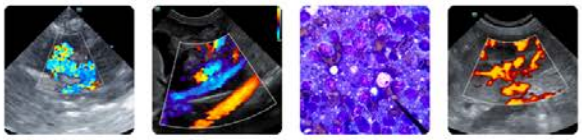


PATIENT

LC Spear

SPECIES

Canine

BREED

Lab Retriever

SEX

Spayed Female

AGE

6/13/13

WEIGHT

34 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Incline Veterinary Hospital

REFERRING VET

Kateryna Sovik, DVM

INVOICE

72486

DATE

1/27/26

PRESENTING CLINICAL SIGNS

The pet was originally seen on 12/30/25 for bloodwork and urinalysis. The results for the urinalysis is Urinalysis indicated marked pyuria (white blood cells 21) and hematuria (>50 red blood cells), with no bacteria detected. It was recommended to do a urine culture. The culture was done on 1/2/26. The results are, Urine culture negative for bacterial urinary tract infection; no growth detected. No evidence of chronic or severe bacterial UTI at this time. Etiology of hematuria and pyuria remains undetermined. Differential diagnoses include possible polyp, inflammation, urolithiasis, or other causes. A urinalysis was rechecked on 1/19/26 and the results are Differentials for hematuria include benign polyps, chronic UTI (unlikely), bladder wall thickening, remnant uterine tissue, subclinical crystalluria/urolithiasis, and neoplasia (TCC unlikely). Working diagnosis

Bladder wall thickening, remnant uterine tissue, subclinical crystalluria/urolithiasis, and neoplasia (TCC unlikely).

Abnormal PE/Chem/CBC/UA Results: On 12/30/25 CREATININE 1.6 0.5 - 1.5 mg/dL HIGH BUN 39 9 - 31 mg/dL HIGH NA/K RATIO 27 28 - 37 LOW ALBUMIN 2.6 2.7 - 3.9 g/dL LOW HGB 14.1 14.6 - 21.7 g/dL LOW HCT 40.2 41.0 - 60.0 % LOW MCH 22.0 22.1 - 26.7 pg LOW On 1/19/26 CREATININE 1.6 0.5 - 1.5 mg/dL HIGH BUN 35 9 - 31 mg/dL HIGH SODIUM 141 142 - 152 mmol/L LOW GLOBULIN 4.2 2.4 - 4.0 g/dL HIGH HGB 14.5 14.6 - 21.7 g/dL LOW MCH 22.0 22.1 - 26.7 pg LOW RETIC HGB 23.0 23.8 - 28.3 pg LOW LABS also attached

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is subjectively mildly over distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

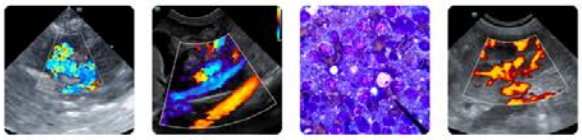
The right kidney is normal is size (7.17 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of mineral or infarcts observed. Marked pyelectasia/emerging hydronephrosis is noted, measuring 1.6 cm in the sagittal view.

The left kidney is normal is size (6.75 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of mineral or infarcts observed. Marked pyelectasia/emerging hydronephrosis is noted, measuring 0.71 cm in the transverse view.

Adrenal Glands

The right adrenal gland is normal in size (0.70 cm at cranial pole and 0.50 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.70 cm at the cranial pole and 0.90 cm at the caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.



PATIENT

LC Spear

SPECIES

Canine

BREED

Lab Retriever

SEX

Spayed Female

AGE

6/13/13

WEIGHT

34 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Incline Veterinary Hospital

REFERRING VET

Kateryna Sovik, DVM

INVOICE

72486

DATE

1/27/26

Spleen

Spleen is subjectively large in size (2.9 cm thick at the hilus) with a mildly swollen but smooth capsule. Parenchyma is normal and homogenous in echogenicity and echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

Liver is subjectively enlarged with mildly irregular margins. Parenchyma is mildly heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. Visible vasculature and biliary tree appear normal without distension or congestion

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The pancreas that is observed appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no visible free peritoneal effusion noted in these images.

Medial iliac lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

There are one or two very small/subtle hyperechoic echogenic densities noted near the cranial aspect of the uterine stump.

PRIMARY FINDINGS

- Marked bilateral pyelectasia/emerging hydronephrosis – Concerning for a possible lower urinary obstruction, at least partial obstruction, especially with the very subjective concurrent mildly distended urinary bladder. Having said that, ascending infection either in addition to partial obstruction or as a sole pathology can't be ruled out.

- Splenomegaly– can be associated with congestion caused by sedation (if sedated) but can also be associated with diffuse infiltrative disease. Both benign conditions such as extramedullary hematopoiesis, lymphoid hyperplasia, as well as infiltrative neoplastic diseases such as round

PATIENT

LC Spear

SPECIES

Canine

BREED

Lab Retriever

SEX

Spayed Female

AGE

6/13/13

WEIGHT

34 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Incline Veterinary Hospital

REFERRING VET

Kateryna Sovik, DVM

INVOICE

72486

DATE

1/27/26

cell neoplasia should be considered.

- Very mild reactive medial iliac lymph nodes – infiltrative neoplastic disease cannot be ruled out but is considered less likely.

SECONDARY FINDINGS

- The echogenic densities within the uterine stump are likely incidental and non-pathologic and probably represent suture.

- Very mildly heterogenous liver – These changes are most consistent with benign processes such as nodular hyperplasia, steroid (vacuolar) hepatopathy, extramedullary hematopoiesis or possibly chronic inflammatory disease and less commonly infiltrative round cell or metastatic neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

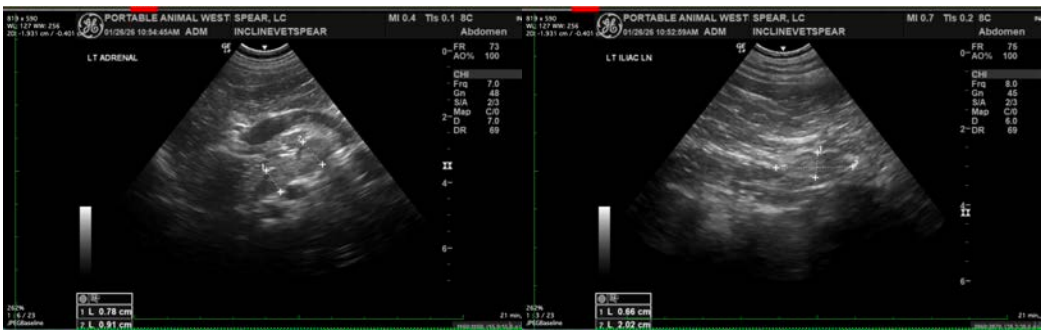
Given patient's history, especially that the urinalysis changes are obtained via cystocentesis samples, reproductive tract pathology is considered not a contributing factor, and especially when combined with the kidney changes, top differentials are urinary tract in my opinion, based on the provided information.

If cystocentesis sampling does not yield an infection, and a negative result can't be attributed to recent antibiotic therapy, direct sampling of the kidneys via pyelocentesis could be considered if patient's coagulation status is appropriate for both cytology as well as culture and sensitivity, etc.

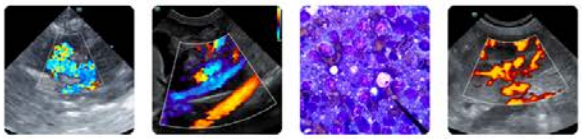
Additionally, submission of urine to look for BRAF gene mutation could be considered in case of uroepithelial neoplasia within the urinary tract beyond what can be visualized ultrasonographically.

Ultimately, if a diagnosis is unable to be obtained, advanced imaging, beginning potentially with cystoscopy and/or abdominal contrast CT scan may be warranted as next steps toward a diagnosis and to therefore further guide medical management.

In the meantime, given reported laboratory changes, additionally a baseline cortisol is recommended. If baseline cortisol is less than 2, a full ACTH stimulation test is recommended to rule out hypoadrenocorticism.



Imaging performed by
pawsonography@gmail.com
530-786-8340



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™
SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

LC Spear

SPECIES

Canine

BREED

Lab Retriever

SEX

Spayed Female

AGE

6/13/13

WEIGHT

34 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Incline Veterinary Hospital

REFERRING VET

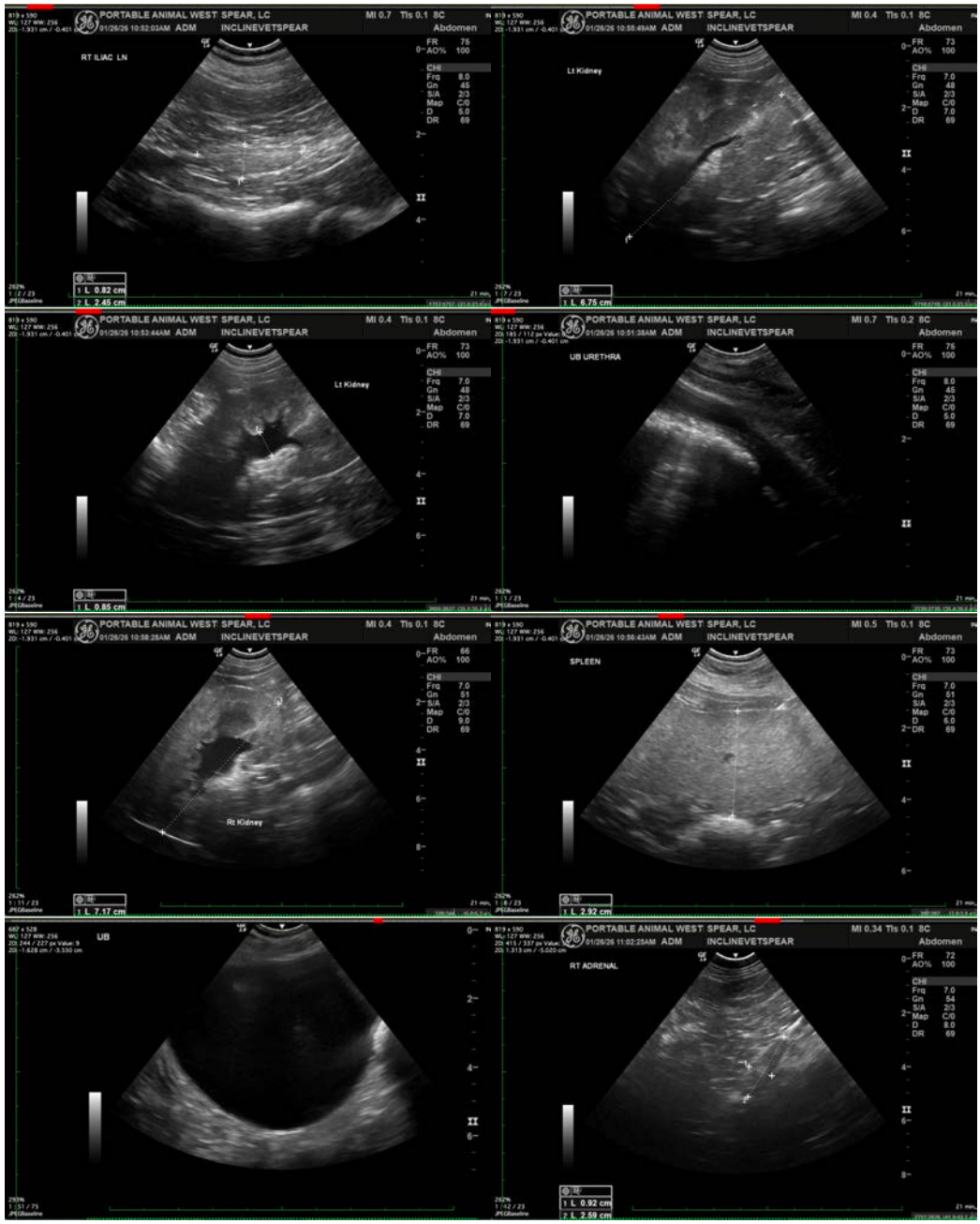
Kateryna Sovik, DVM

INVOICE

72486

DATE

1/27/26



PATIENT

LC Spear

SPECIES

Canine

BREED

Lab Retriever

SEX

Spayed Female

AGE

6/13/13

WEIGHT

34 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Incline Veterinary Hospital

REFERRING VET

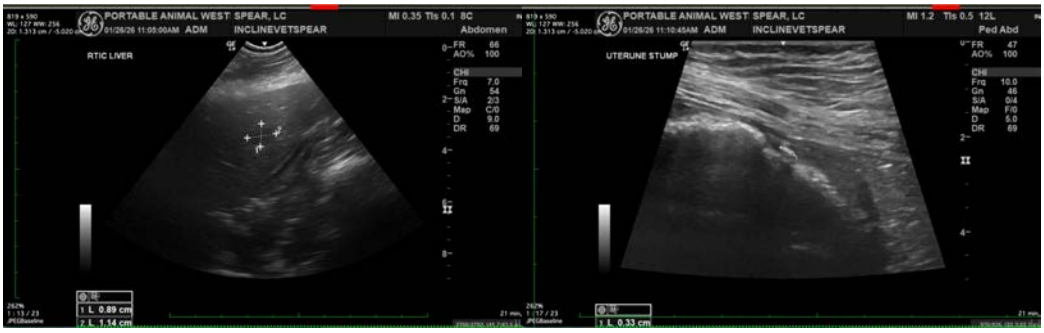
Kateryna Sovik, DVM

INVOICE

72486

DATE

1/27/26



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.

Beth Johnson, DVM, DACVIM
info@sonopath.com