



PATIENT

London Traitz

SPECIES

Canine

BREED

Miniature Poodle

SEX

Spayed Female

AGE

16 years

WEIGHT

12.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Arms

HOSPITAL NAME

Gilbertsville VH

REFERRING VET

Dr. Alivernini

INVOICE

77816

DATE

5/21/26

PRESENTING CLINICAL SIGNS

History: Hx ITP in remission with EOD cyclosporine 4/22/26 ADR, decreased appetite, weight loss, increased glob and decreased platelets. increased cyclosporine to SID 5/14/26 still ADR, decreased appt, weight loss, plts still decreased and new anemia, rads splenomegaly, hepatopathy, renal mineralization, cystic calculi. added pred
Abnormal PE/Chem/CBC/UA Results: PE severe dental disease, pot belly 4/22/26 glob 5.0, BUN 42, plt 91k 5/14/26 plt 78k, hct 31, suspect nRBC, AXR see above

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. Small urolith measuring 0.4 cm in size 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 4.4 cm, right measured 5.5 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio and capsule. Mild, left-sided pyelectasia is noted. No infarcts or renoliths evident. Mild pinpoint, bilateral mineralization is evident. A cortical cyst is present in the cranial pole of the right kidney measuring 1.0 cm in size.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.41 cm in width. The right adrenal gland measured 0.48 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 small 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. A small amount of ingesta is present in the stomach compatible with a recent meal.

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

- Left-sided pyelectasia.
- Right renal cyst.
- Urolith.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although the left-sided pyelectasia is most likely secondary to the age of the patient underlying pyelonephritis needs to be considered.

Both the renal cyst and urolith can be considered incidental findings.

On this ultrasound there is no obvious etiology for the presenting clinical signs.

Further assessment (if not already done) would be screening for vector borne disease. Urinalysis and urine culture would also be recommended.

Further specific therapy would be dependent on an etiological diagnosis.



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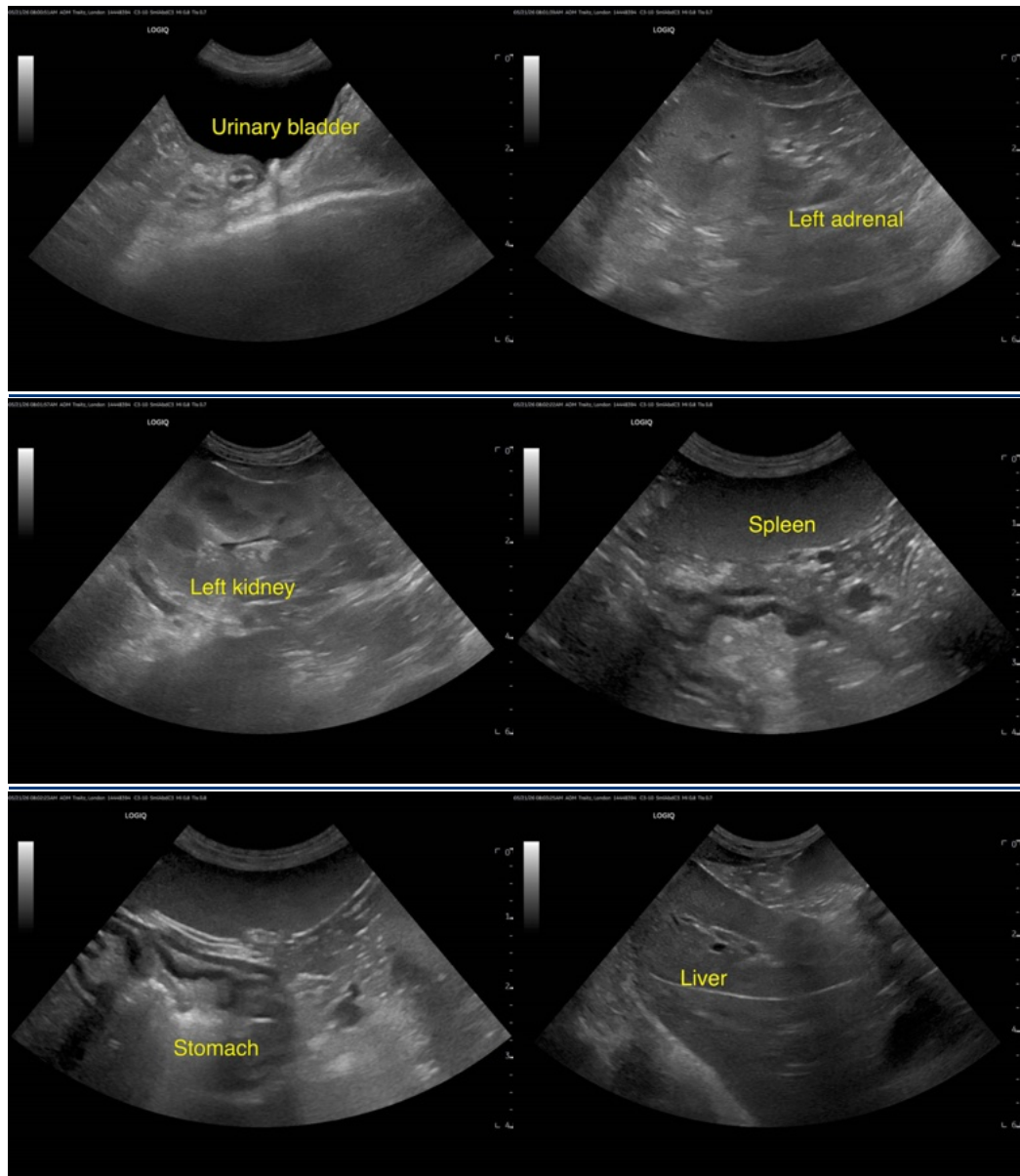
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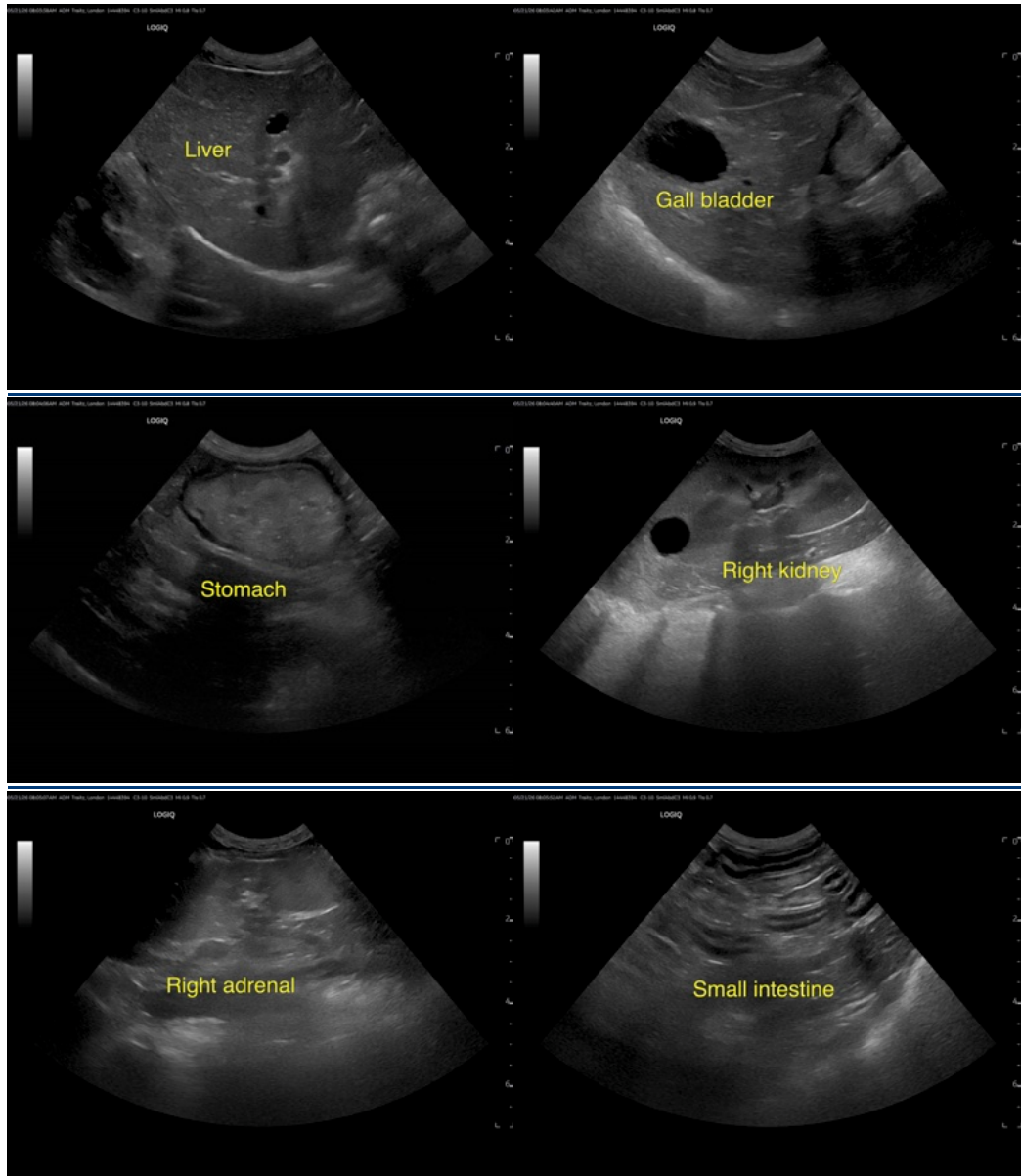
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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