



**PATIENT**

Jessie Rainer

**SPECIES**

Canine

**BREED**

Shih Tzu

**SEX**

Spayed female

**AGE**

10 years

**WEIGHT**

10.8 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Ginny Dodd, DVM

**HOSPITAL NAME**

Ironton AH

**REFERRING VET**

Dr. Creech

**INVOICE**

74333

**DATE**

4/9/26

**PRESENTING CLINICAL SIGNS**

History: H/O hematuria, (microscopic), no improvement with 1 month of antibiotic therapy  
PE: BAR, BCS 5/9, no palpable masses in abd UA- 1.036, pH 6.0, RBC +2, no bacteria or crystals or casts  
abd rads- no calculi noted

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is small with a thickened and irregular appearance of the wall especially the apical and dorsal 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.

Normal renal size (left measured 3.5 cm, right measured 3.6 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts or mineralization evident. Small, non-obstructive renolith is present in the right kidney measuring 0.1 cm.

**Adrenal Glands**

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 1.77 cm in length x 0.43 cm and 0.39 cm in width. The right adrenal gland measured 1.25 cm in length x 0.36 cm and 0.36 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. Small, focal, hypoechoic parenchymal nodule in the tail of the spleen measuring 0.6 cm in size. The spleen measures 0.7 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***

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.

**ULTRASONOGRAPHIC FINDINGS**

- Urinary bladder thickening.
- Right-sided renolith.
- Splenic nodule.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The most likely etiology for the urinary bladder thickening would be polypoid cystitis with emerging neoplasia a possible differential diagnosis.

Chronic bacterial cystitis would be an unlikely differential diagnosis.

The renolith can be considered an incidental finding.

Etiologies for the splenic nodule would be reactive hyperplasia/extramedullary hemopoiesis, hematoma and granuloma with emerging neoplasia an unlikely differential diagnosis.

Further assessment would be BRAF analysis and/or a catheter assisted aspirate/biopsy of the urinary bladder wall for cytology/histopathology and culture.

Specific therapy would be dependent on an etiological diagnosis.

Ultrasound monitoring of the splenic nodule would be recommended and if there any progressive enlargement or bulging of the overlying capsule noted, then a splenectomy should be considered.



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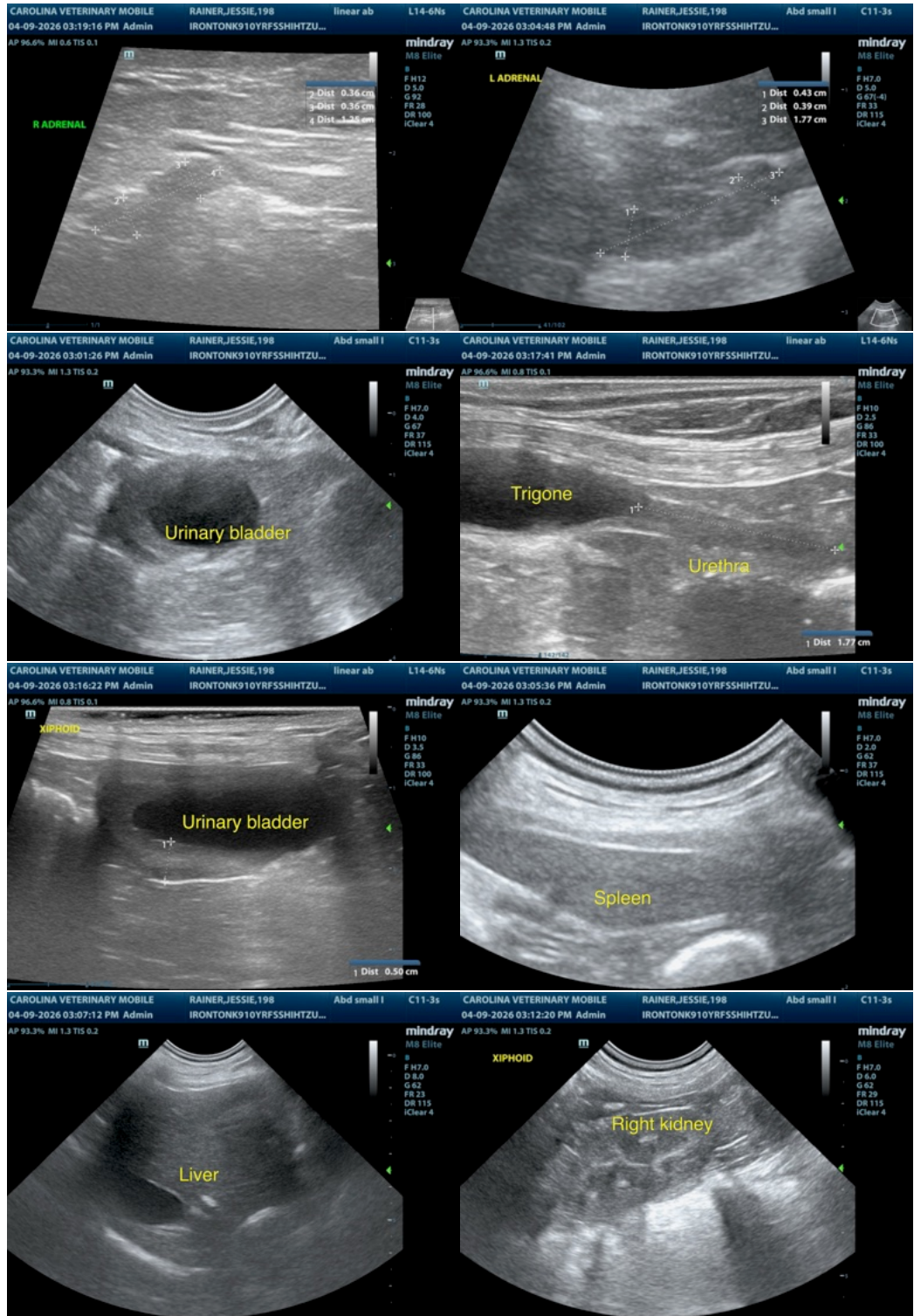
Dr. Creech

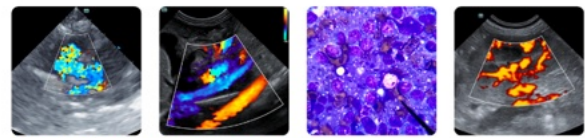
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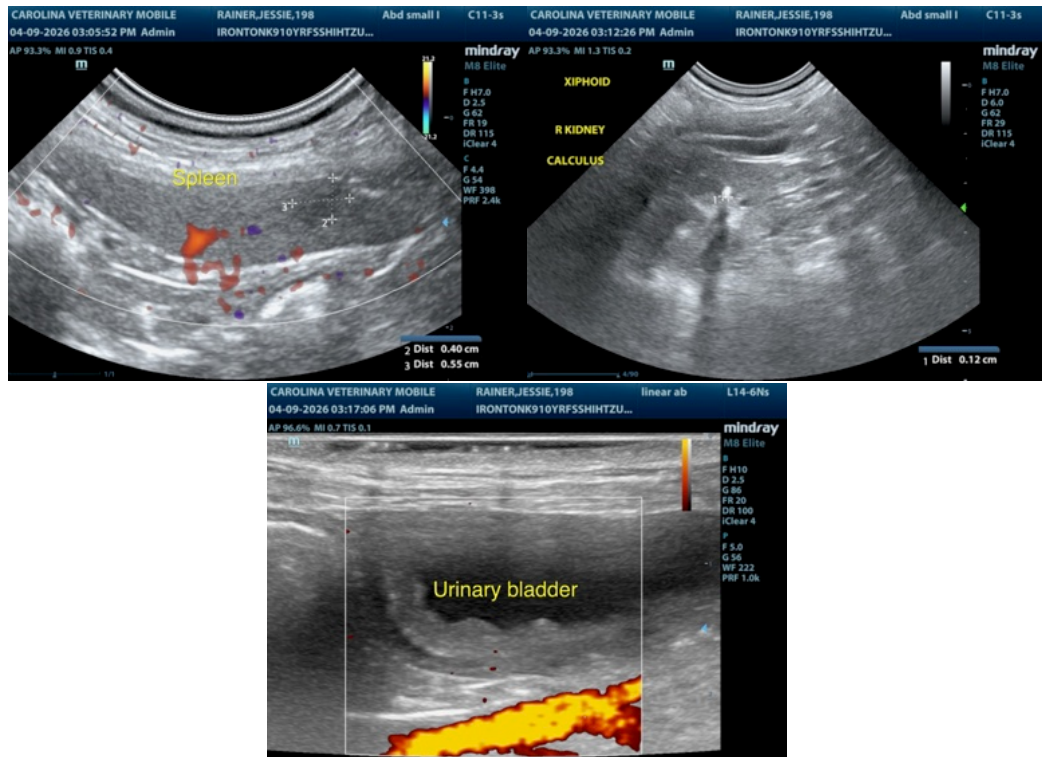
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)