



PATIENT

Pinot Wickward

SPECIES

Canine

BREED

French Bulldog

SEX

Spayed female

AGE

8 years

WEIGHT

33.5 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Whippany VH

REFERRING VET

Dr. Hagelbeeg

INVOICE

71278

DATE

2/5/26

PRESENTING CLINICAL SIGNS

- UTI started in Oct. 2/2/26 O felt another UTI may be going on. Frequent urination w/ blood and green discharge. Abn. bladder on focused ultrasound wall thickening and intraluminal floating material.
- Nov. 2025 UA culture E-coli Sensitive Enro-8 day course. PH-5.5 prot-2+ blood3+ wbc-6-10 rbc-20-30 USG-1.043 Epith cells-3+

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is small with a thickened and irregular appearance of the apical wall measuring up to 0.8 cm with the rest of the wall having a normal thickness and smooth appearance. A small amount of floating and dependent, hyperechogenic 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 5.1 cm, right measured 4.3 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. 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 1.74 cm in length x 0.66 cm and 0.57 cm in width. The right adrenal gland measured 1.74 cm in length x 0.87 cm and 0.49 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 1.0 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.

ULTRASONOGRAPHIC FINDINGS

- Thickened urinary bladder wall.
- Urinary bladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the urinary bladder thickening would be bacterial cystitis, granulomatous disease and possibly emerging neoplasia.

Etiologies for the urinary bladder sediment would be crystalluria, hematuria and bacterial cystitis.

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

Specific therapy would be dependent on an etiological diagnosis.



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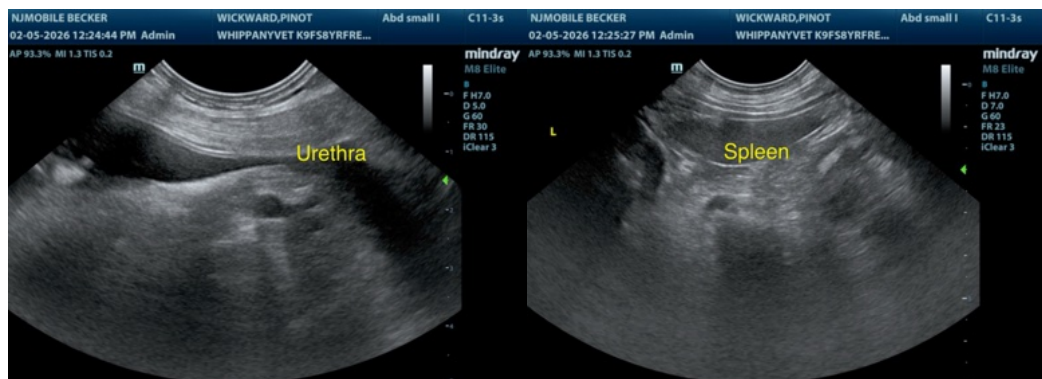
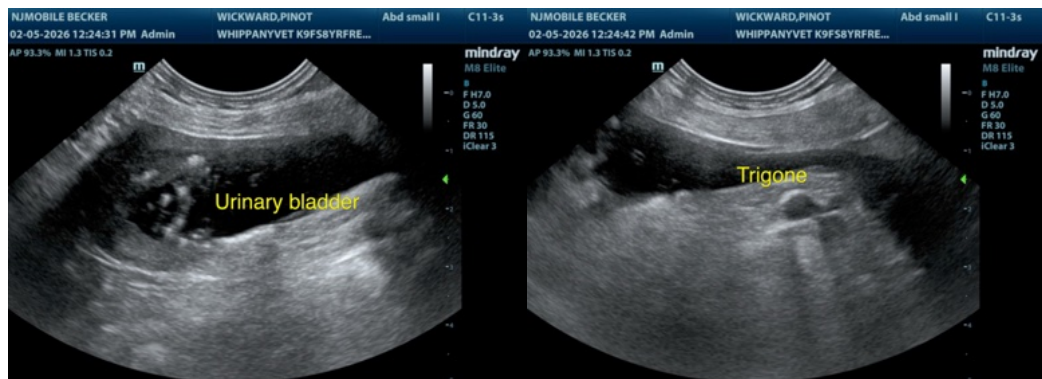
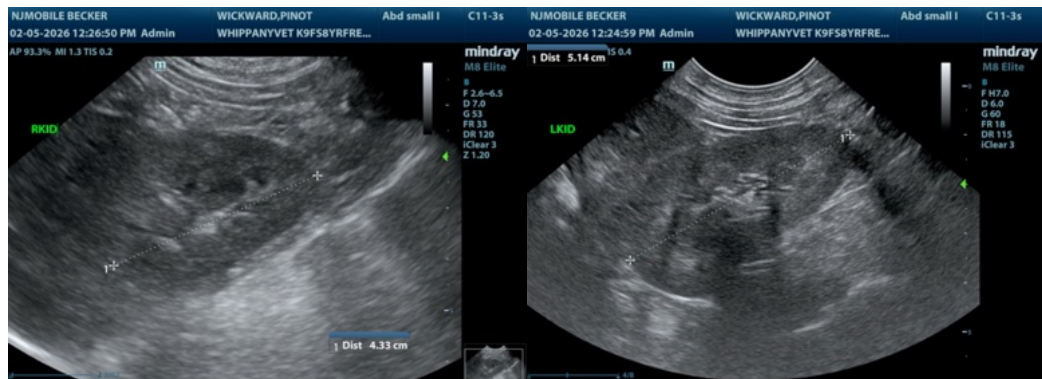
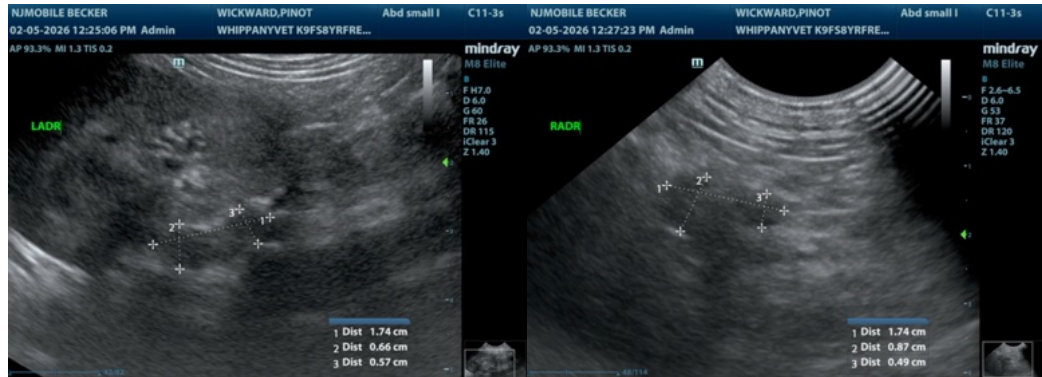
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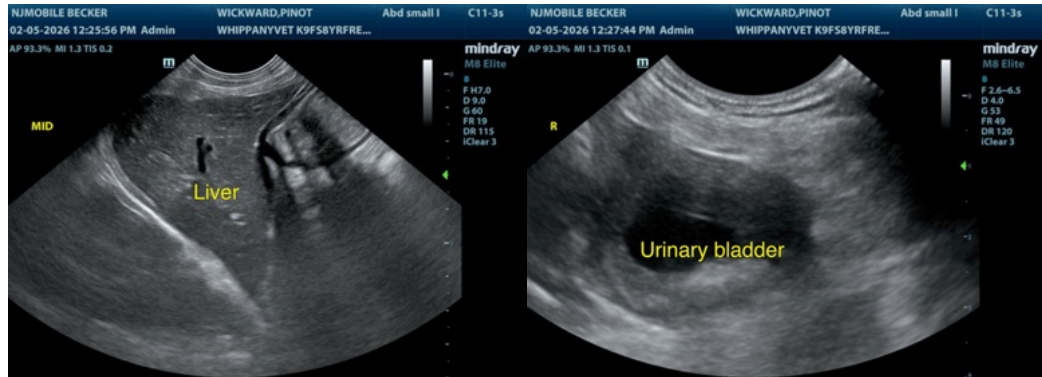
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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