

**PATIENT**

Bodi Dipopolo

**SPECIES**

Canine

**BREED**

Bernese Mountain Dog

**SEX**

Intact Male

**AGE**

4 years

**WEIGHT**

132 lbs

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Chloe Lowe, CVT

**HOSPITAL NAME**

Newton Veterinary  
Hospital

**REFERRING VET**

Dr. Timony

**INVOICE**

11878

**DATE**

5/6/2026

**PRESENTING CLINICAL SIGNS**

Azotemia. Preops for sx reveal azotemia. No previous lept vaccine.

Abnormal PE/Chem/CBC/UA Results: Anaplasma +, Cr 3.9, BUN 64, phos 7.4. USG1.016.

**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.

Prostate is normal in size (4.5 cm wide in sagittal view), echotexture, and echogenicity for an intact male.

Kidneys are bilaterally uniformly enlarged/swollen 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. Left kidney measures 8.32 cm, and the right kidney measures 8.67 cm.

**Adrenal Glands**

The right adrenal gland is normal in size (1.7 cm at cranial pole and 0.55 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.31 cm at cranial pole and 0.44 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**

Liver is subjectively normal in size with a diffusely mildly coarse architecture and subtly increased portal markings. Mildly mixed echogenic changes are noted diffusely. No focal lesions are observed. 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 is mildly distended with primarily fluid as well as some echogenic non-shadowing luminal contents and gas consistent with normal chyme. There is no evidence of obstruction, foreign material, or infiltrative disease. Pyloric outflow tract appears patent.



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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 a moderate amount of free fluid throughout the abdomen, and some enhanced hyperechoic tissue mostly noticed adjacent to the left kidney. This finding could be in part normal post-operative change if the ultrasound was done after surgery.

There is no apparent pathologic lymphadenopathy noted in these images.

**Other**

Both testicles are visualized without evident testicular pathology.

**ULTRASONOGRAPHIC FINDINGS**

- Suspect pyelonephritis given the pyelectasia and the free fluid, and enhanced tissue adjacent to the kidneys. Having said that, however, the pyelectasia and free fluid, etc. could be related to fluid therapy during surgery and normal post-op fluid with other acute kidney insults such as toxin exposure, leptospirosis, etc. being equal differentials.
- An obvious cause for the subtle liver changes is not identified in these images. Microscopic disease such as Leptospirosis, bacterial cholangiohepatitis, chronic active hepatitis, copper-associated hepatotoxicity, other hepatotoxicity, other reactive hepatopathy, infiltrative neoplasia (considered unlikely), etc. cannot be definitively ruled out.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Testing for leptospirosis is recommended.

A urine culture could be considered if a pre-antibiotic urine sample is available.

Assessment for any potentially renal toxic medications is recommended. So that, if possible, they can be discontinued while offering supportive/symptomatic medical management of clinical signs and support of a potential acute kidney insult. Additional treatment recommendations include treatment of the reportedly recently diagnosed infectious diseases.

A baseline cortisol is recommended. If baseline cortisol is less than 2, a full ACTH stimulation test is recommended to rule out hypoadrenocorticism.

A blood pressure is recommended if not recently evaluated.



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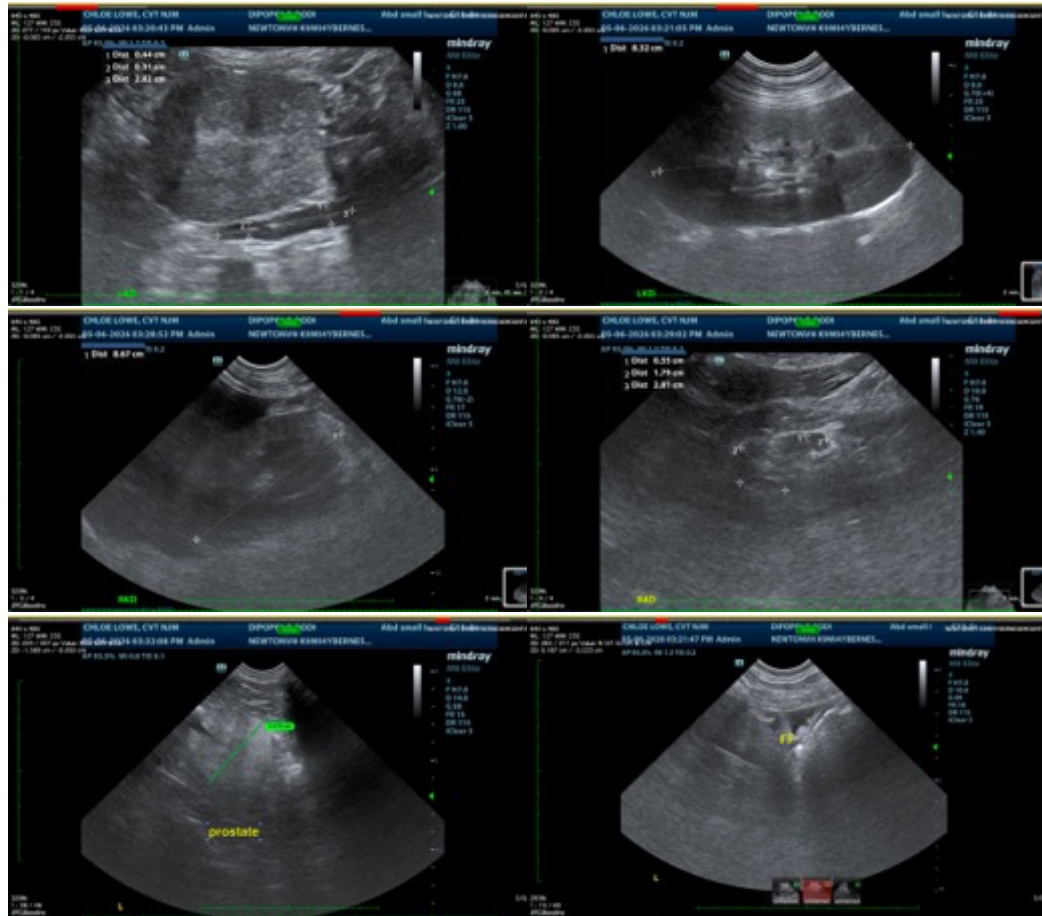
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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