



PATIENT

Luna Wilson

SPECIES

Canine

BREED

Golden Retriever

SEX

Spayed Female

AGE

8 Years

WEIGHT

37.7 kg

INTERPRETED BY

Kathleen Sennello DVM,
 MS, Diplomate ACVIM
 (Small Animal Internal
 Medicine)

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Windrush VS

REFERRING VET

Dr. Murdoch

INVOICE

72922

DATE

1/2/26

PRESENTING CLINICAL SIGNS

Worsened anemia (low red blood cell count). - A slight increase in kidney values. - A further drop in a concerning protein level (albumin). - A very high result on the specialized urine protein test, indicating significant protein loss through the urine (proteinuria). Current Medications Thyro tabs - 0.3mg BID , Gabapentin 800mg given at 8:30 am day of scan , Trazodone 200 mg given at 8:30 am the day of scan

Abnormal PE/Chem/CBC/UA Results: Labs attached

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney has a normal shape and size (6.75 cm) with an occasional small cortical cyst. Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (7.16 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.57 cm at the cranial pole and 0.61 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 1.53 cm at the cranial pole and 0.74 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is normal in size but irregular in shape. The blood flow through the hilus and splenic parenchyma appears normal. There is a large, rounded, solid, isoechoic mass effect visualized in the left side of the abdomen measuring 5.03 cm x 9.11 cm. This appears associated with the caudal aspect of the spleen, although a direct association is not confirmed.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.



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The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and likely incidental at this time. The cystic and common bile ducts are normal/not visible.

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Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. 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. The duodenum measured as normal (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (between 0.2-0.47cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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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.

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Pancreas

The area of the pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

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Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

Other

The right auricle and pericardium were visualized and were unremarkable. No obvious pathology is visualized. If cardiac function evaluation is desired a full echocardiogram is warranted.

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ULTRASONOGRAPHIC FINDINGS

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- Decreased corticomedullary distinction in both kidneys – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis.
- Large, solid, isoechoic mass effect in the left abdomen – Findings are most consistent with a solid splenic mass lesion. Differentials include : benign lesions (lymphoid hyperplasia, hemangioma etc..) or cancerous lesions (hemangiosarcoma, lymphoma, histiocytic sarcoma etc..)

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Both kidneys have changes consistent with chronic renal disease. Recommend a blood pressure, urinalysis and culture to further evaluate. Additionally consider screening for Leptospirosis if clinically appropriate.



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There is a mass effect in the left side of the abdomen, visualized cranial to the left kidney. This is strongly suspected to have an association with the spleen, although a direct vascular connection cannot be confirmed. Consider a fine needle aspirate and possible splenectomy if clinically appropriate.

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Prior to surgery consider further evaluation of the proteinuria reported. Ideally recommend a urine protein to creatinine ratio on a pooled sample from the day, as this is more accurate than a single value (3 samples over a 24 hour period combined, and a representative sample submitted). Additionally, if hypertension is present, recommend therapy. An ACE inhibitor should be considered. General workup includes looking for a cause of proteinuria. There could be a possible association with the splenic mass lesion. Additionally, you could consider testing for vector borne diseases and 3-view thoracic radiographs. Antiplatelet therapy may be indicated, but this should not be implemented in association with the surgery if this is pursued.

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If there is concern for any other contributing factors to the hypoalbuminemia, you could consider a liver function test and a GI panel, looking for evidence of a concurrent protein losing enteropathy or hepatic dysfunction. A protein losing nephropathy is strongly suspected.

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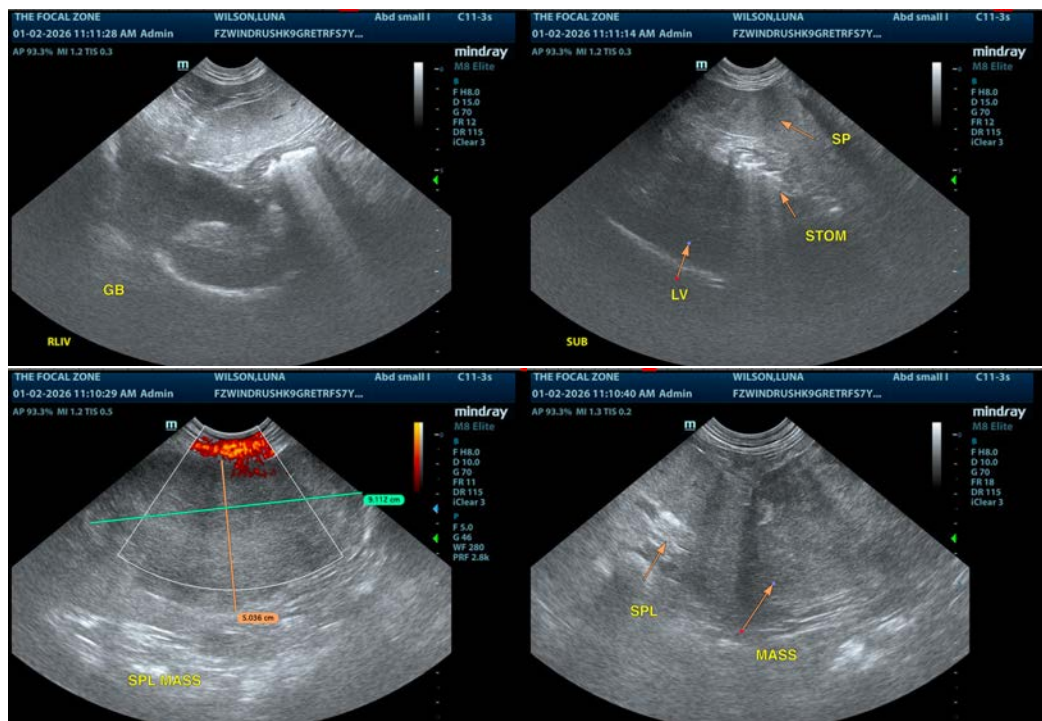
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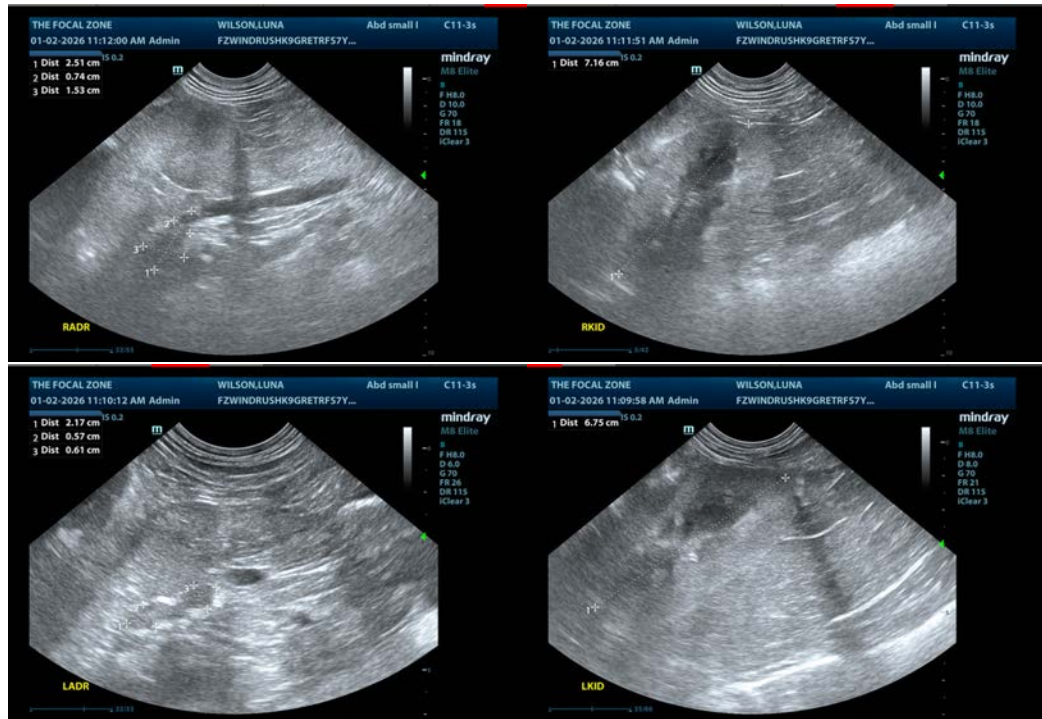
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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