

PATIENT

Sally Baker

SPECIES

Canine

BREED

Great Pyrenees

SEX

FS

AGE

10yr

WEIGHT

74lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Animal Hospital
Sullivan County

REFERRING VET

Dr Bodolosky

INVOICE
25018

DATE
06/05/2026

PRESENTING CLINICAL SIGNS

Examine bladder and kidney, chronic UTI. Meds: Penobarb, Zonisamide, Levetiracetam

Abnormal PE/Chem/CBC/UA Results: Urine: E. coli infection- on urine C+S

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full urinary bladder with a normal thickness and smooth appearance of the wall. Normal anechoic urine containing small amount of floating hyperechogenic sediment.

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.

The left kidney measured 6.5 cm in length.

The right kidney measured 7.7 cm in length.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-renal vasculature.

The left adrenal gland measured 2.04 cm x 0.46 cm x 0.42 cm.

The right adrenal gland measured 1.98 cm x 0.57 cm.

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. Focal hypoechogenic parenchymal nodule in the head of the spleen, measuring ~ 1.4 cm x 2.3 cm in size. The spleen measured 2.9 cm in width.

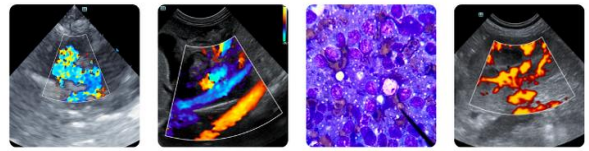
Liver

Normal size, echogenic appearance, portal markings, and irregular curvilinear capsule. Small focal non-vascularized hyperechogenic parenchymal nodule in the right lobe, measuring ~ 0.9 by 1.4 cm in size. No additional nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

Gallbladder

Full containing moderate 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



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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.

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Pancreas

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

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Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

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Thorax

Normal appearance of the heart. No pleural or pericardial effusion evident.

ULTRASONOGRAPHIC FINDINGS

AGE

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- Urinary bladder sediment
- Splenic nodule
- Hepatic nodule
- Gallbladder sediment

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The most likely etiology for the urinary bladder sediment would be bacterial cystitis as per the patient's history. The most likely etiology for the splenic nodule would be reactive hyperplasia /extramodular hematopoiesis with hematoma and granuloma differential diagnoses and emerging neoplasia a less likely differential diagnosis. The most likely etiology for the hepatic nodule would be incidental nodular hyperplasia. The gallbladder sediment can be considered an incidental finding. On this ultrasound there is no obvious etiology for the chronic urinary tract infection. A possible underlying etiology would be peri vulvar dermatitis.

**IMAGING
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Rebecca Hamilton

Management of the UTI would be antibiotic therapy based on C/S results. Monitoring of the splenic nodule would be recommended and if there is any progressive enlargement or bulging of the overlying capsule noted then splenectomy would be indicated.

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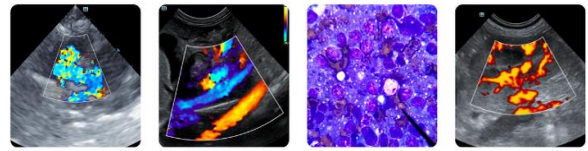
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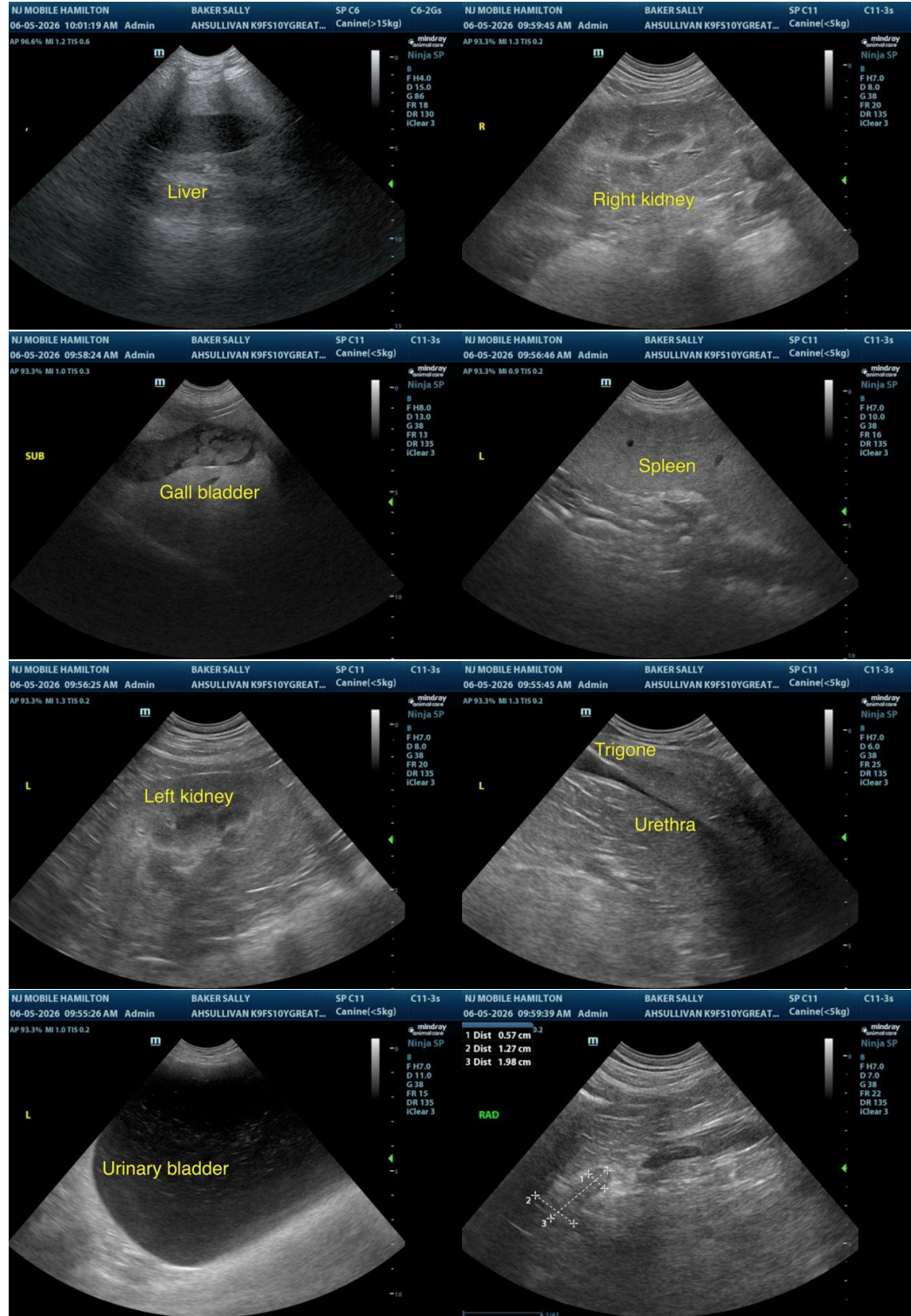
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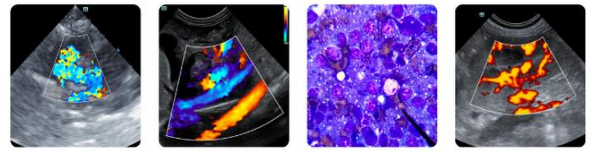
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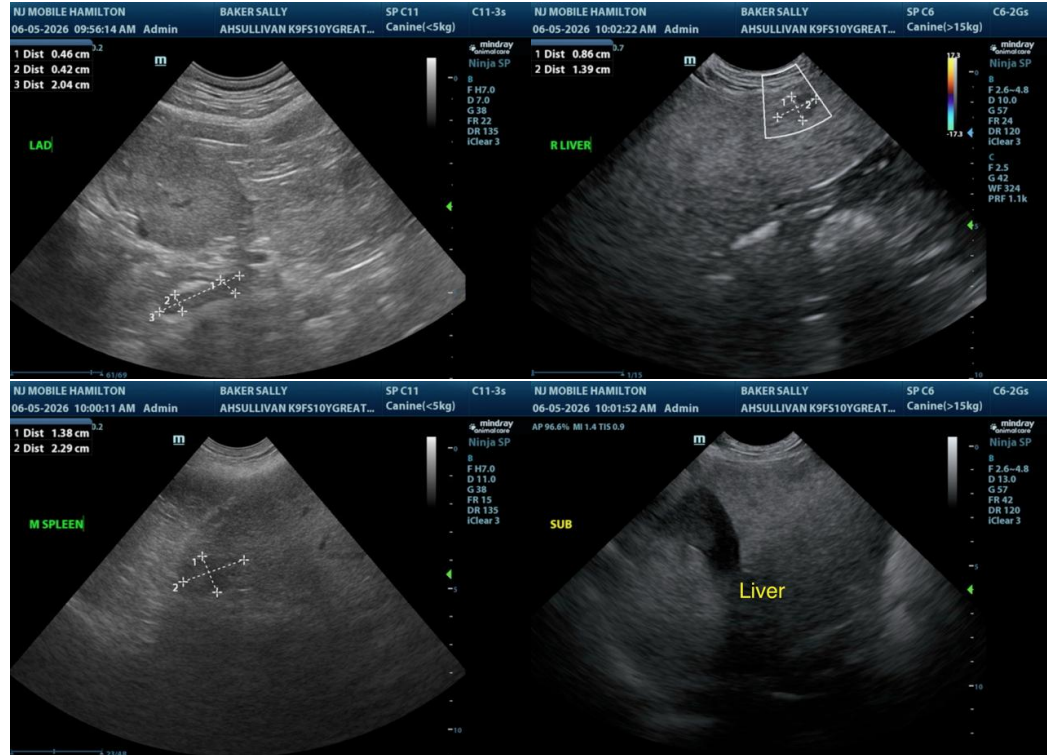
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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