



## PATIENT

Charles Fisher  
Friedberg

## SPECIES

Canine

## BREED

French Bulldog

## SEX

Male

## AGE

2 years

## WEIGHT

26.5 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Kim

## HOSPITAL NAME

Ridgefield Park AH

## REFERRING VET

Dr. Kim

## INVOICE

75535

## DATE

5/14/26

## PRESENTING CLINICAL SIGNS

History: The patient presented to the hospital due to noticing blood in the urine since Tuesday night

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder is small with a thickened and irregular appearance of the ventral wall with the rest of the wall having a normal thickness and smooth appearance. 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 4.8 cm, right measured 4.8 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 size and echogenic appearance of the prostate with a regular curvilinear capsule. The prostate measures 2.2 x 3.2 cm in size. Normal appearance of the periprostatic tissue.

### *Adrenal Glands*

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 1.52 cm in length x 0.44 cm in width. The right adrenal gland measured 1.18 cm in length x 0.37 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. The stomach measured 0.23 cm. A small amount of ingesta is present within the stomach compatible with a recent meal.

## *Pancreas*

Normal size and echogenic appearance with a regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas. The left pancreas measured 0.4 cm in width and the right pancreas measured 0.6 cm in width.

## *Free Abdomen*

Normal mesenteric lymph nodes.

No ascites evident.

## ULTRASONOGRAPHIC FINDINGS

- Gallbladder thickening.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

With the patient's age, the most likely etiology for the thickening of the urinary bladder wall would be chronic bacterial cystitis. Granulomatous disease and neoplasia would be highly unlikely differential diagnosis.

Further assessment would be urinalysis and urine culture and if negative for bacterial cystitis or there is not a satisfactory response with therapy, then further assessment would be BRAF analysis and/or a catheter assisted aspirate/biopsy of the urinary bladder wall for cytology/histopathology and culture.



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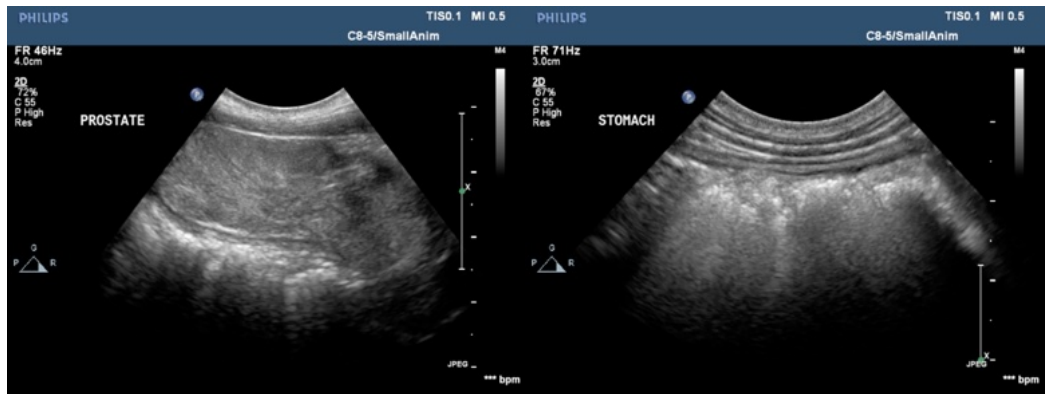
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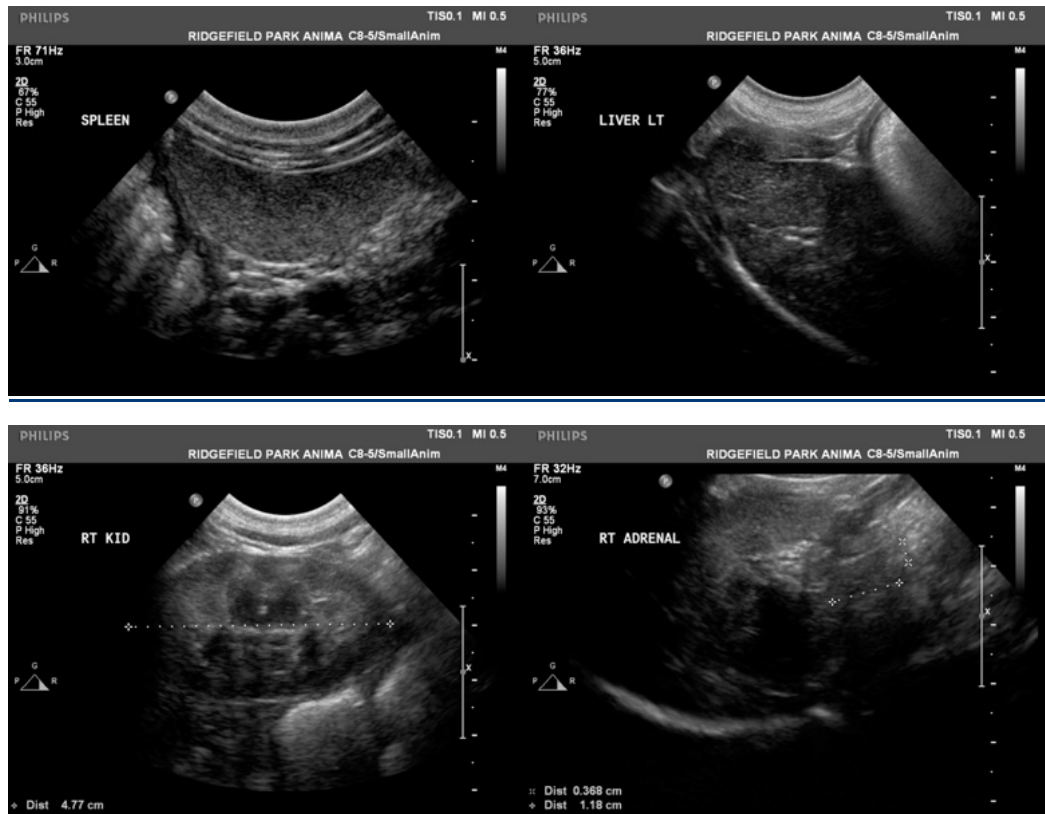
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)