



PATIENT

Millie McCallister

SPECIES

Canine

BREED

Labrador Retriever

SEX

Spayed female

AGE

13 years

WEIGHT

63.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Wassserman

HOSPITAL NAME

Insight Imaging AH

REFERRING VET

Dr. Frankenberger

INVOICE

75516

DATE

5/13/26

PRESENTING CLINICAL SIGNS

History: Purpose of Sonogram: Evaluate for any neoplastic criteria. Patient sedated with 0.8ml Butorphanol 10mg/ml IV. Adequate for sonogram. Minimal tension on abdominal wall. Patient travels between Florida and NY seasonally. Patient receives diazepam for car-rides if pertinent to history. Radiographs attached for supplemental information for this ultrasound, not complete interpretation. Patient presented to rDVM for tremors/trembling, and blowout diarrhea. Patient has history of epileptic seizures and is managed well on zonisamide 200mg PO SID. Patient had blowout diarrhea at around SDEP position 4/5 during the scan today.
Abnormal PE/Chem/CBC/UA Results: Cystocentesis obtained at time of ultrasound. URSG 1.034. All other urine parameters within normal limits. Today's Pertinent Lab Values. HCT calculated 35.9, Amylase 1057, Lipase 860. Baseline Cortisol 4.36.

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 5.9 cm, right measured 6.1 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. Focal, cortical cyst was evident in the left kidney and measured 2.0 cm in size.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.79 cm and 0.68 cm in width. The right adrenal gland measured 0.56 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. Incidental myelolipomas are present. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 2.7 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

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.

Thorax

Normal appearance of the heart. No pericardial or pleural effusion evident.

ULTRASONOGRAPHIC FINDINGS

- Left renal cyst.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

In essence a normal ultrasound examination of the abdomen is the renal cyst can be considered an incidental finding.



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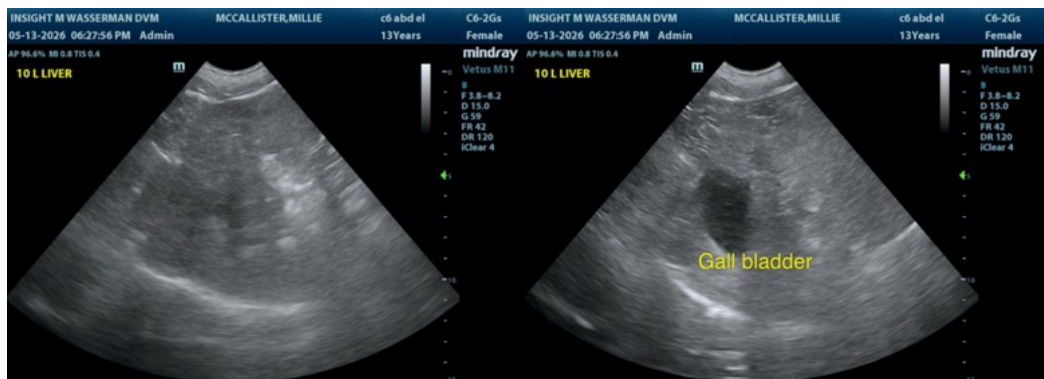
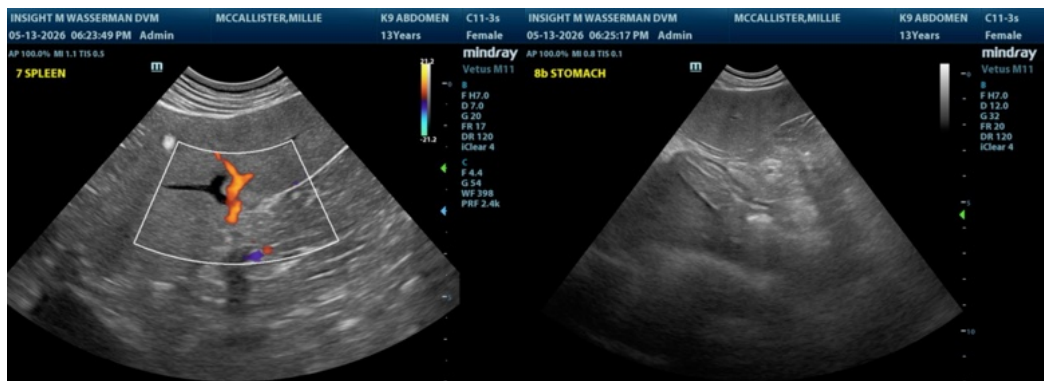
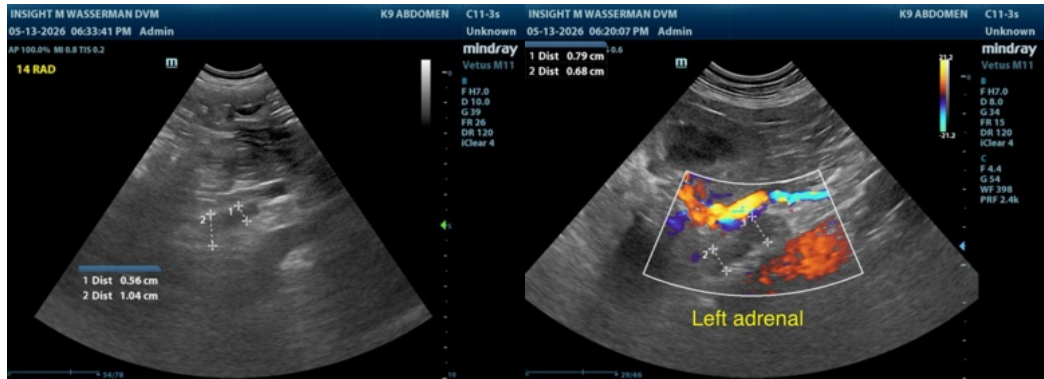
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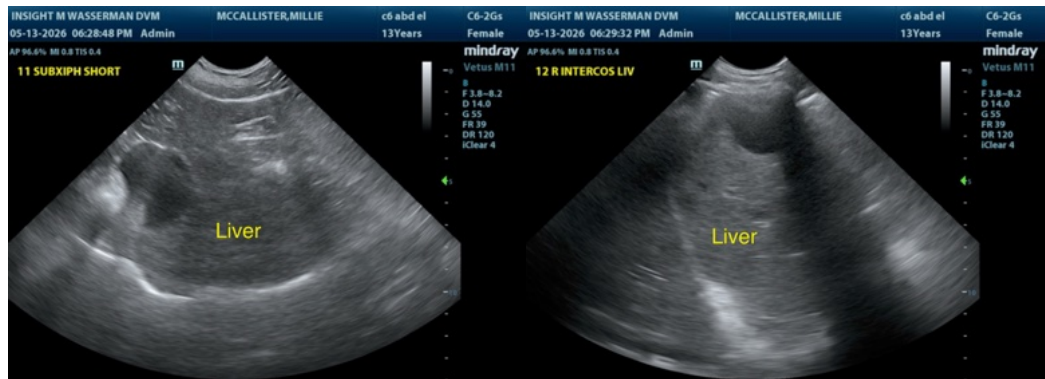
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com