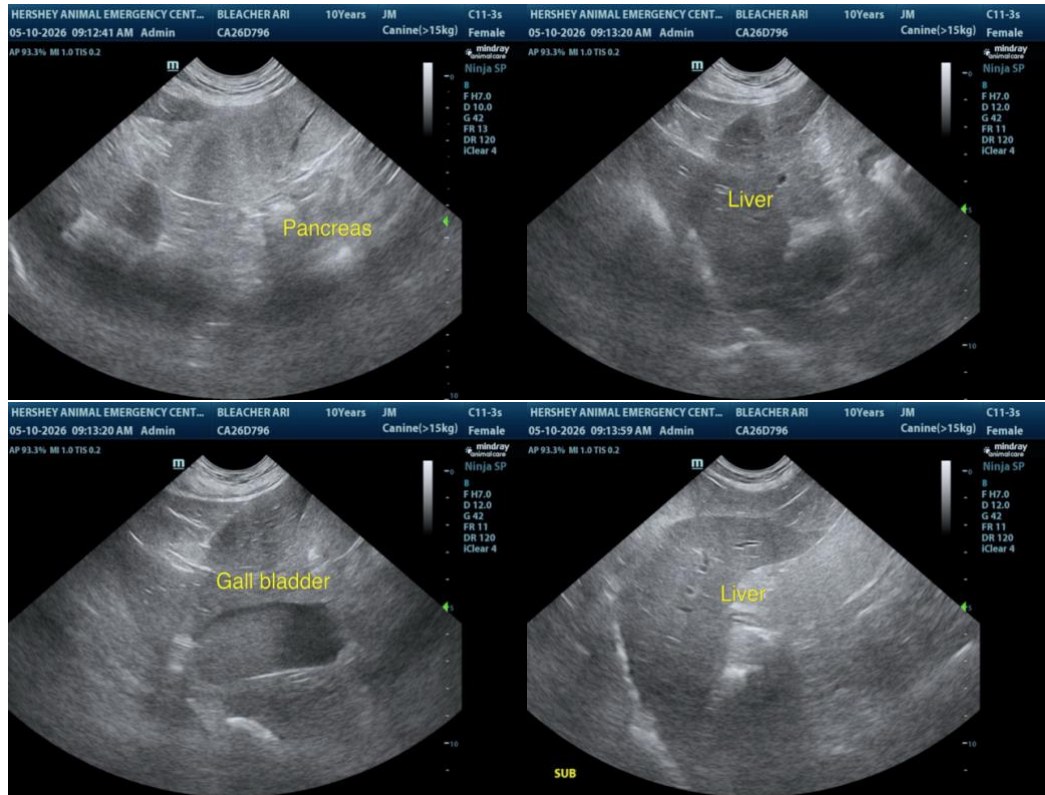
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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