



PATIENT

Paige Young

SPECIES

Canine

BREED

Spaniel Mix

SEX

Spayed female

AGE

10 years

WEIGHT

32.4 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Kathleen Byrnes

HOSPITAL NAME

Pet Care Clinic of the
High Country

REFERRING VET

Dr. Watson

INVOICE

69613

DATE

12/12/25

PRESENTING CLINICAL SIGNS

History: P presented for US due to numerous issues. P is anemic with HCT 31%, Azotemic, hypokalemic, and has increased ALT and ALKP. P is circling and running into walls. P has an appointment at NC State for Cardio/Neuro workup but wanted to scan abdomen for any evidence of neoplasia here.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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.

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

The kidneys are bilaterally enlarged (left measured 6.5 cm, right measured 7.1 cm), with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal pelvis and capsule. No infarcts, mineralization or renoliths evident. Normal color flow pattern is evident in both kidneys.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 2.08 cm in length x 0.62 cm and 0.54 cm in width. The right adrenal gland measured 2.57 cm in length x 0.54 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. The spleen measured 1.4 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

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.



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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

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

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

Normal size and ratio of the portal vein, caudal vena cava and aorta. The portal vein measured 0.75 cm in diameter, caudal vena cava 0.81 cm in diameter and aorta measured 0.77 cm in diameter.

Irregular and thickened appearance of the pancreaticoduodenal junction measuring 1.4 cm.

ULTRASONOGRAPHIC FINDINGS

- Renal disease.
- Thickened pancreaticoduodenal junction.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the renal disease would be acute on chronic kidney disease, hypertensive nephropathy and possibly bacterial nephritis.

Although the appearance of the pancreaticoduodenal junction may be an incidental finding, emerging neoplasia and granulomatous disease should still be considered.

Further assessment would be urinalysis, urine culture, blood pressure and possibly FNA cytology of the pancreaticoduodenal junction.

Although the liver appears ultrasonographically normal, with the elevated liver enzyme activity an underlying hepatopathy should be considered and possibly followed up with an FNA cytology.

Specific therapy would be dependent on an etiological diagnosis. The presenting clinical signs are highly indicative of intracranial disease.



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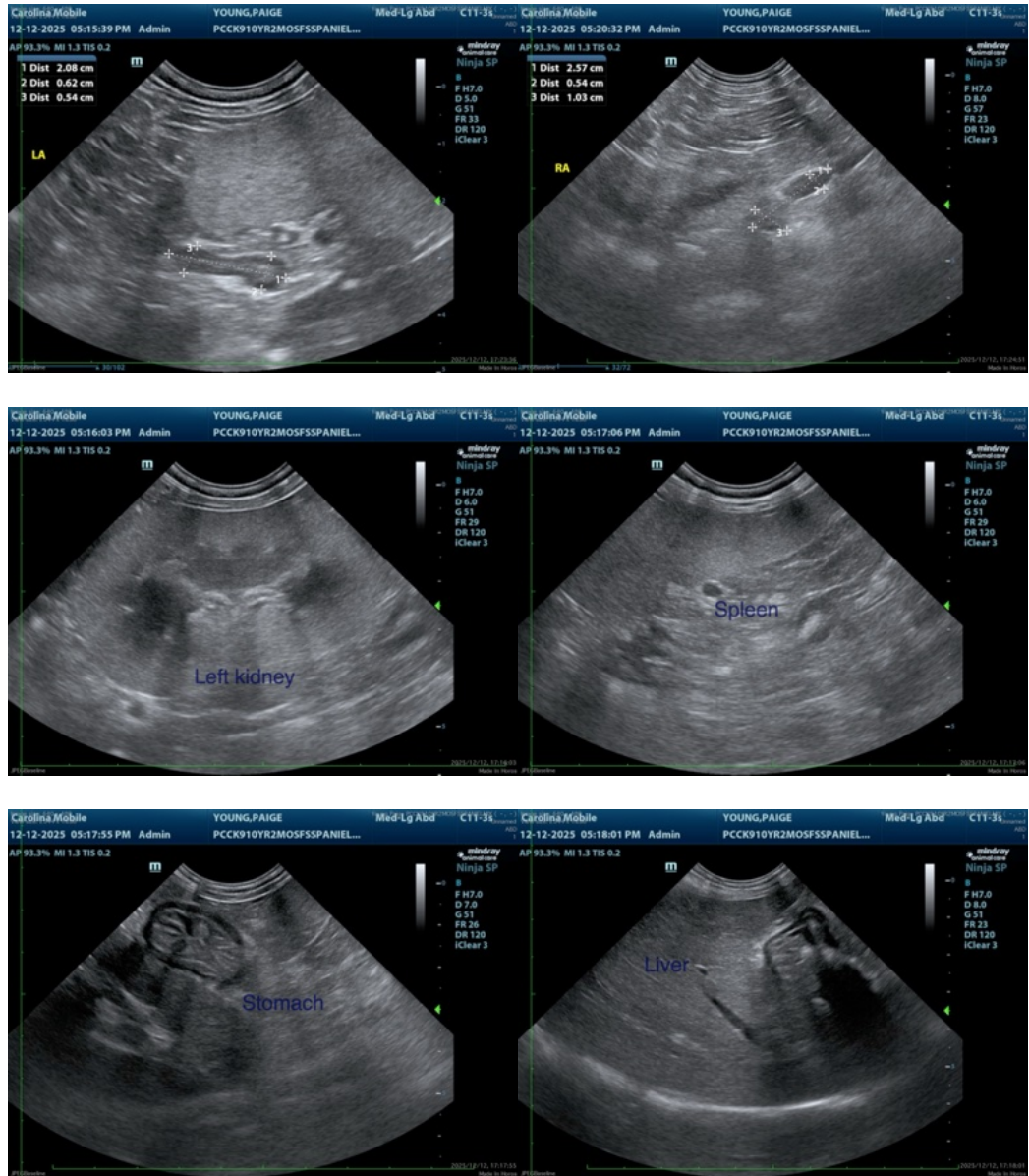
Dr. Watson

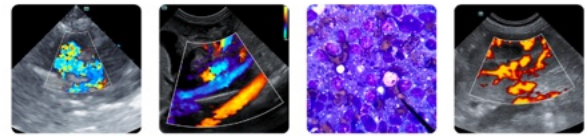
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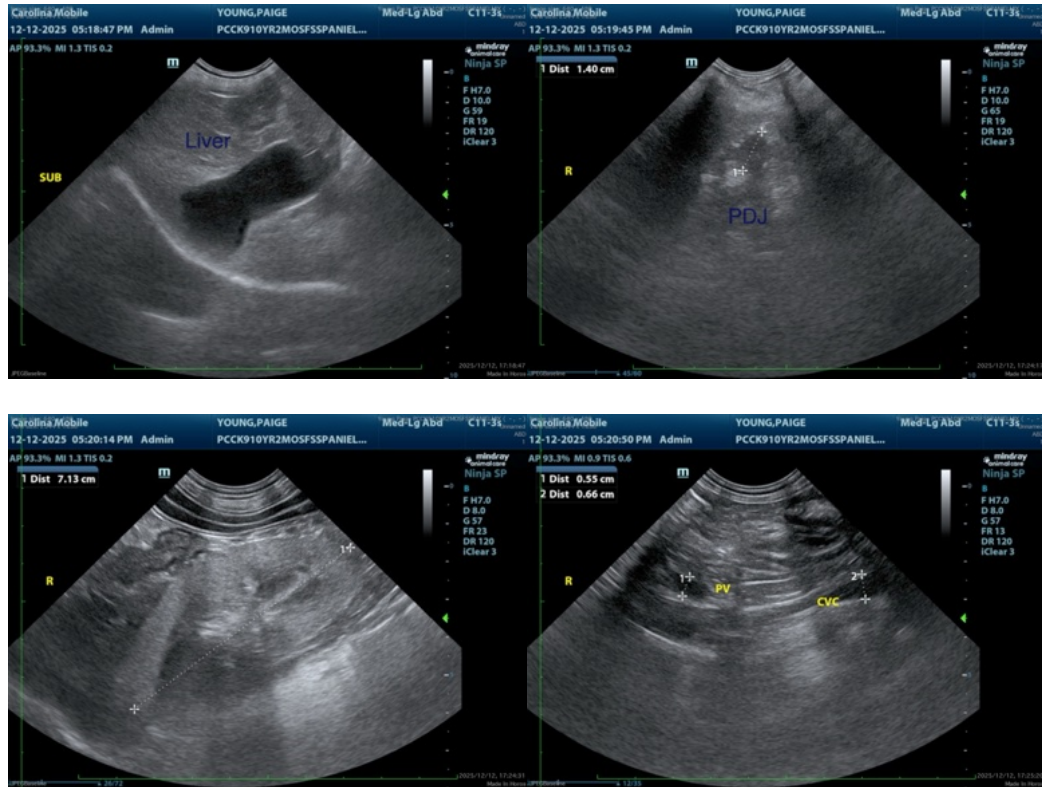
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com