



PATIENT

Copper Smith

SPECIES

Canine

BREED

Mastiff

SEX

Neutered Male

AGE

7 Years

WEIGHT

167 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Tiffany Brady, DVM

HOSPITAL NAME

Shiloh VH

REFERRING VET

Nicole Kaczor, DVM

INVOICE

35954

DATE

2/24/26

PRESENTING CLINICAL SIGNS

- P presented today for lethargy, vomiting, and poor appetite.
- Temp 103.9
- Radiographs concerning for material in stomach
- Bloodwork and UA shows severe bacteriuria with low concentration, azotemia
- Abnormal PE/Chem/CBC/UA Results: WBC 30 K/uL Neut 26 K/uL Mono 2.3 K/ul Creat 2.4 BUN 29 SDMA 14 (upper end of normal 14) Glob 4.7 ALP 336 Chlor 108 USG 1.008 WBC 47/hpf Rod bacteriaTNTC

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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.

The area of the prostate is examined without evident prostatic pathology.

Kidneys are bilaterally uniformly enlarged/swollen (left 8.4 cm/right 8.7 cm) with an overall hyperechoic echogenicity and slight loss of corticomedullary definition. Normal smooth peripheral margination and shape are maintained. The renal pelvis are dilated with anechoic fluid and hyperechoic thickened pelvic fat. No overt evidence of neoplasia or mineral is observed. The perinephric area is enhanced by hyperechoic fat and mesentery.

Adrenal Glands

The adrenal glands are unable to be visualized in these images.

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

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



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The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with very echogenic reverberation artifact from intraluminal gas. There is no evidence of obstruction, foreign material or infiltrative disease; however, complete visualization of far wall is partially inhibited by gas. 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 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.

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 a very scant/trace amount of free fluid and enhanced hyperechoic mesenteric fat primarily noted around the left kidney.

There is no apparent pathologic lymphadenopathy noted in these images.

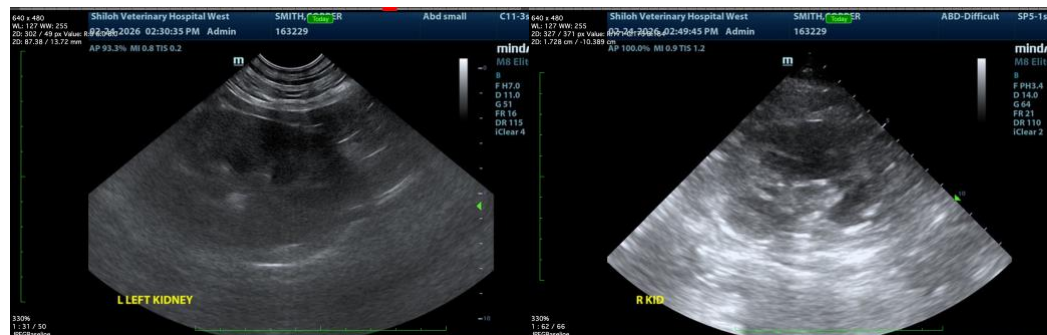
ULTRASONOGRAPHIC FINDINGS

- The kidney changes, combined with the free fluid, enhanced hyperechoic fat, etc., are most concerning for, especially when combined with patient's reported laboratory history, with possible pyelonephritis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If not already evaluated, a urine culture is recommended.

In the meantime, in addition to supportive/symptomatic medical management of clinical signs, beginning empirical medical management for suspect pyelonephritis is recommended while monitoring for improvement.



The information and recommendations provided are based on the images presented by the referring



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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