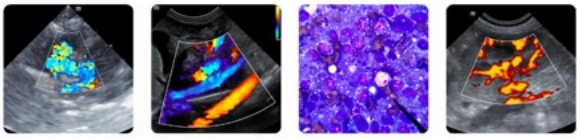

SonoPath www.animalsoundsnw.com info@animalsoundsnw.com 541.357.9423

PATIENT
Ollie Johnson

SPECIES
Canine

BREED
Labrador Retriever

SEX
Male, neutered

AGE
10 Yrs.

WEIGHT
71.6 lbs.

INTERPRETED BY
Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

IMAGING PERFORMED BY
Sara Hansen

HOSPITAL NAME
Creekside VC

REFERRING VET
Dr. Strahon

INVOICE
13420

DATE
1/26/26

PRESENTING CLINICAL SIGNS

Clinical Exam Findings:

- Vomiting, diarrhea, decreased appetite x1mo.
- Abdominal palpation - susp. splenohepatomegaly, but palpation on cranial abdomen non-painful.

ABNORMAL Labwork Values

- Creatinine 2.2
- BUN 33
- Mildly regenerative anemia w/ low TP chronic anemia vs early acute anemia. Elevated amylase 2.476 but spec cPL WNL.
- Notably elevated UPC 7.3, negative for tick borne diseases and leptospirosis.
- Current Medications- Mirtazapine 15mg 1T PO SID.
- Radiographic Findings-N/A

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface in the region of the apex is slightly irregular. The bladder is mildly to moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

The prostate is normal in size (1.32 cm in width) with smooth peripheral contours. A 0.65 cm ill-defined hyperechoic area is observed within the parenchyma. The prostatic urethra is not overtly dilated.

The left kidney is normal in size (6.62 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (6.42 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.65 cm at cranial pole) (0.63 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (1.91 cm at cranial pole) (0.65 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

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The spleen is normal in size (1.01 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver
The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion.

The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal.

Gastrointestinal
The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

Pancreas
The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Lymph nodes
The abdominal lymph nodes are normal/not visible.

Free Abdomen
The peritoneal cavity is normal. There is no evidence of inflammation or effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Minor bilateral nonspecific, age-related renal changes. Given the patient's clinical history, a protein losing nephropathy (i.e., glomerulonephritis, amyloidosis) is considered likely. Most protein losing nephropathies are idiopathic. However, they can be secondary to infectious, inflammatory, immune mediated or neoplastic disease.

Secondary Findings:

- The hyperechoic area within the prostatic parenchyma likely represents benign, age-related parenchymal remodeling/fibrosis. However, an emerging tumor cannot be excluded.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the likely presence of a protein-losing nephropathy, consider the following:

1. Angiotensin II receptor blocker (e.g., Telmisartan)
2. Antithrombotic (e.g., Clopidogrel at 2.5 mg/kg PO q 24 hours)
3. Omega-3 fatty acids (65 mg/kg of DHA and EPA combined daily)
4. Prescription renal diet
5. Baseline blood pressure measurement with serial monitoring thereafter

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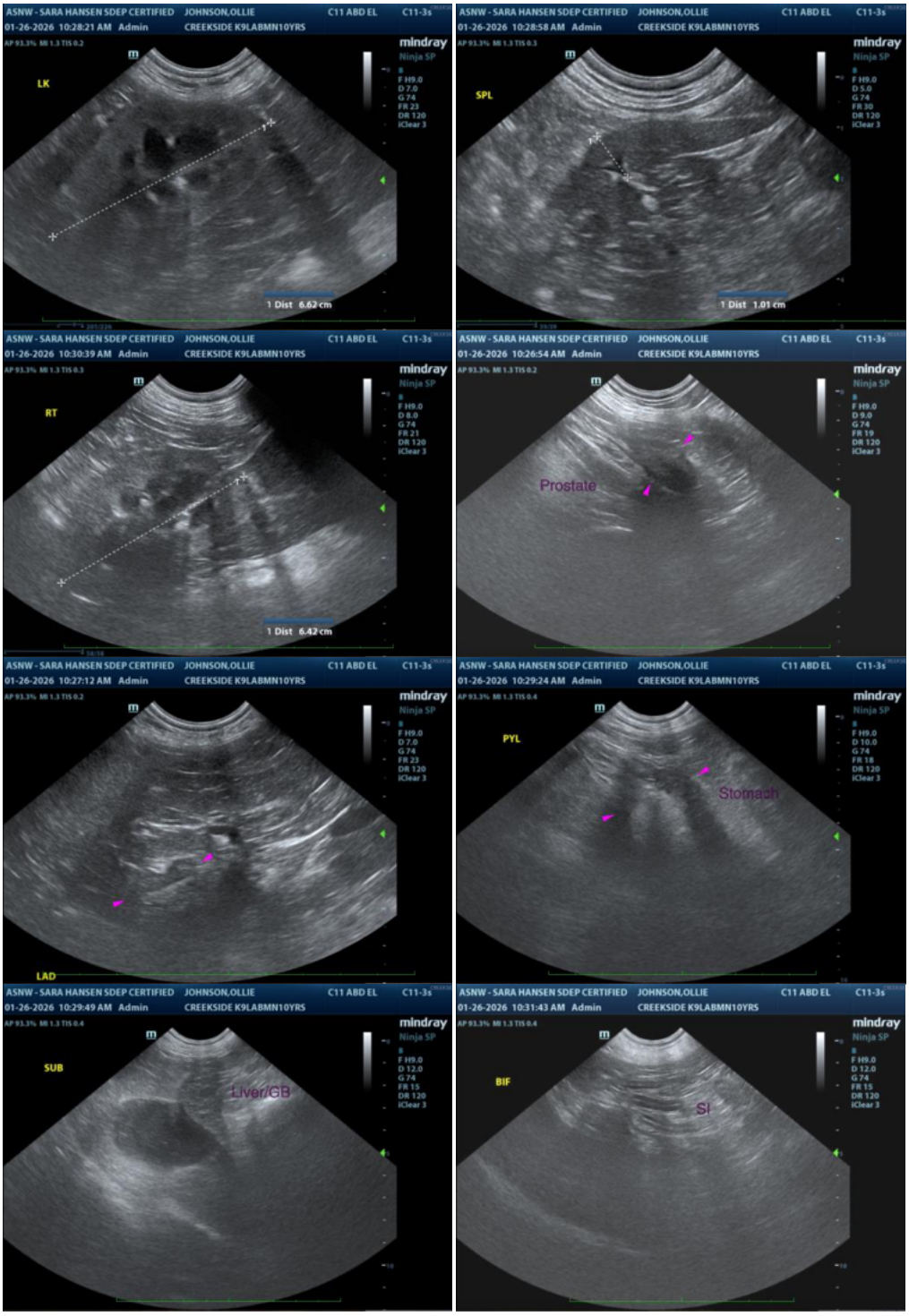
6. Routine monitoring of UPC and bloodwork (CBC, chemistry panel) to assess for progressive disease



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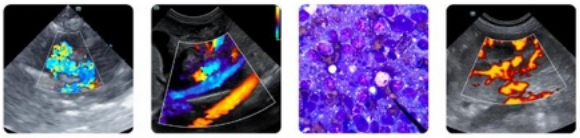

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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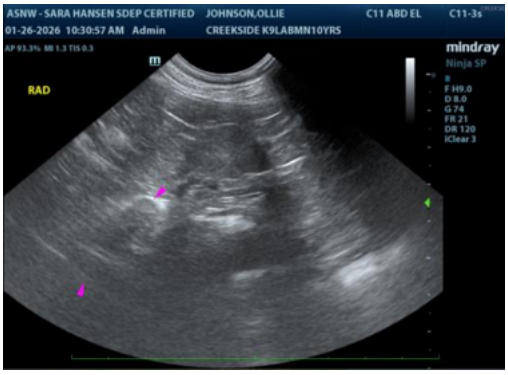

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com