



PATIENT

Blizzard Jenkins

SPECIES

Canine

BREED

Husky

SEX

MN

AGE

10 years

WEIGHT

62.5 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Danielle Shemanski

HOSPITAL NAME

Western New York
Veterinary Services

REFERRING VET

Dr. Brenda Lefler

INVOICE

12112

DATE

6/5/2026

PRESENTING CLINICAL SIGNS

The patient was having urinary accidents in the house with blood present. 4/28 UA revealed >50/HPF RBC+WBC. No obvious uroliths on radiograph. Repeat UA on 5/13 revealed improved WBC (8/HPF) but still >50/HPF RBC. Recommend U/S to evaluate the bladder and kidneys for any abnormalities that would lead to consistent hematuria.

History: Blizzard is a 10-year-old Husky. About 3 weeks ago, the owner noticed blood in his urine. He was placed on a 10-day course of antibiotics. A repeat urine sample still showed blood and protein. The urine is still pinkish. Otherwise, he is acting normally, urinates normally, and still runs every day. He has a habit of marking his territory frequently and does not empty his bladder all at once. He has gained some weight recently, from around 56 lbs to 62 lbs. He occasionally vomits after drinking too much water too quickly after running.

CLINICAL SIGNS: Hematuria, Acute vomiting.

MEDICATIONS: Enrofloxacin 136mg 1 BID.

Abnormal PE/Chem/CBC/UA Results: April 28, 2026 UA: WBC 18/HPF RBC >50/HPF Calcium oxalate dihydrate crystals 6-20/HPF Unclassified crystals <1/HPF May 13, 2026 Urine protein 3+ mg/dL Blood/Hgb 4+ Ery/uL WBC 9/HPF RBC >50/HPF Bacteria, rods Present

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Small urinary bladder with a normal thickness and smooth appearance of the wall. Urinary bladder wall measures 0.4 cm. Normal anechoic urine with no sediment or uroliths evident.

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.

Small, hypoechoic prostate measuring 1.3 cm in width.

Within the left kidney is an irregular mottled echogenic poorly vascularized mass involving the whole left kidney. FNA taken of the mass.

The right kidney is 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. Right kidney measures 6.3 cm.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal measures 2.15 cm in length x 0.51 cm and 0.67 cm in width. Right adrenal measures 2.97 cm in length x 0.58 cm and 0.79 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



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evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measures 2.2 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.

Gallbladder

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.

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 with no pleural or pericardial effusion evident.

ULTRASONOGRAPHIC FINDINGS

- Left renal mass.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the renal mass would be neoplasia.

Further assessment needs to be based on the pending cytology results but could include Three View thoracic radiographs, left sided nephrectomy should be considered as it could be both diagnostic and therapeutic with further specific therapy dependent on an etiological diagnosis.



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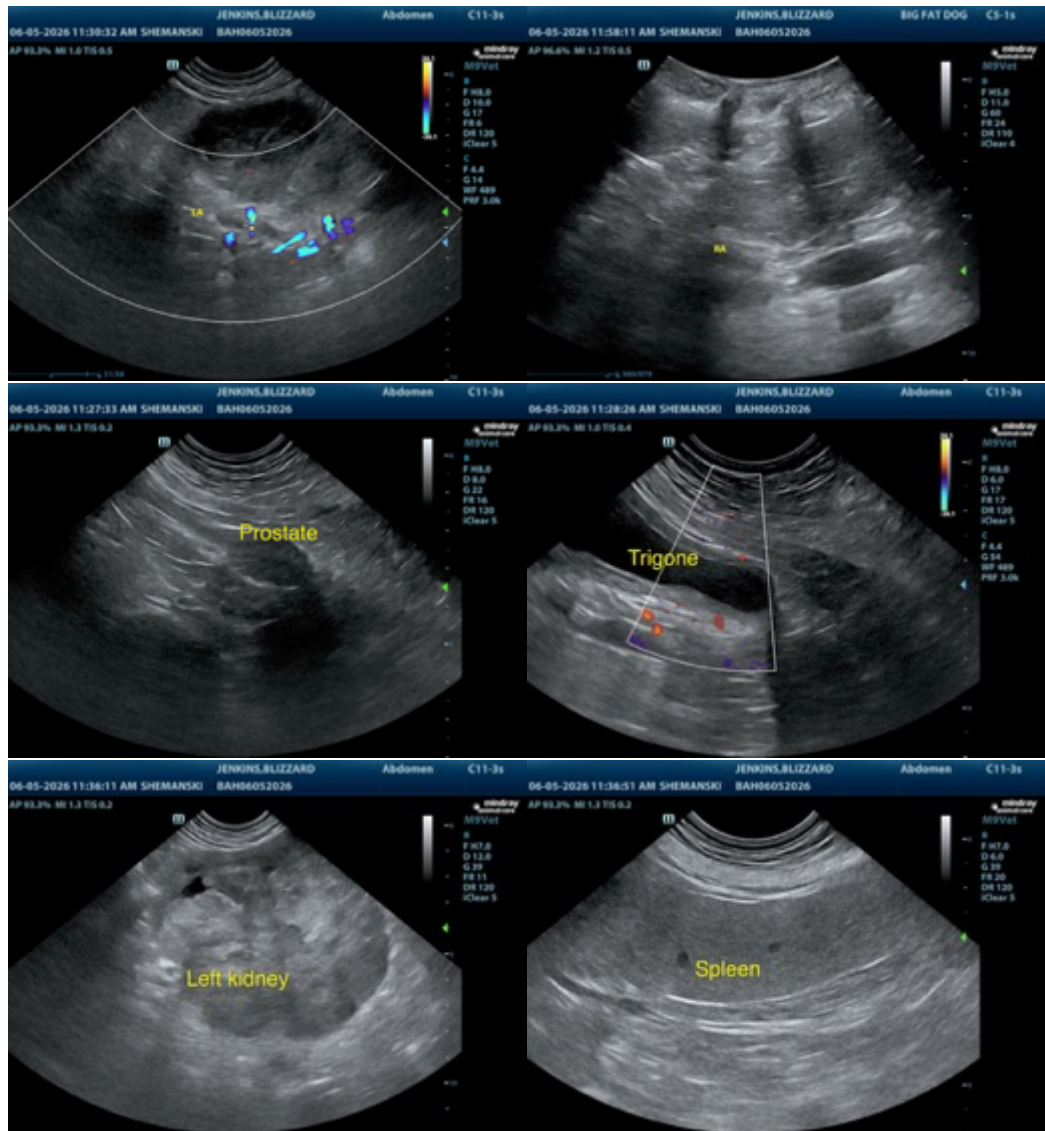
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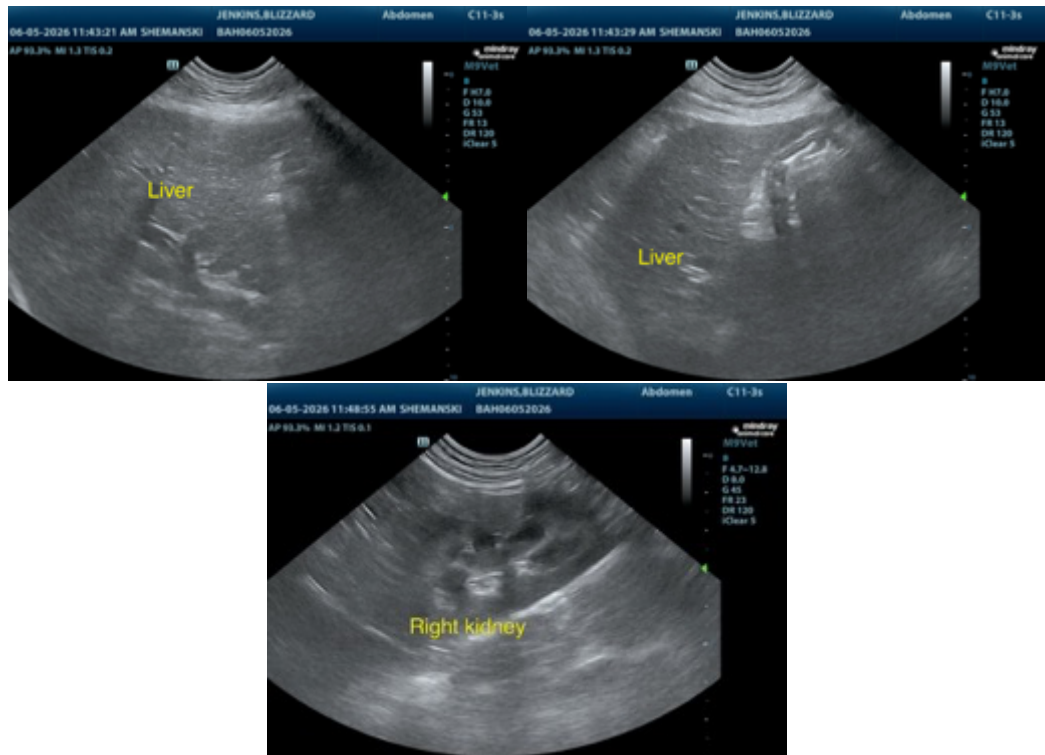
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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