



PATIENT

Bentley Sobelman

SPECIES

Canine

BREED

Pomeranian Mix

SEX

Neutered male

AGE

14 years

WEIGHT

9.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Harmony AH

REFERRING VET

Dr. Gwan

INVOICE

73810

DATE

3/25/26

PRESENTING CLINICAL SIGNS

- Presented for vomiting, Renal
- PE WNL

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.

Normal renal size (left measured 3.2 cm, right measured 3.4 cm), 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. A focal cortical cyst was present in the cranial pole of the right kidney measuring 1.0 cm in size.

The prostate is small and hypoechogenic.

Adrenal Glands

The adrenal glands were bilaterally enlarged, but maintained normal shape, echogenic appearance, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 2.08 cm in length x 0.42 cm and 0.77 cm in width. The right adrenal gland measured 2.31 cm in length x 1.0 cm and 0.58 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 1.1 cm in width.

Liver

Normal size with a diffuse increased echogenic appearance, normal 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 a small 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

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

- Bilateral adrenomegaly.
- Hepatopathy.
- Age related renal changes versus early chronic kidney disease.
- Gallbladder sediment.
- Right renal cyst.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the adrenal glands would be age related reactive hyperplasia, disease, stress and possibly pituitary dependent Cushing's disease.

Etiologies for the hepatopathy would be reactive hyperplasia, metabolic and vacuolar with hepatitis and infiltrative neoplasia highly unlikely differential diagnosis.

The right renal cyst and gallbladder sediment can be considered incidental findings.

Further assessment would be urine specific gravity a urine to cortisol to creatinine ratio and if abnormal then adrenal function testing (ACTH stimulation/LDDST) would then be indicated.

FNA cytology of the liver could also be considered especially if Cushing's disease has been excluded.



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Specific therapy would be dependent on an etiological diagnosis.

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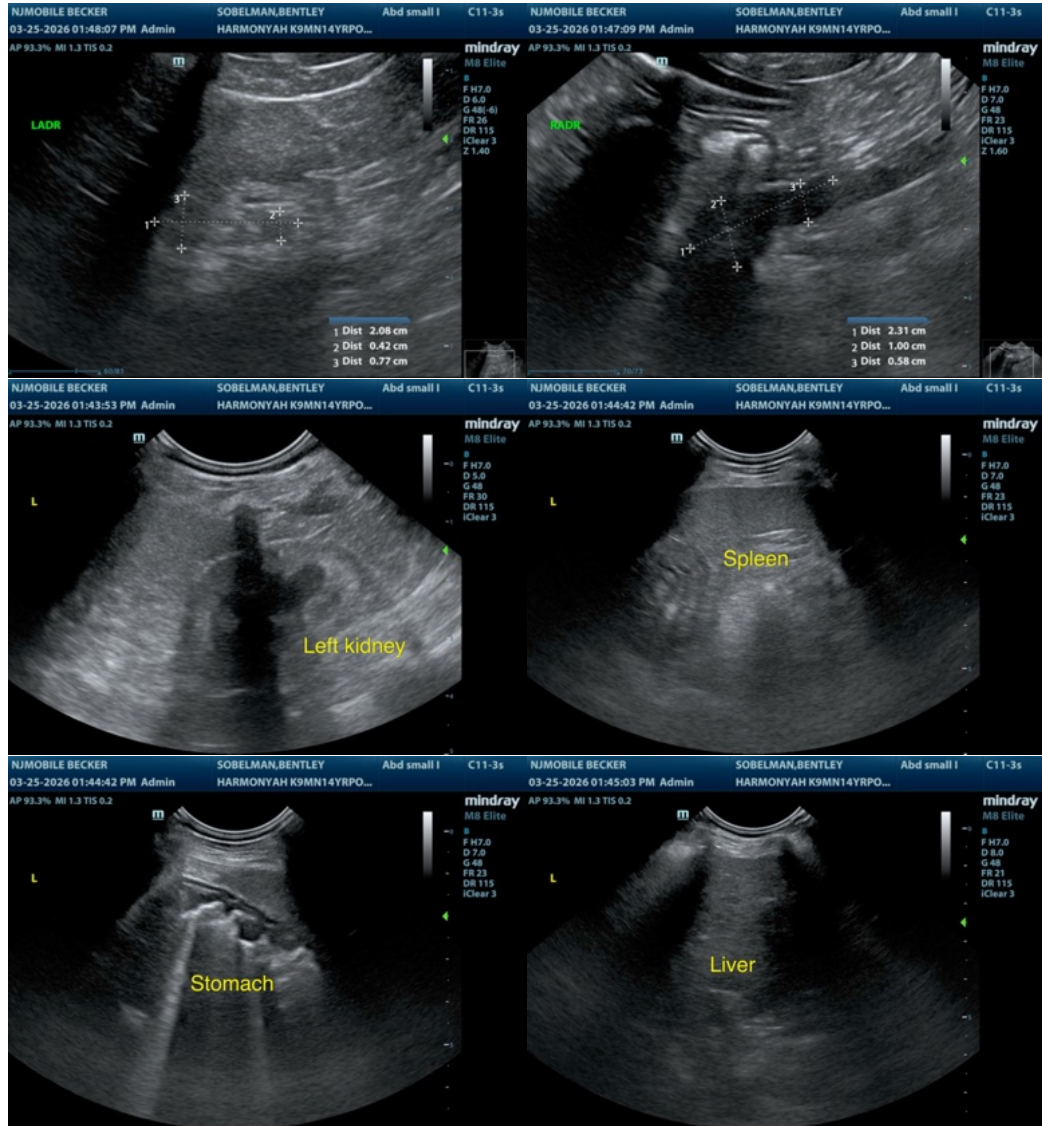
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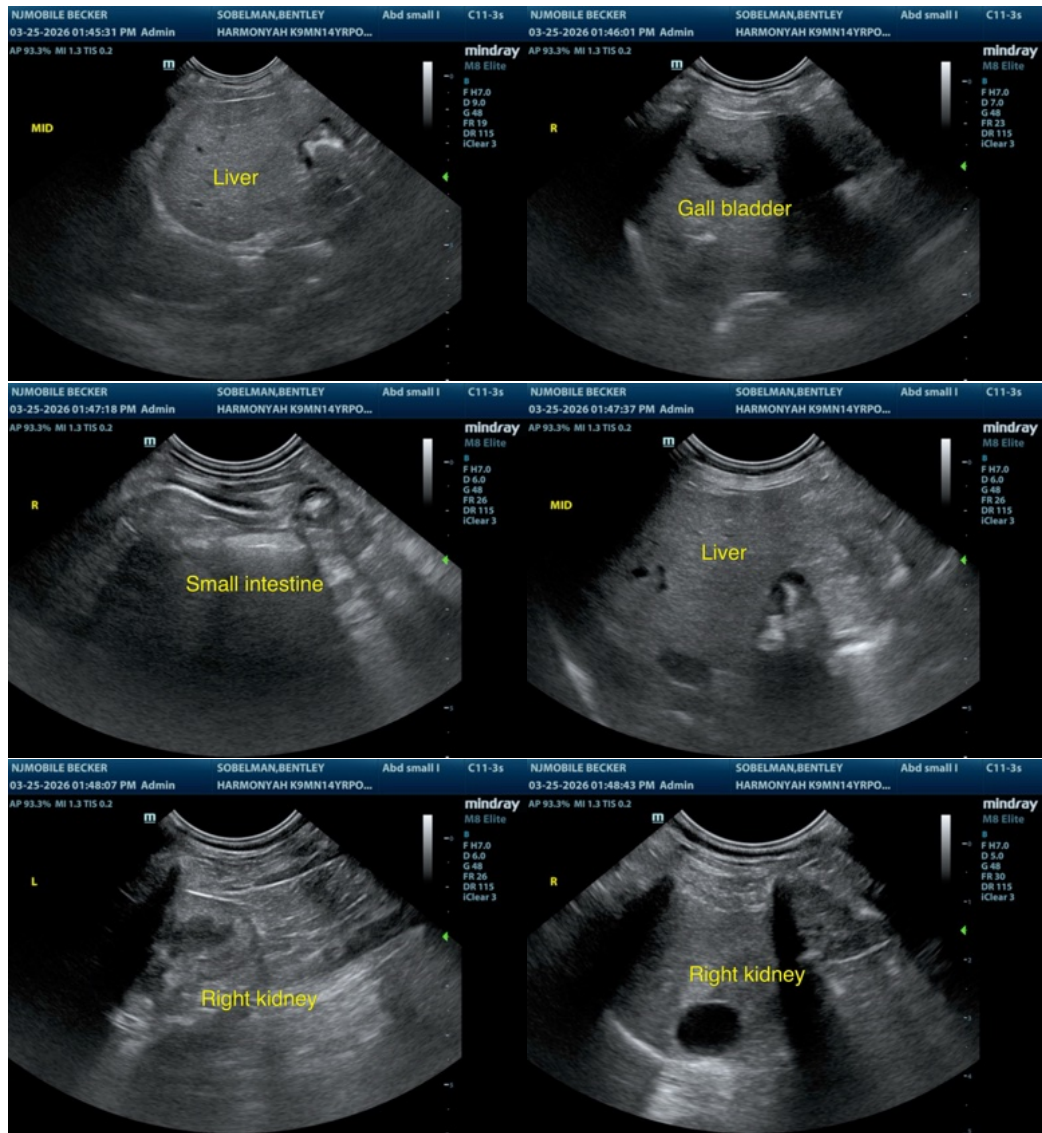
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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