



PATIENT

Lacey O’Gorman

SPECIES

Canine

BREED

Cockapoo

SEX

Spayed Female

AGE

5 Years

WEIGHT

~18 kg

INTERPRETED BY

Dr Brittany Sinclair,
BVSc(hons), DACVECC

IMAGING PERFORMED BY

Crystall Hill

HOSPITAL NAME

Hawkins Animal
Hospital

REFERRING VET

Dr. Rutledge

INVOICE

16452

DATE

06/08/26

PRESENTING CLINICAL SIGNS

Renomegaly on left side, has been PU/PD, was HBC Jul1 2021, (discovered then), rads June 3, 2026, indicated increasing size of Left kidney. Has been on Spectra.

Abnormal PE/Chem/CBC/UA Results: Please see attached lab values and rads

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.

In the area of the left kidney, there is a large cystic structure most consistent with a kidney which has undergone nearly complete hydronephrosis. There is no normal renal architecture noted. The left kidney measured 12.73 cm in length.

Comparatively, the right kidney is more normal in size with normal corticomedullary structure and definition. The right kidney measured 5.38 cm in length.

Adrenal Glands

The right adrenal gland was visualized and recognized as having normal shape, size, position and echogenicity for this breed and age. The visible phrenic vasculature was unremarkable. The right adrenal gland measured 2.26 cm in length and 0.53 cm at the caudal pole and 0.72 cm at the cranial pole.

The left adrenal gland was not distinctly visualized.

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 normal in size with normal contours and structure. There is age-appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion.

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.



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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 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

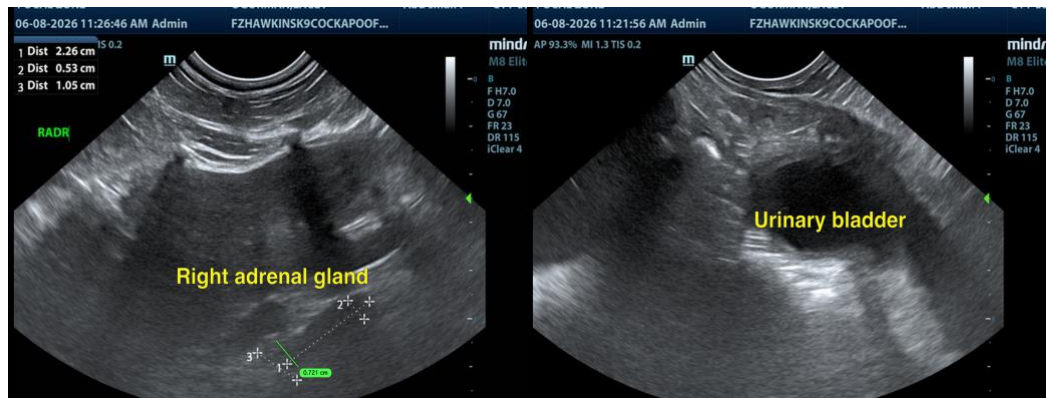
No masses or free fluid were noted.

ULTRASONOGRAPHIC FINDINGS

- Left renomegaly with severe hydronephrosis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The left kidney has essentially no normal renal architecture present and has undergone complete hydronephrosis. It is space occupying in the abdomen. Nephrectomy should be considered as it is likely completely or nearly completely non-functional. A consultation with a veterinary surgeon is encouraged.





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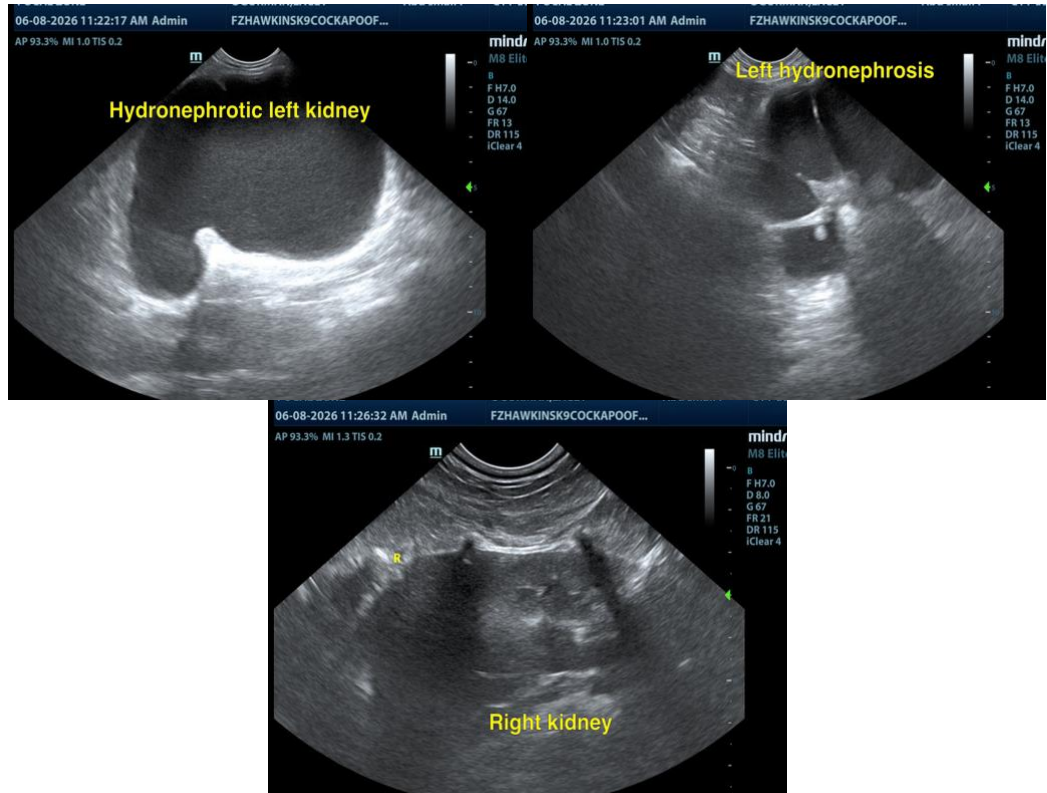
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Dr Brittany Sinclair, BVSc(hons), DACVECC

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