



PATIENT

Rosie Eggleston

SPECIES

Canine

BREED

Pembroke Welsh Corgi

SEX

Spayed female

AGE

9 years

WEIGHT

30.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Nazareth VC

REFERRING VET

Dr. Bankowski

INVOICE

69436

DATE

12/9/25

PRESENTING CLINICAL SIGNS

History: Recurrent UTI, possible L renomegaly, leaking urine, pyuria, hematuria . Recessed vulva w/unilateral ulceration/pyoderma. Meds: DOCP monthly, Prednisone 5mg (1/2 tab daily)
Abnormal PE/Chem/CBC/UA Results: ALP 226; WBC 16500; Neut 14570; Urine C&S (+); MIC pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full with a thickened and irregular appearance of the apical wall with the rest of the wall having a normal thickness and smooth appearance. A small amount of floating, hypoechoic sediment is present. No 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 5.7 cm, right measured 5.7 cm), 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 kidneys had a normal color flow pattern.

Adrenal Glands

The adrenal glands are bilaterally small and dorsoventrally flattened with a normal echogenic appearance, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.28 cm in width. The right adrenal gland measured 0.29 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.



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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.

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.

Thorax

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

ULTRASONOGRAPHIC FINDINGS

- Urinary bladder thickening.
- Urinary bladder sediment.
- Bilaterally small adrenal glands.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the urinary bladder thickening and the urinary bladder sediment would be chronic bacterial cystitis as per the patient's history. This is most likely associated with the recessed vulva.

The adrenal glands are consistent with the diagnosis of Addison's disease.

Management of the chronic urinary tract infection would be long term anti-microbial therapy (4-6 weeks) based on urine culture and sensitivity with urine culture repeated in 24 hours and 7 days after completion of the antimicrobial therapy to ensure eradication of the infection. Management of the recessed vulva would be an epispioplasty.



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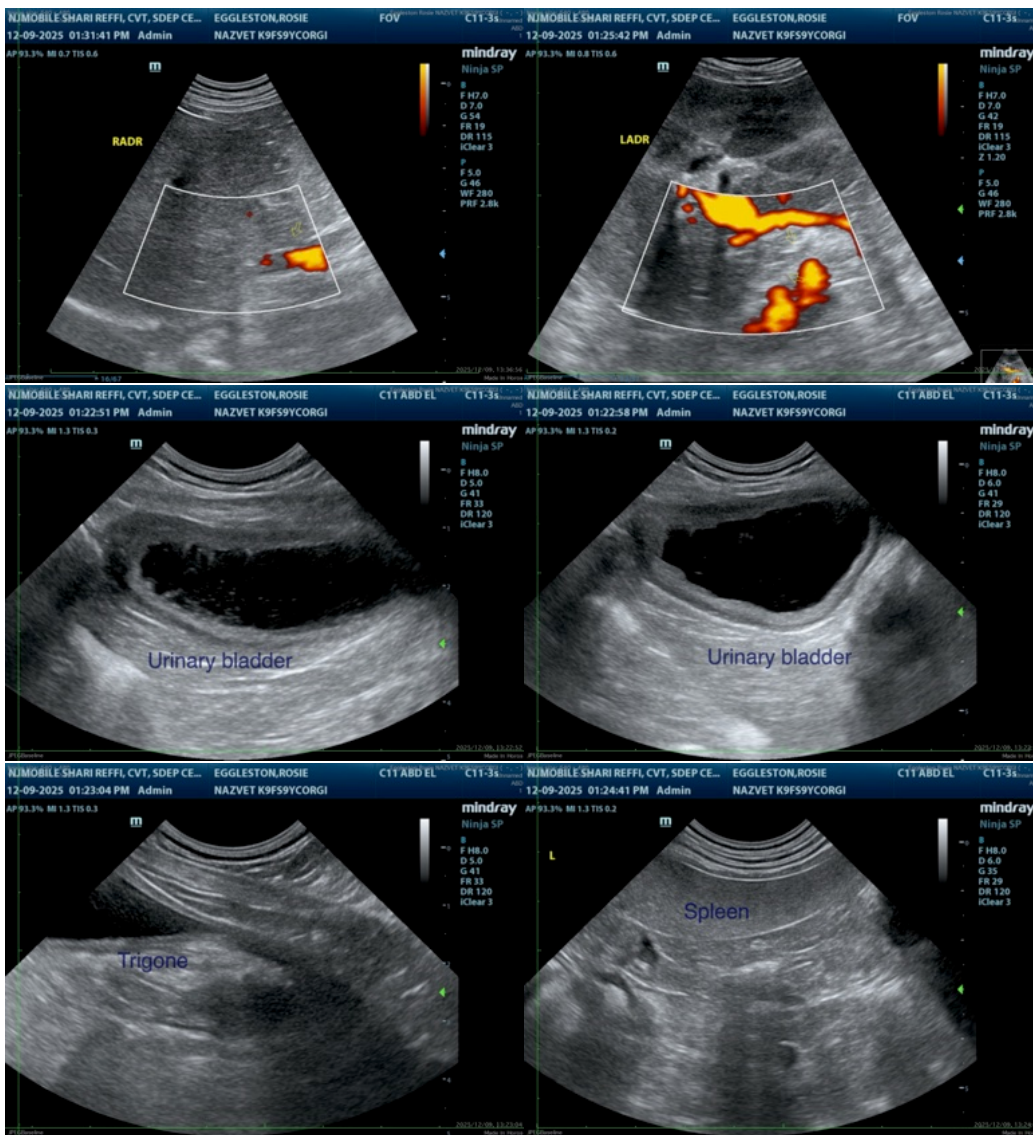
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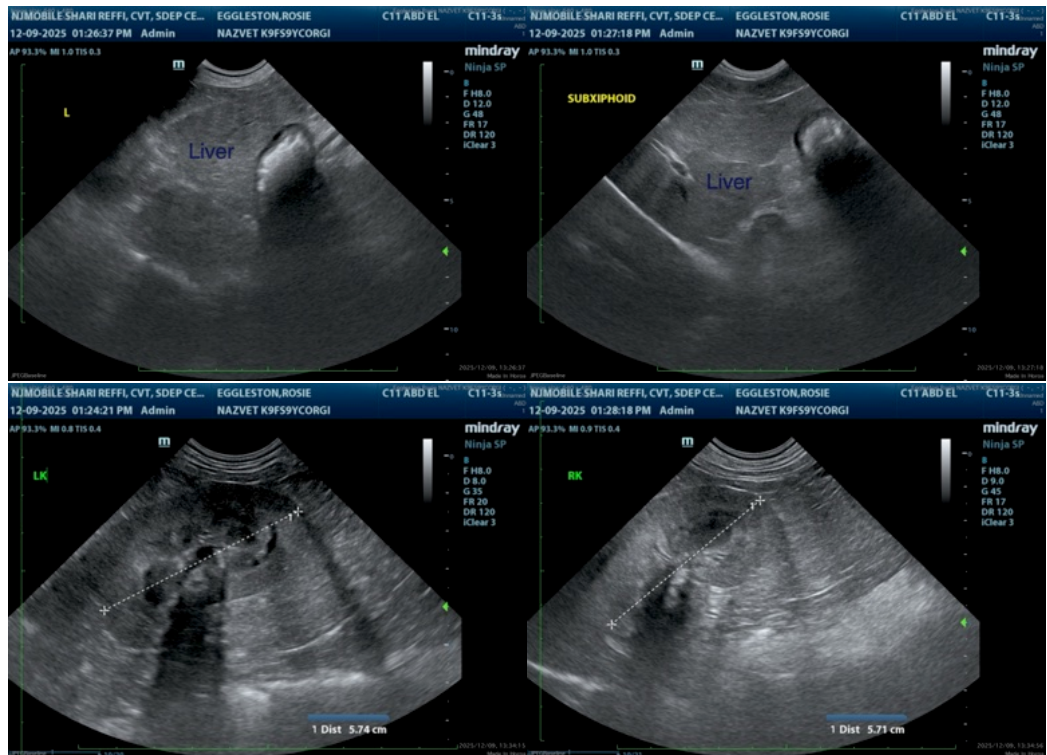
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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