



PATIENT PRESENTING CLINICAL SIGNS

Bianca Lembeck History: Recommended to check for potential mass/abnormal Liver enzymes elev. PLN

SPECIES BUN, phos, potas, glob, TP, alp, chol, lipase=high NA K ratio= low UA gluc-neg ketones neg prot-4+ cystain B high

Canine

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Yorkie

Urinary System

SEX

The urinary bladder is full with a normal thickness and smooth appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

Spayed female

Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.

AGE

10 ½ years

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

WEIGHT

-

Normal renal size (left measured 4.8 cm, right measured 5.6 cm), increased echogenic appearance, some loss of cortico-medullary differentiation, left sided pyelectasia, normal right pelvis, and regular curvilinear capsule in both kidneys. No infarcts, mineralization or renoliths evident. A few, cortical cysts are evident in both kidneys. Normal color flow pattern is present in both kidneys.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland revealed a left hypoechogenic nodule in the caudal pole measuring 1.2 x 1.4 cm in size. Normal shape, echogenic appearance of the cranial pole measuring 0.51 cm. The left adrenal gland measured 2.55 cm in length and maintains normal position, and appearance of the visible peri-adrenal vasculature.

IMAGING PERFORMED BY

Kerri Becker

The right adrenal gland is normal in shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Right adrenal gland measured 0.44 cm in width.

HOSPITAL NAME

Denville AH

Spleen

REFERRING VET

Dr. Reddy

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 1.2 cm in width.

INVOICE

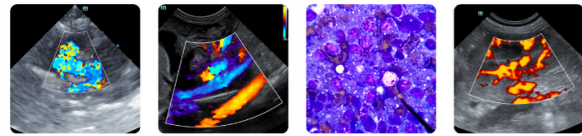
75284

DATE

5/11/26

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

- Renal disease.
- Left adrenal nodule.
- Hepatopathy.
- Gallbladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the renal disease would be chronic kidney disease with acute on chronic kidney disease a possible differential diagnosis especially with the hyperkalemia and the elevated cystatin B.

The most likely etiology for the left adrenal nodule would be an incidental, non-functional adenoma with emerging carcinoma a possible differential diagnosis.

Etiologies for the hepatopathy would be reactive hyperplasia, early nodular hyperplasia, vacuolar and metabolic with infiltrative neoplasia and hepatitis a less likely differential diagnosis.

The gallbladder sediment can be considered an incidental finding.

Further assessment of the renal disease would be UPC and blood pressure.



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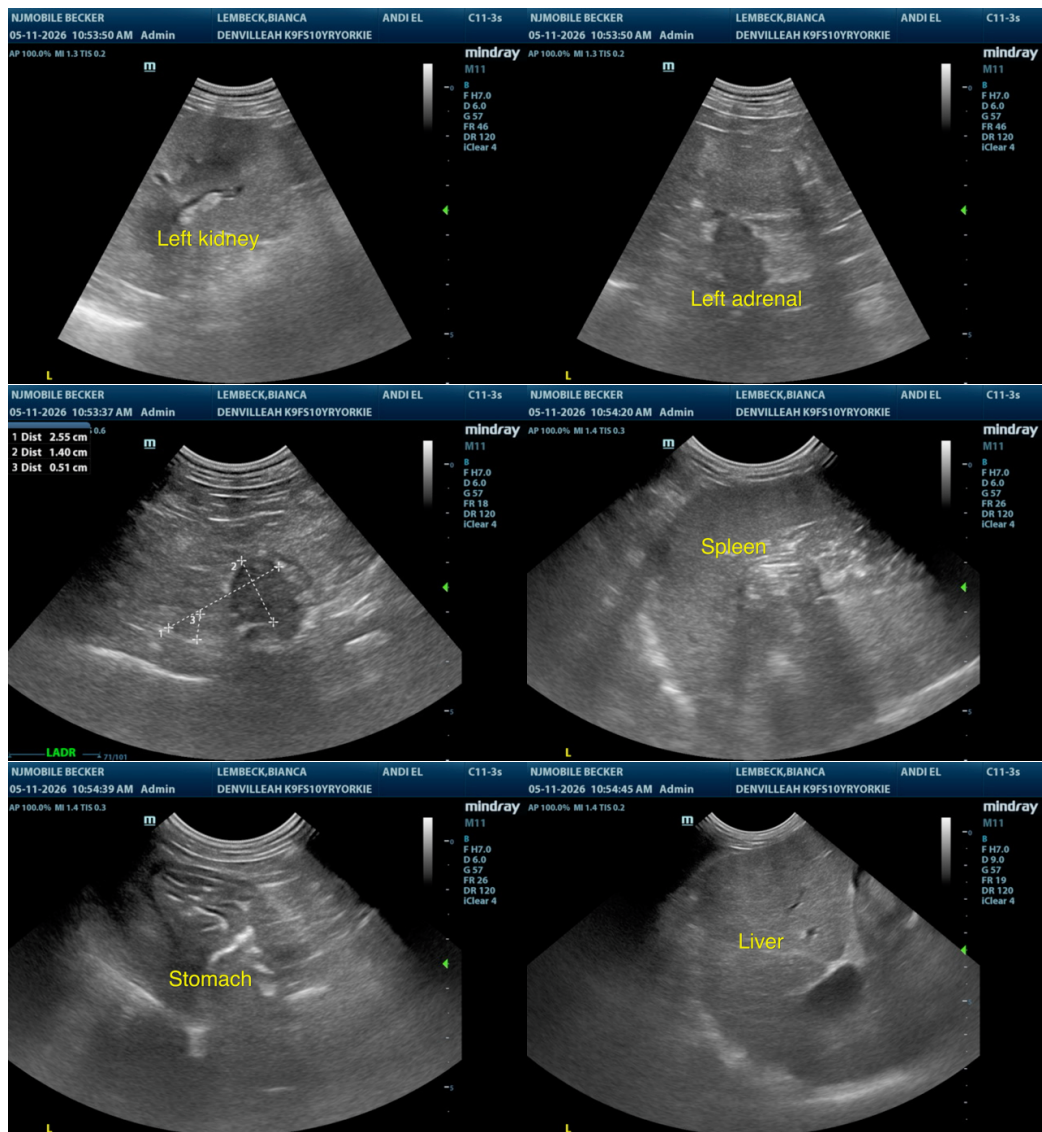
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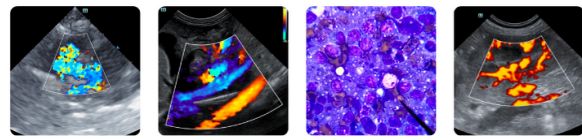
Further assessment of the hepatopathy would be FNA cytology; however, a tru cut or wedge biopsy may be required for a final etiological diagnosis.

Regular ultrasound monitoring of the left adrenal gland would be recommended.

Management of the renal disease would be feeding a renal diet, use of enteric phosphate binders, and either an ace inhibitor or receptor blocker.

Symptomatic management of the hepatopathy would be the use of Ursodiol with regular monitoring of liver enzyme activity.





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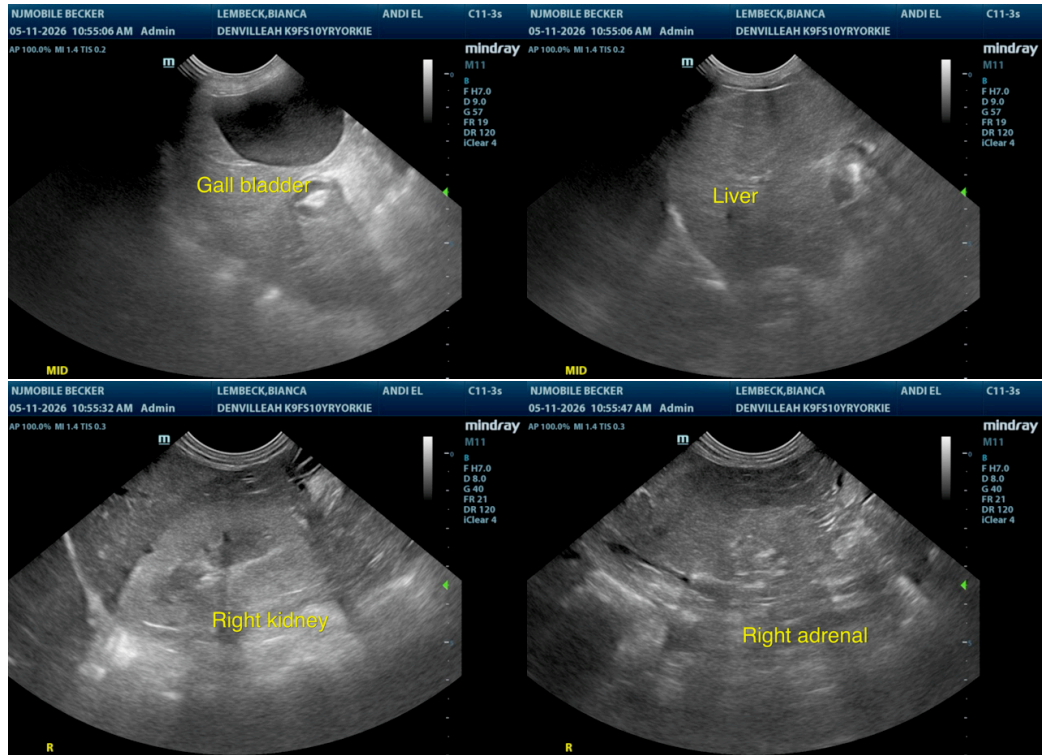
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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