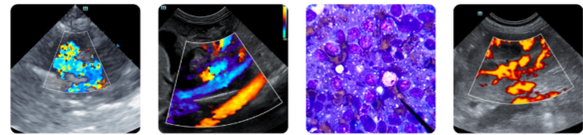


PATIENT
Lucy Francescangeli

SPECIES
Canine

BREED
Wheaten

SEX
Spayed Female

AGE
8 years

WEIGHT
21 kg

INTERPRETED BY
Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY
Amanda Stewart

HOSPITAL NAME
Preston AC

REFERRING VET
Dr. Coghlan

INVOICE
10694

DATE
11/7/2025

PRESENTING CLINICAL SIGNS

No abnormalities, on PE. Routine wellness bloodwork/urine indicate a Protein Losing Nephropathy Current Medications none.

Abnormal PE/Chem/CBC/UA Results: Protein in urine significantly elevated UPCR BUN, Creat, SDMA are all WNL Radiographic Findings n/a Primary Question to Be Answered in This Exam What do her kidneys look like.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.

The kidneys were both normal size and structure, with smooth capsule and normal corticomedullary definition and ratio. Medullary structure differed distinctly from that of the cortex. No evidence of pelvic dilation was present. The left kidney contains hyperechoic, shadowing foci present in renal parenchyma and calyces consistent with nephrocalcinosis and the left kidney measures 5.77 cm in length. The right kidney measures 5.91 cm in length.

Adrenal Glands

Adrenal glands are bilaterally prominent and measures somewhat enlarged. There is a hyperechoic nodule in the cranial pole of the right adrenal gland measuring 0.6 cm x 0.7 cm. Visible phrenic vasculature is unremarkable. Left adrenal gland measures 2.3 cm in length x 0.83 cm at the caudal pole and 0.41 cm at the cranial pole. Right adrenal gland measures 2.27 cm in length x 0.7 cm at the caudal pole and 0.94 cm at the cranial pole.

Spleen

The spleen was normal with age appropriate homogeneous parenchyma and a smooth capsule with normal splenic vasculature with no signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarct changes were noted.

Liver

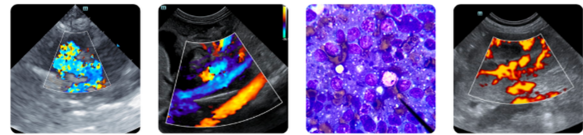
The liver is subjectively small in size with normal contours. Parenchyma is hypoechoic with no specific masses or nodules visualized.

Gall bladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall



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layering maintaining the typical 1:3 muscularis:mucosa layer ratio. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was not visualized. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The area of the pancreas was isoechoic to surrounding tissue with no overt inflammation. Pancreatic tissue was not distinctly visualized which is common.

Lymph Nodes

No clinically significant lymphadenopathy or abnormalities noted.

Free Abdomen

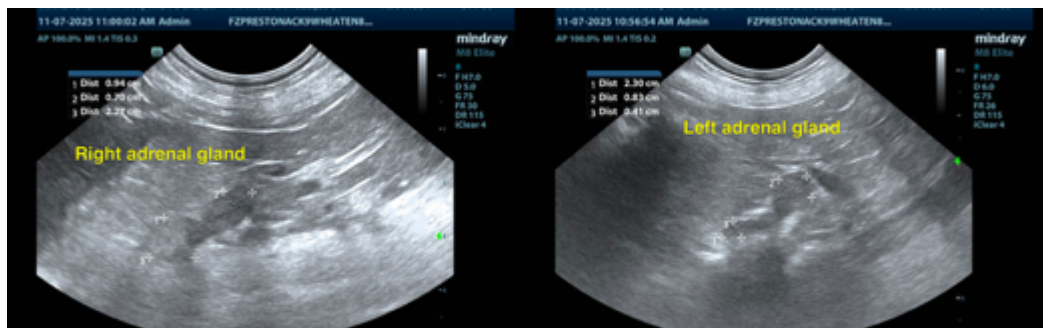
No masses or free fluid were noted.

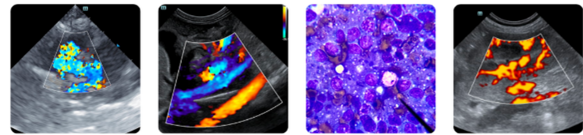
ULTRASONOGRAPHIC FINDINGS

- Very mild left renal nephrocalcinosis.
- Bilateral adrenomegaly with right adrenal nodule.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Kidneys changes are very mild and not suspected and do not give a definitive cause of reported protein losing nephropathy. Adrenal gland changes are most consistent with pituitary dependent hyperadrenocorticism. The right adrenal nodule may be a hyperactive nodule, secondary to chronic stimulation, or may represent separate adrenal gland disease. Adrenal gland function testing is recommended as well as blood pressure measurement as hypertension can be a cause of protein losing nephropathy.





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FOSTERING THE ART OF VETERINARY MEDICINE™
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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.

Dr Brittany Sinclair, BVSc(hons), DACVECC info@SonoPath.com