



**PATIENT PRESENTING CLINICAL SIGNS**

Miller Fee History: diagnosed with chronic lymphocytic leukemia March 2022. became clinical Jan 2023 with suppression of other cell lines, has responded amazingly well to pred/chlorambucil. Recently seems off and owners concerned.

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: physical is unremarkable except for low grade heart murmur and mild dental disease. In January he was pale, and his platelets were 40 and his RBC were 3.88 as his lymphocytes surged to 222,020! In March his lymphocytes were down to 16150 with normal platelets and rbc 4.66, June CCBC revealed normal lymphos, platelets and reds with modest neutrophil elevation of 22874. Chem normal except chole 379 and TG 499, chest rads and BNP have been normal

**BREED**

Beagle

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**SEX**

**Urinary System**

Neutered Male

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

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

**AGE**

13 years

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

**WEIGHT**

33.6 lbs

Normal renal size (left kidney 4.22 cm) (right kidney 5.80 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal pelvis. Irregular capsule and small amount of perirenal fluid accumulation (left kidney worse than the right). No infarcts, mineralization or renoliths evident.

**Reproductive System**

Small hypoechoic prostate.

**INTERPRETED BY**

Remo Lobetti, BVSc,  
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**Adrenal Glands**

Poorly visualized, but appear to be of normal shape, echogenic appearance and size.

**Spleen**

Normal size (1.77 cm) 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**

Chelsea Pastor

**Liver**

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

**HOSPITAL NAME**

Fredon AH

**Gallbladder**

**REFERRING VET**

Dr. Linda Grau

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.

**INVOICE**

13461

**DATE**

6.22.23



**PATIENT** *Pancreas*

Miller Fee Normal size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

**SPECIES** *Free Abdomen*

Normal mesenteric lymph nodes.

Canine No ascites evident.

**BREED** ULTRASONOGRAPHIC FINDINGS

**Primary Findings**

- Age-related renal changes versus early chronic kidney disease

**SEX**

**Secondary Findings**

Neutered Male

- None

**AGE**

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

13 years Further assessment would be urinalysis, urine culture, UPC (if culture and sediment negative) and blood pressure.

**WEIGHT**

33.6 lbs With the elevated cholesterol and triglycerides, hypothyroidism needs to be considered, and further assessed by thyroid function testing.

Specific therapy would be dependent on an etiological diagnosis.

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**PATIENT**

Miller Fee

**SPECIES**

Canine

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**SEX**

Neutered Male

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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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