



PATIENT

Roxanne D'Orto

SPECIES

Canine

BREED

Mixed Breed

SEX

Spayed Female

AGE

11

WEIGHT

49 lbs

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Shane Stafford

HOSPITAL NAME

West Newton Animal
Clinic

REFERRING VET

Dr. Shane Stafford

INVOICE

10972

DATE

12/17/2025

PRESENTING CLINICAL SIGNS

Patient had an elevation in SDMA on 9/2/25 prior to dental (17 ug/dL), Following up after the dental on 10/28/25 the patient did have some sudden onset of urinary issues (does have a hooded vulva but has not caused issues. Urinalysis by cystocentesis and showed bacteria (rods) was present. Labwork was done then as well and showed the SDMA was at 15 with the creatinine at 1.2. Started on Amoxi Clav and did a recheck which showed a recurrence of it with the kidney values static. Urine was sent out for culture which showed E.Coli growth susceptible to Amoxi Clav but also other things. Switched the patient to Ciprofloxacin and after the completion of that the patient did not have a UTI but the USG was 1.016 and the SDMA was at 16. Blood Pressures where done as well and showed hypertension. All of the labwork and MR will be attached. Patient was on Carprofen but was switched to galliprant. Did discuss about my concerns but owner was fine as this was the safest of the NSAIDs to help manage arthritis. Patient is also on Omega threes as well and due to the hypertension started Enarapril. Recheck kidney values and blood pressures are in 3 weeks.

Abnormal PE/Chem/CBC/UA Results: See attached documents as this has been a chronic issues and I figured this would be easier.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately 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.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. Left kidney measures 5.26 cm, and the right kidney measures 5.18 cm.

Adrenal Glands

The right adrenal gland is unable to be visualized in these images.

The left adrenal gland is normal in size (0.45 cm at cranial pole and 0.43 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.



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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.

There is no apparent pathologic lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

- Mild/subtle age-related kidney changes are noted. Having said that, early or emerging chronic kidney disease can't be ruled out, even in the face of largely unremarkable appearing kidneys.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If patient's potential kidney insult including a persistent UTI, medications, hypertension, possibly other infectious disease such as leptospirosis, etc., have been managed and/or ruled out, and kidney values continue to progress and or worsen, than further medical management of possible chronic kidney disease including potentially diet may be warranted. Additionally, close monitoring of the blood pressure and proteinuria, if the sediment is otherwise quiet, is also recommended as that might alter management. In this case, if after ruling out the infection, managing the hypertension, discontinuing Carprofen, etc., kidney disease continues to be a concern, a full internal medicine consultation and/or even referral may be helpful.



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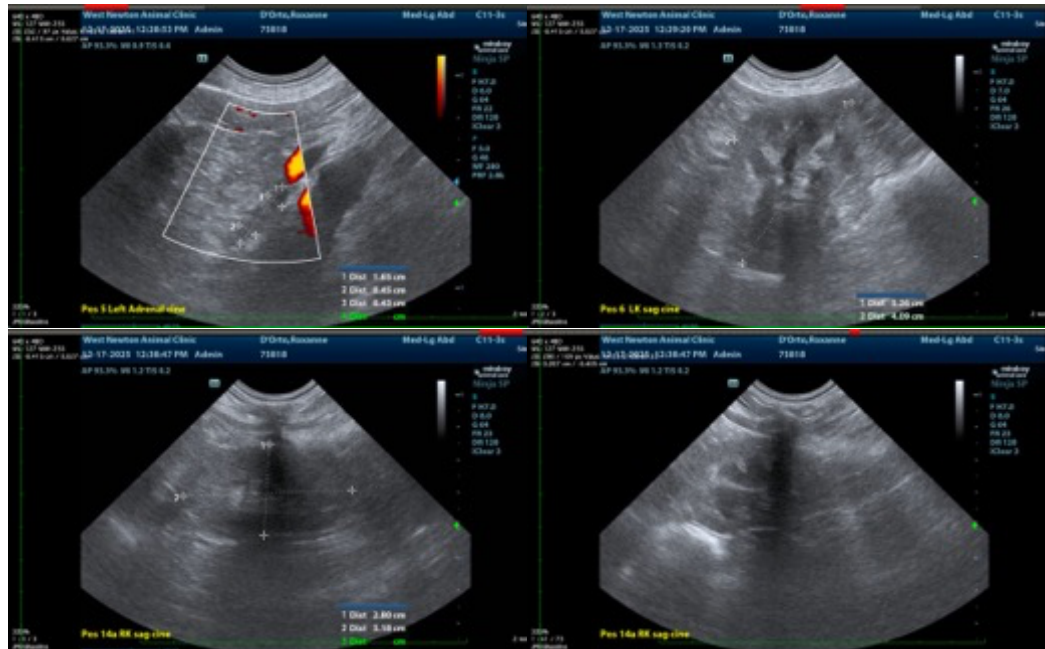
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM, DACVIM
info@sonopath.com