



PATIENT

Daisy Senning

SPECIES

Canine

BREED

Mix

SEX

Spayed female

AGE

7 years

WEIGHT

55 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Haley Harasimowicz

HOSPITAL NAME

Waterbury VH

REFERRING VET

Dr. Sanders-DeMott

INVOICE

77693

DATE

5/19/26

PRESENTING CLINICAL SIGNS

History: 1/16/26: Annual exam; reported urine accidents 1 mo prior (resolved, no PU/PD). CBC/Chem/4dx WNL.

3/6/26: PU x3d, 1 episode hematuria, house soiling. UA: USG 1.046, protein 500 mg/dL, >50 RBC/HPF, >50 WBC/HPF. Tx: Carprofen 2 mg/kg BID x7d, Clav 10.4 mg/kg BID x10d.

3/13/26: Recheck deferred; no accidents for 20h, 4 days meds remaining.

3/20/26: UA: USG 1.050, protein 500 mg/dL, >50 RBC, 22 WBC, >10 non-squam cells/HPF, no bacteria. Tx: Clav x10d.

3/24/26: Cysto collection; mild bladder sediment, clinically improved. Culture: no growth.

4/28/26: Acute R neck lesions (multifocal ~2 cm, raised, crusted, purulent, bilobed). Differentials: infectious vs FB vs inflammatory vs neoplastic. Sedation attempt unsuccessful.

4/29/26: Lesions draining seropurulent material. CXR: ↑ L thoracic opacity (atelectasis likely); AXR normal. UA: USG 1.015, protein 3+, Cystatin B 296 ng/mL. Blasto Ag neg. Tx: Clinda 25.4 mg/kg BID x14d, Carprofen x5d.

Histopath: deep bacterial infection/furunculosis (final pending). Culture: no growth.

5/5/26: Renal panel WNL. UA USG 1.040, protein 4+, UPC 5.8, Cystatin B 246.

5/12/26: BP (in car, premeds): 132–160 mmHg.

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 evident. A small urolith measuring 0.3 cm is present.

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 6.9 cm, right measured 6.6 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.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.61 cm and 0.42 cm in width. The right adrenal gland measured 0.41 cm and 0.52 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 2.0 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 moderate 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 ingesta is present within the stomach compatible with a recent meal. The stomach measured 0.49 cm, duodenum measured 0.47 cm.

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

- Urolith.
- Gallbladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

In essence, a normal ultrasound examination of the abdomen as both the urolith and gallbladder sediment can be considered an incidental finding.

On this ultrasound there is no obvious etiology for the proteinuria.

A likely diagnosis would be secondary immune mediated glomerulonephritis secondary to the cutaneous lesions.



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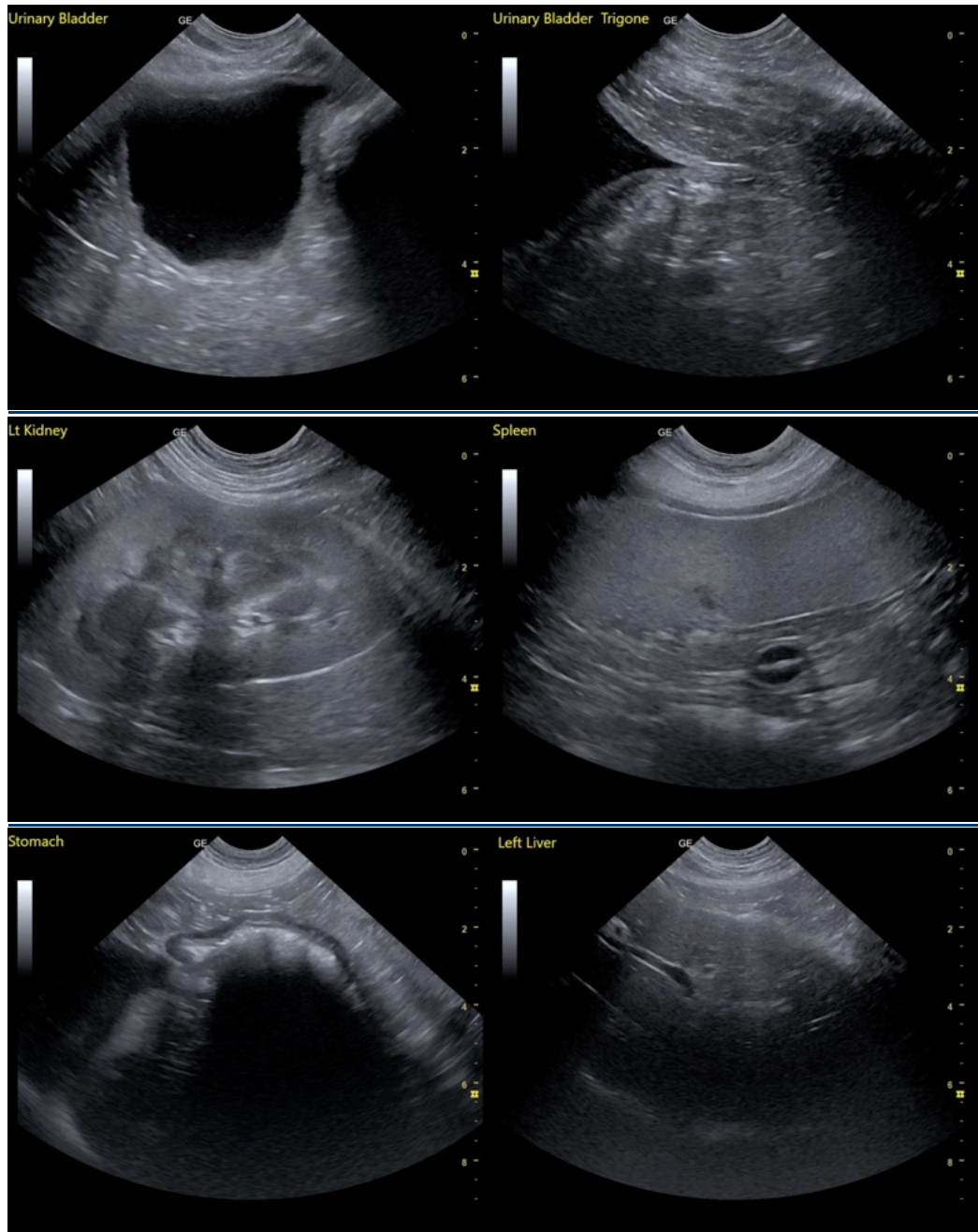
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Management of the proteinuria would be either an ace inhibitor or receptor blocker and Omega 3 fatty acid supplementation with regular monitoring of the UPC.





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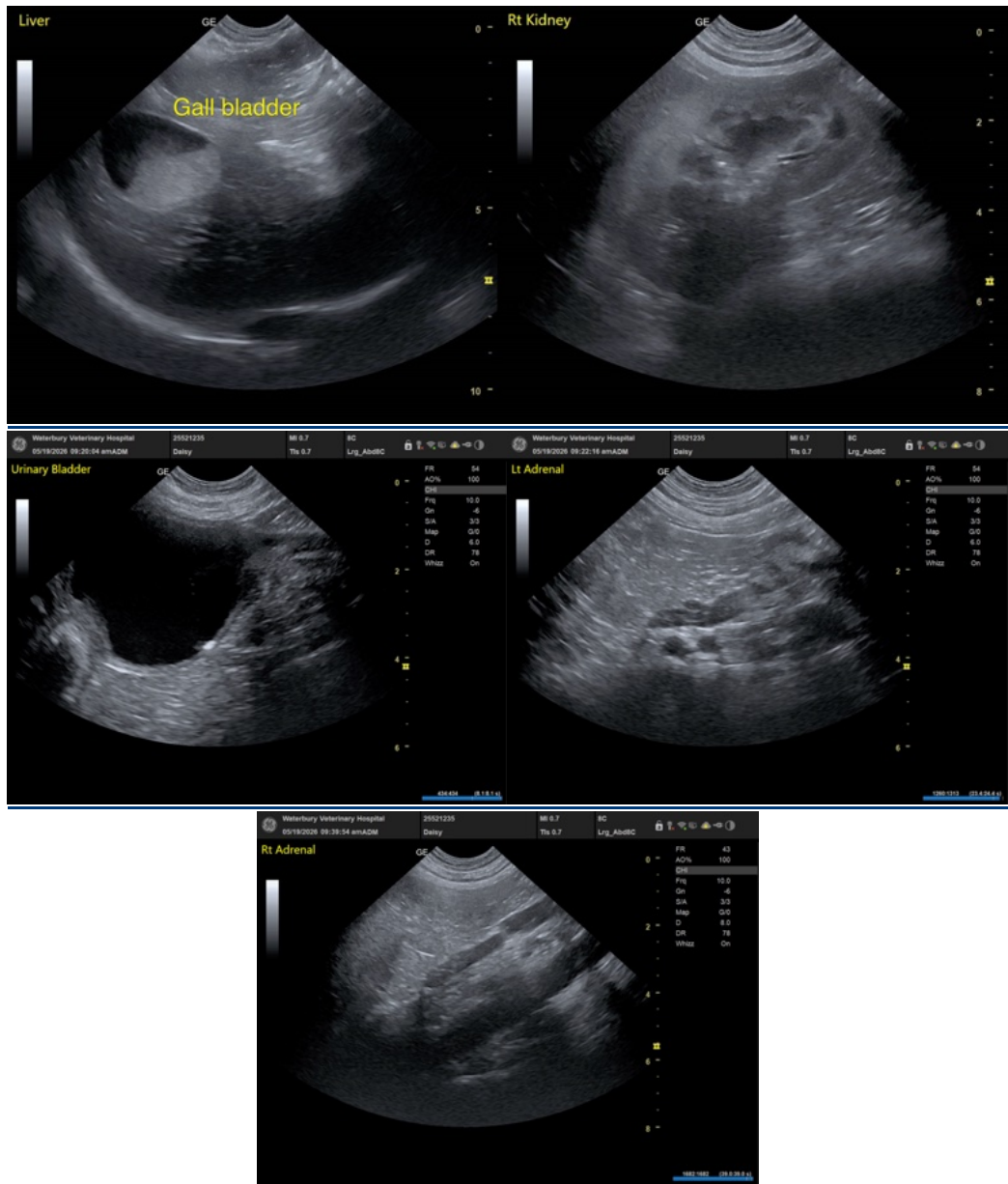
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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