



PATIENT ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Rosie Calabro History: PU/PD, weight loss, hx of cystic kidneys, dx Cushing's 6/25, In house ultrasound- cystic kidneys progressive, Liver mass? Meds: Vetoryl 30 mg Caps 1 cap PO SID

SPECIES

Canine Abnormal PE/Chem/CBC/UA Results: RBC 4.72 Low, HCT 32 Low, BUN 43 High, Albumin 4.0 High, ALP >2000 High, Chol 348 high, Amylase 1642 high, Lipase 1817 high, CPL 266 High,

BREED *Urinary System*

Cavachon The urinary bladder is full, with a normal thickness and smooth appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

SEX

Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.

Female Spayed

Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.

AGE

11 years 7 mos

Enlarged kidneys (left 6.4 cm) (right 7.6 cm), with increased echogenic appearance, loss of cortico-medullary differentiation, mild pyelectasia, and an irregular capsule. Multiple diffuse cortical cysts present in both kidneys. No infarcts, mineralization or renoliths evident.

WEIGHT

26.9 lbs

Adrenal Glands

Normal shape, echogenic appearance, size (left 2.6 cm in length x 0.54 and 0.41 cm in width / right 2.91 cm in length x 0.59 and 0.85 right cm in width), position, and appearance of the visible peri-renal vasculature.

INTERPRETED BY

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

Spleen

Normal size (1.2 cm in width) 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.

IMAGING PERFORMED BY

Rebecca Hamilton

Liver

Normal size, with a diffuse, mottled, echogenic and coarse appearance, normal portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

HOSPITAL NAME

Englewood Cliffs
 Veterinary

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.

REFERRING VET

Dr. Park

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.

INVOICE

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Pancreas

The visible sections are of normal size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

DATE

5-7-26

Free Abdomen

Normal mesenteric lymph nodes.
 No ascites evident.



PATIENT ULTRASONOGRAPHIC FINDINGS

Rosie Calabro
 • Hepatopathy
 • Renal disease

SPECIES

Canine

BREED

Cavachon

SEX

Female Spayed

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INVOICE

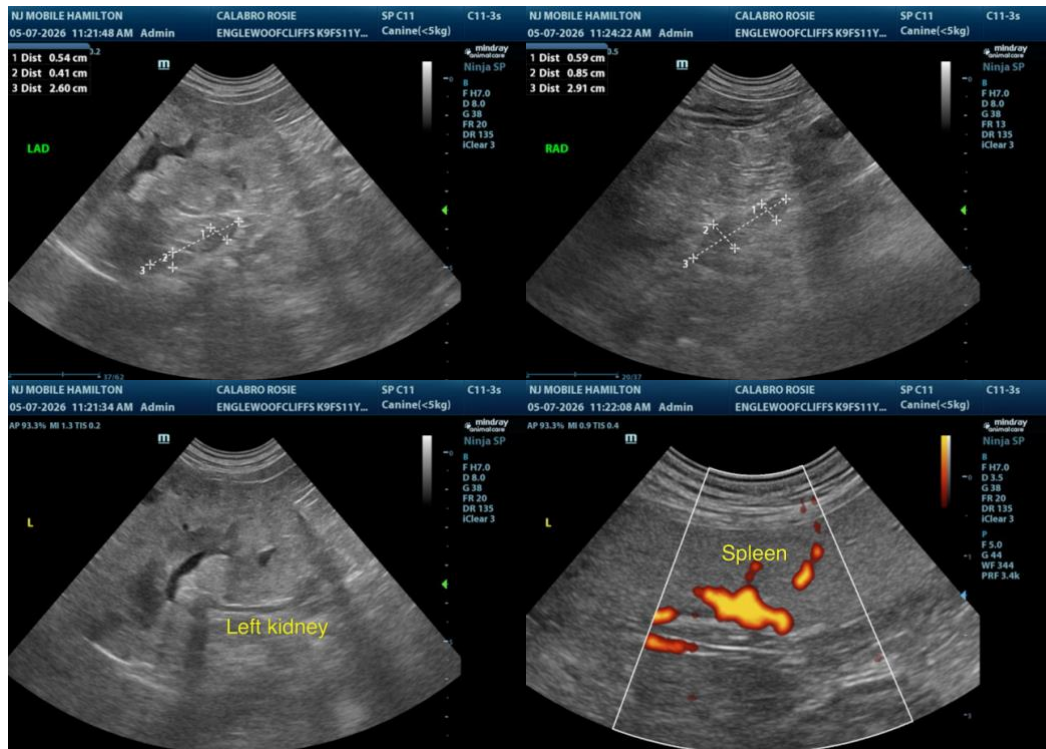
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Etiologies for the hepatopathy would be reactive hyperplasia, early nodular hyperplasia, vacuolar and metabolic, with chronic hepatitis a possible differential diagnosis, and infiltrative neoplasia a highly unlikely differential diagnosis.
- The appearance of the kidneys is consistent with cystic renal disease.
- Further assessment of the hepatopathy would be FNA cytology. However, a Tru-cut or wedge biopsy may be required for a final etiological diagnosis.
- Further assessment of the renal disease (if not already done) would be UPC and blood pressure.
- Specific therapy would be dependent on an etiological diagnosis.
- Symptomatic management of the hepatopathy would be the use of Ursodiol with regular monitoring of liver enzyme activity.
- Initial management of the renal disease would be feeding a renal diet, enteric phosphate binders as needed, and possibly either an ACE inhibitor or receptor blocker.





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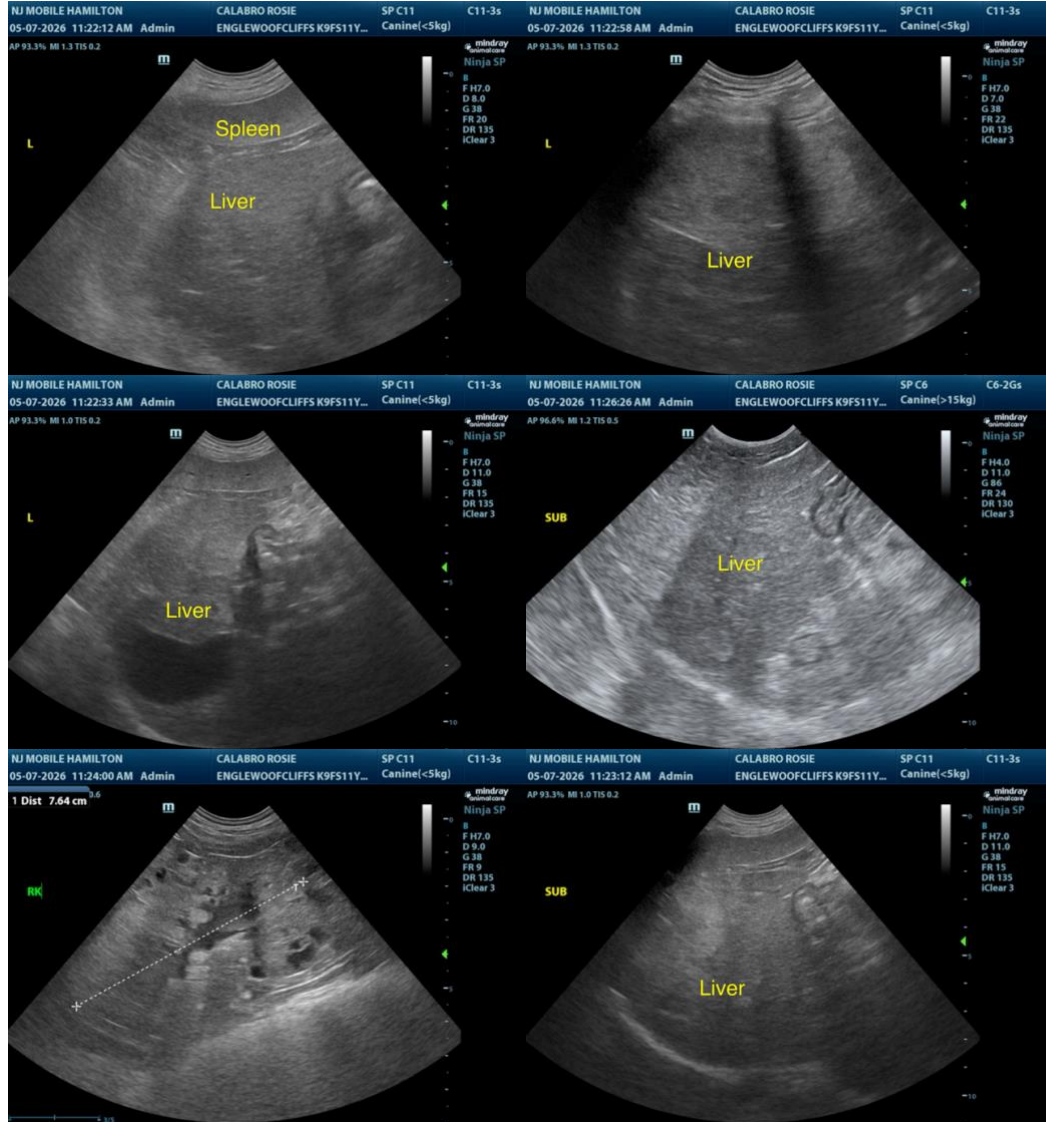
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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