



**PATIENT**                      **PRESENTING CLINICAL SIGNS**

Buck Real Dog Rescue

History:    Persistently elevated upc and cystatin B, elev alp mild llow alb mild high glob  
Abnormal PE/Chem/CBC/UA Results:    alb-2.5 glob-4.4 alp-339 upc-3.1 cystatB 200 wbc2-4 rbc0-2  
usg-1.040

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

Derrhound

**Urinary System**

**SEX**

Neutered male

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

**AGE**

11 years

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.

**WEIGHT**

69.4 lbs

Normal renal size (left measured 7.0 cm, right measured 7.4 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.

The prostate is small and hypoechogenic measuring 1.2 cm in width.

**INTERPRETED BY**

Remo Lobetti, BVSc,  
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**Adrenal Glands**

The adrenal glands are bilaterally enlarged, but maintained a normal shape, echogenic appearance, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 2.86 cm in length x 1.01 cm and 1.25 cm in width. The right adrenal gland measured 2.77 cm in length x 1.45 cm and 1.06 cm in width.

**IMAGING PERFORMED BY**

Kerri Becker

**HOSPITAL NAME**

Bergen County VC

**Spleen**

The spleen revealed a large, irregular, mottled echogenic, poorly vascularized mass originating off the tail of the spleen measuring 5.0 x 5.0 cm. The rest of the spleen is of normal size (2.0 cm in width) maintaining a normal echogenic appearance, smooth homogenous parenchyma and a regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident.

**REFERRING VET**

Dr. Moore

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**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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5/6/26



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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**

- Splenic mass.
- Bilateral adrenomegaly.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The likely etiologies for the splenic mass would be neoplasia, hematoma, and granuloma.

With the well concentrated urine specific gravity, the most likely etiology for the bilateral adrenomegaly would be disease, stress, with age related reactive hyperplasia a less likely differential diagnosis.

It is possible that the persistent elevated UPC and cystatin can be ascribed to the splenic mass (secondary immune mediated glomerulonephritis).

Further assessment would be three view thoracic radiographs and possibly FNA cytology of the splenic mass.



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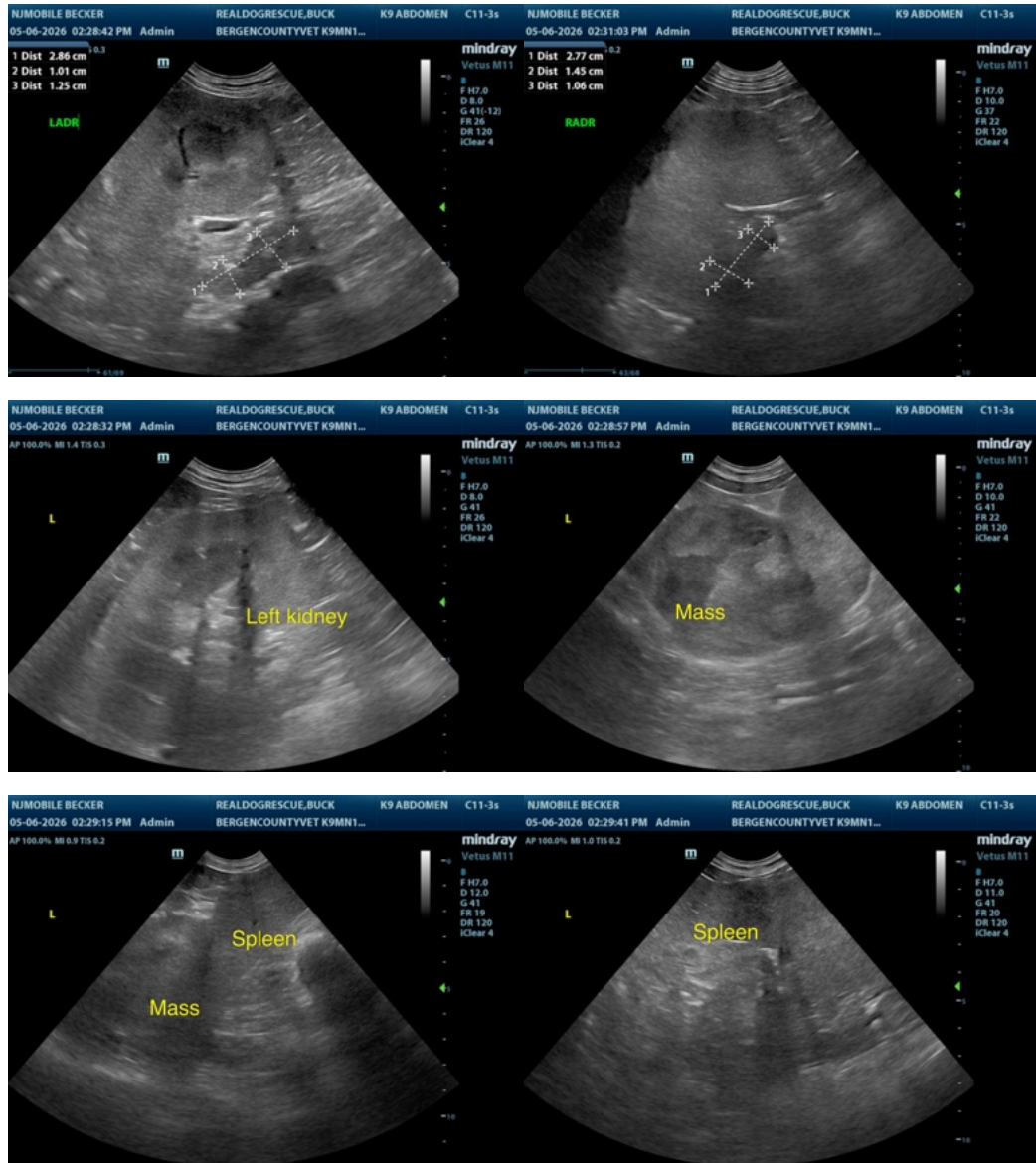
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Blood pressure measurements would also be recommended.

Splenectomy should be considered as it could be both diagnostic and therapeutic with further specific therapy dependent on an etiological diagnosis.

Initial management of the proteinuria would be the use of either an ace inhibitor or receptor blocker.





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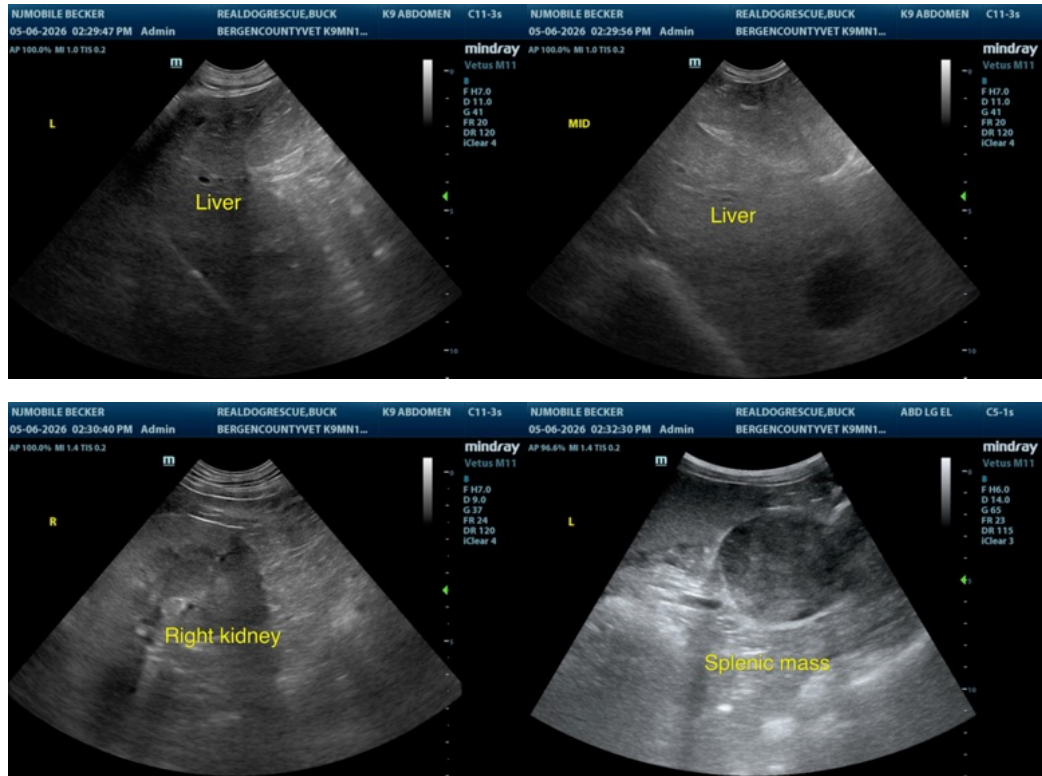
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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