



**PATIENT**

Ace Nair

**SPECIES**

Canine

**BREED**

Doodle

**SEX**

Neutered Male

**AGE**

6 Years

**WEIGHT**

21.3 kg

**INTERPRETED BY**

Beth Johnson, DVM  
 DACVIM

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Hamilton Region  
 Veterinary Emergency  
 Clinic

**REFERRING VET**

Dr. Pask

**INVOICE**

13855

**DATE**

02/17/26

**PRESENTING CLINICAL SIGNS**

- persistent hematuria lasting 1 month
- lethargic, not drinking as much, appetite is decreased
- - on abx and gabapentin from rDVM, resolved initially but then returned after
- positive for rabid bac
- radiographs done - 3 view abdominal rads
- Fasting 12 hours for AUS
- Current Medications: rx Marbofloxacin 50mg 1.25 tab PO OD 11 d Gabapentin 100 mg Po BID (owner has from rDVM)

Abnormal PE/Chem/CBC/UA Results: rads attached

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

*Urinary System*

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with (occasional, a large amount of echogenic non-shadowing debris, most consistent with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can present with echogenic debris. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The cranial pole of the left kidney reveals an approximately 8.63 cm by 6.36 cm coarse heterogeneous hypoechoic irregular mass. The caudal pole of the left kidney has a more normal architectural appearance.

Right kidney is normal in size (6.34 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 pyelectasia, mineral or infarcts observed.

*Adrenal Glands*

The left adrenal gland is small (flattened contour). Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal. The left adrenal gland measured 0.30 cm at cranial pole and 0.29 cm at caudal pole.

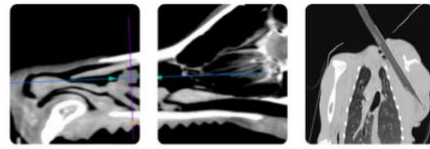
Right adrenal gland is normal in size (1.3 cm at cranial pole and 0.90 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

*Spleen*

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*

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



**PATIENT** homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

Ace Nair

**SPECIES** 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.

Canine

***Gastrointestinal***

**BREED**

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with a small to moderate amount of echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

Doodle

**SEX**

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 mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta/chyme. There is no evidence of obstruction, foreign material or infiltrative disease.

Neutered Male

**AGE**

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

6 Years

**WEIGHT**

***Pancreas***

21.3 kg

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.

**INTERPRETED BY**

***Free Abdomen***

Beth Johnson, DVM  
 DACVIM

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

**IMAGING**

There is no apparent pathologic lymphadenopathy noted in these images.

**PERFORMED BY**

**ULTRASONOGRAPHIC FINDINGS**

Kelly Reschny

**HOSPITAL NAME**

- The left kidney mass is concerning for infiltrative neoplasia such as a carcinoma versus round cell neoplasia versus other. A benign inflammatory lesion however, can't be definitively ruled out without tissue sampling.
- The large amount of echogenic urinary bladder debris is likely blood/small hematomas given patients history although other inflammatory debris including infectious process can't be ruled out.
- Flat left adrenal gland- This can be a normal patient variant and/or a sign of exogenous cortisol administration. If exogenous steroids are not being administered, hypoadrenocorticism (either relative or absolute) should be considered.

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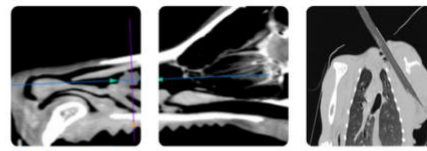
**DATE**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

02/17/26

If not recently evaluated, a full general metabolic health screen is recommended to include CBC, chemistry panel and electrolytes as well as assessment of patient's coagulation status

Urinalysis and, if indicated based on urinalysis results, urine culture is recommended. If protein is



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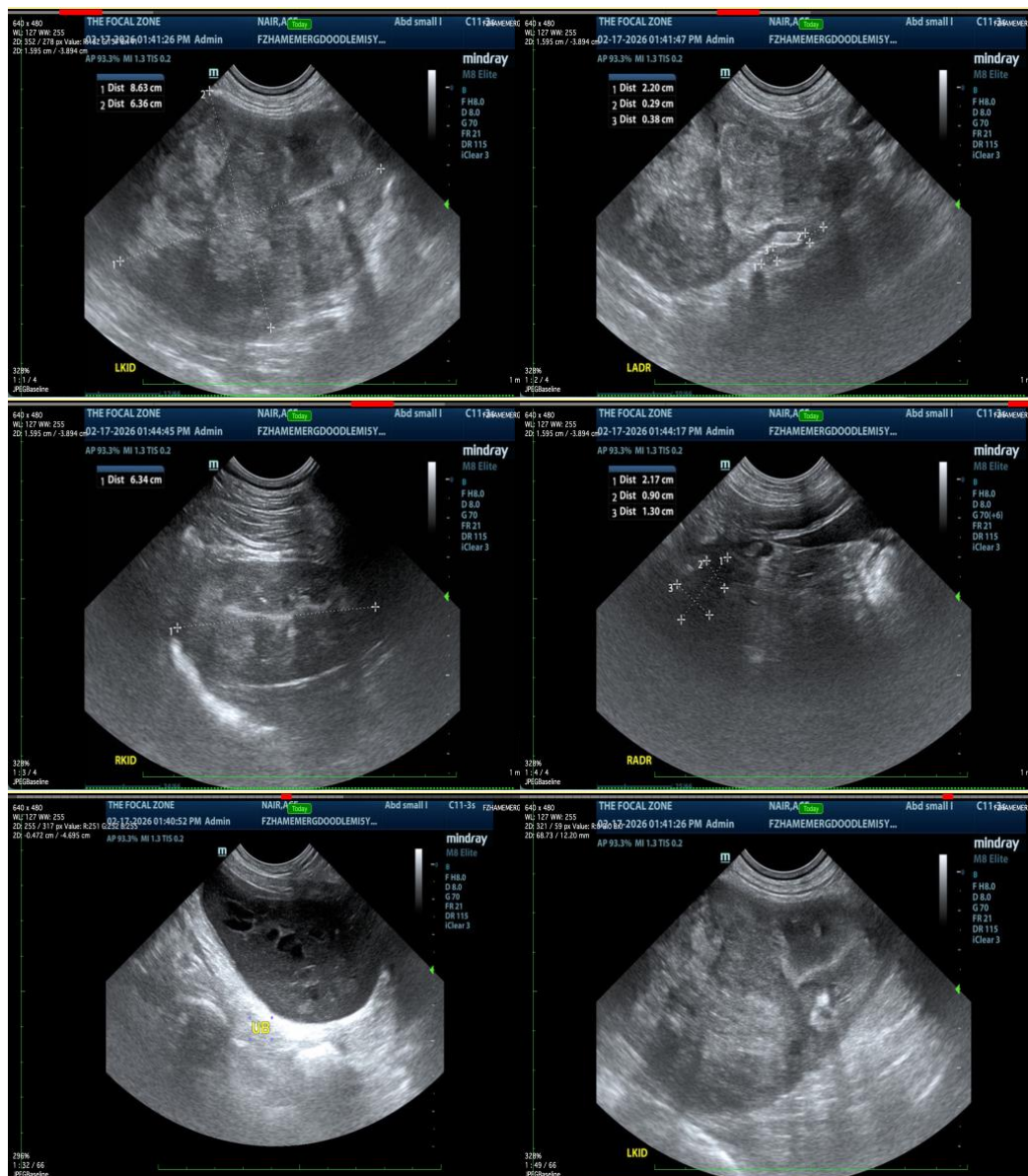
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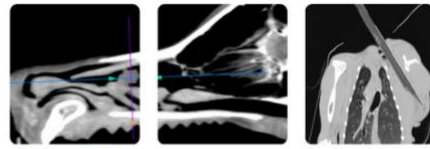
present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.

Three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.

Fine needle aspirates of the left kidney mass are recommended if patient's coagulation status is appropriate. Additionally in the meantime, A baseline cortisol is recommended. If baseline cortisol is less than 2, a full ACTH stimulation test is recommended to rule out hypoadrenocorticism.

Other than supportive/symptomatic medical management of clinical signs, further treatment recommendations are largely dependent on results of the above.





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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.

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Canine

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**

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