



## PATIENT

Johan Radder

## SPECIES

Canine

## BREED

Mini Schnauzer

## SEX

MN

## AGE

11 years

## WEIGHT

21.06 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Danielle Shemanski

## HOSPITAL NAME

Western New York VS

## REFERRING VET

Dr. Susan Neno

## INVOICE

11917

## DATE

5/8/2026

## PRESENTING CLINICAL SIGNS

Follow up (repeat Ultrasound-last done 2024) to check the gallbladder, liver, etc. He has a history of frequent UTIs over the last few months. A low-dose dexamethasone suppression test was performed last week (negative) Liver values remain slightly elevated. He has a history of bladder stones and urethroliths. He is currently on a purina urinary diet The owner reports he does not struggle or have trouble urinating. Johan is not vomiting, has a good appetite, and is not losing weight  
MEDICATIONS: Denamarin 225 mg 1 SID, Baytril 22.7 mg 1 BID for 10 days - started 4/8 for UTI Ursidiol 250 mg ½ BID.

Abnormal PE/Chem/CBC/UA Results: 4/16/26 Endocrinology Cortisol resting 6.8 ug/dL HIGH 4/1/26 Blood chem ALP 1,523 U/L H 2/24/26 Blood Chem Total Protein 8.3 g/dL H Globulin 4.6 g/dL H ALT 166 U/L H ALP 1,332 U/L H Urinalysis Bacteria, rods PRESENT Unclassified crystals <1/HPF 12/18/25 Urinalysis: White blood cells >50/HPF Bacteria, rods PRESENT

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

Small urinary bladder with a thickened and irregular appearance of the wall. Normal anechoic urine with no sediment evident. Few small uroliths are present measuring up to 1.0 cm in size.

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, architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident. Left kidney measures 4.6 cm and the right kidney measures 5.4 cm.

### Reproductive System

Small, hypoechogenic prostate measuring 1.3 cm in width.

### Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal measures 1.41 cm in length x 0.46 cm and 0.45 cm in width. Right adrenal measures 1.58 cm in length x 0.74 cm and 0.85 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. Spleen measures 1.1 cm in width.

### Liver

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



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## Gallbladder

Full containing a small 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. Small amount of fluid present within the stomach.

## Pancreas

Normal size and echogenic appearance. 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 pleural or pericardial effusion evident.

## ULTRASONOGRAPHIC FINDINGS

- Urinary bladder thickening.
- Uroliths.
- Hepatopathy.
- Gallbladder sediment.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the urinary bladder thickening would be secondary to the uroliths and bacterial cystitis. However, emerging neoplasia needs to be considered.

Etiologies for the hepatopathy would be reactive hyperplasia, early nodular hyperplasia, vacuolar and metabolic, with hepatitis and infiltrative neoplasia highly unlikely differential diagnosis.

At this point the gallbladder sediment can be considered an incidental finding.

Further assessment would be urine culture, and FNA cytology of the liver. however, a tru-cut or wedge biopsy may be required for a final etiological diagnosis. Cystotomy should be considered and it would appear that the uroliths have not responded to dietary therapy. Cystotomy would also for full thickness biopsy of the bladder wall as well as obtaining a wedge biopsy of the liver.

Further specific therapy would be dependent on an etiological diagnosis.



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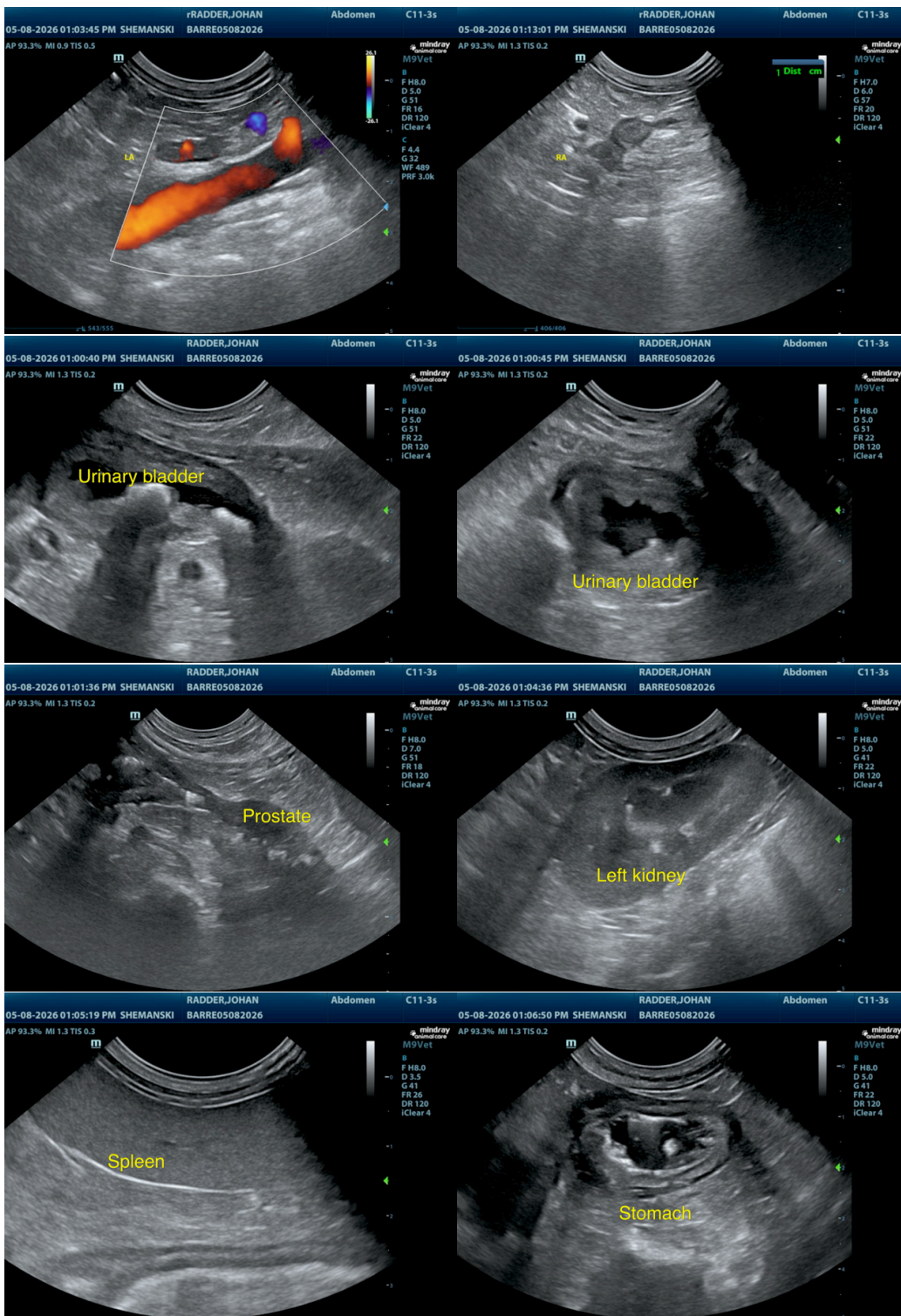
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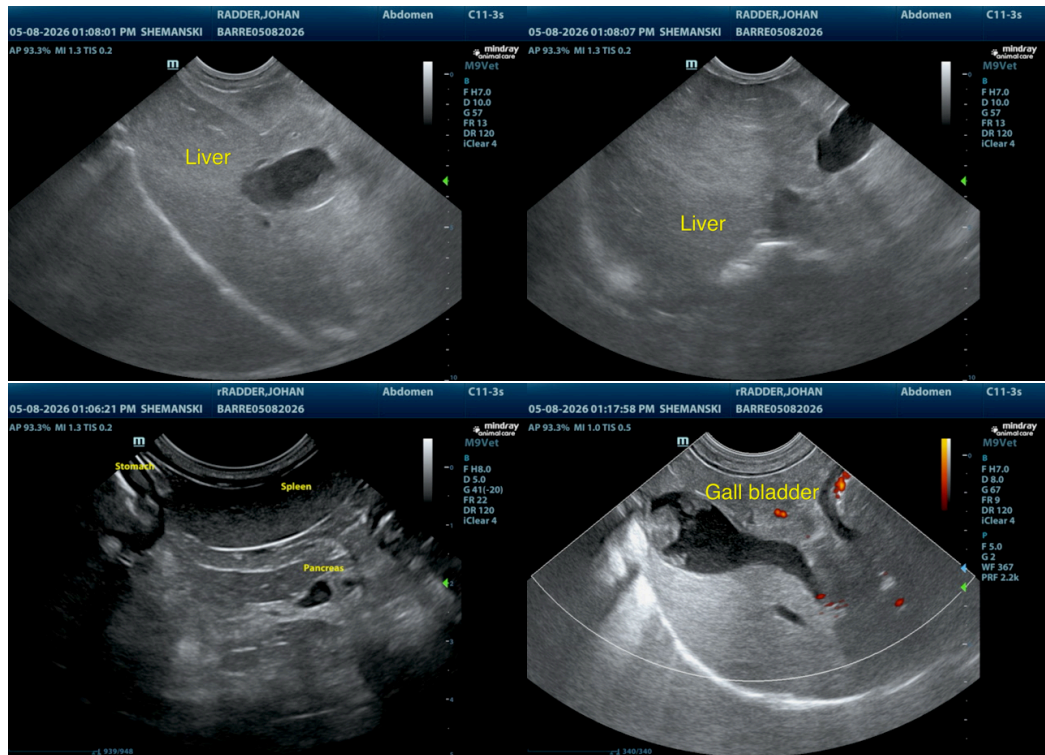
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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