

**PATIENT**

Sadie Hable

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

Spayed Female

**AGE**

9 Years 5 Months

**WEIGHT**

91 Pounds

**INTERPRETED BY**Beth Johnson, DVM  
DACVIM**IMAGING PERFORMED BY**

Carri Underwood

**HOSPITAL NAME**

SVS Imaging MI

**REFERRING VET**Twon Center Vet  
Associates**INVOICE**

44718

**DATE**

8/16/23

**PRESENTING CLINICAL SIGNS**

Presenting Complaint: Annual wellness History: O presents P for annual wellness and vaccines. O notes that P went to the groomer last week, and the groomer either knicked Ps back or she had a skin tag that got caught on the clippers while shaving. O states P does not seem bothered by the area at all, and it is healing well. O has no other concerns at this time. P is e/d well, no v.d.c.s Pet has been vomiting since wellness visit. 8/14/23

Abnormal PE/Chem/CBC/UA Results: Assessment: Apparently healthy senior dog with resolving scab from nick at groomer. Diagnostics: PE, Senior wellness to Antech-pending Tx: DAPP 3yr+Lepto 1yr SQ mid-thigh left side, Oral Bordetella Plan: Owner to monitor scab for any further irritation, but should likely resolve on its own. Recommended dental cleaning and continued weight loss. Discussed October and February dental month specials. Rx: None SWO regarding normal bloodwork. Let her know lab panel looks great, but she does have an increased amt of protein in her urine which has us concerned for pathology with her kidneys resulting in increased protein loss in urine. Recommend urine protein:creatinine ratio to help quantify protein significance. Let O know she can catch a sample at home from her or bring her in to us and we can attempt to catch a sample.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

Urinary bladder is only mildly distended. Visible contents are anechoic. Urinary bladder wall is unable to be fully assessed for pathology without further distension. No visible masses or cystoliths are observed. The trigone and visible pelvic urethra are normal thickness with a smooth mucosal surface. If there are urinary signs and/or concern for urinary bladder pathology, reassessment after complete filling is recommended.

Kidneys are normal in size but bilaterally irregular (as a result of bilateral chronic infarcts) and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. There is no pyelectasia noted and no mineral is observed. The left kidney measures 8.7 cm. The right kidney measures 8.0 cm. The pathology is noted more on the left than the right side.

**Adrenal Glands**

The right adrenal gland is normal in size (0.66 cm at the cranial pole and 0.54 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.44 cm at the cranial pole and 0.47 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. 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.

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**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.

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 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 (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). 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.

\*\*Evaluation of the gastrointestinal tract is partially limited by difficulty visualizing organ detail through gas artifact.

**Pancreas**

The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

**Free Abdomen**

There is no evidence of free peritoneal effusion noted in these images.

The mesenteric 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.

**ULTRASONOGRAPHIC FINDINGS**

- **Chronic Kidney Disease** – This appearance of the kidneys is consistent with chronic kidney disease such as chronic glomerular or interstitial nephritis, chronic pyelonephritis, etc.
- **Reactive mesenteric lymph nodes** – infiltrative neoplastic disease cannot be ruled out but is considered less likely.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Given this patient's reported proteinuria combined with the appearance of the kidneys, and as is reportedly planned, a urine protein to creatinine ratio is recommended if the urine sediment was otherwise quiet.

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A blood pressure is recommended.

Testing for Leptospirosis is recommended.

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Further diagnostic recommendations and medical management recommendations are dependent on laboratory results and patient clinical status, etc.

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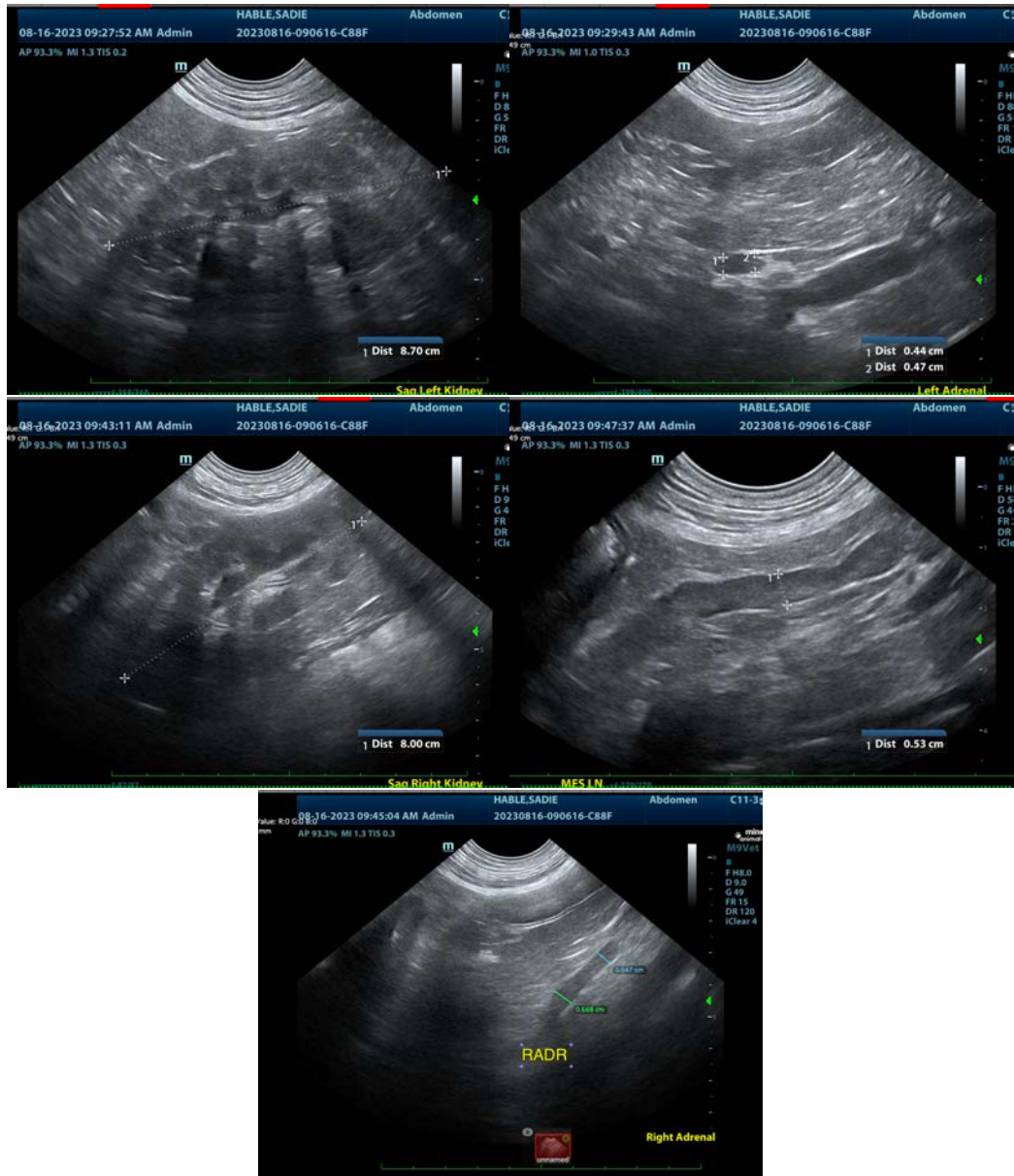
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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