



**PATIENT**

Bermie Klos

**SPECIES**

Canine

**BREED**

Cockapoo

**SEX**

Spayed Female

**AGE**

15 years

**WEIGHT**

6.7 kg

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Loetitia Saint-Jacques,  
LVT

**HOSPITAL NAME**

Four Paws Animal  
Clinic

**REFERRING VET**

Dr. Susan Lester

**INVOICE**

11193

**DATE**

1/28/2026

**PRESENTING CLINICAL SIGNS**

- Grand mal seizure (1st incidence Saturday). Appetite waning, weight loss.
- Working diagnosis - CKD vs acute toxic insult vs infiltrative disease.
- Heartgard, Nexgard

Abnormal PE/Chem/CBC/UA Results: 1.27.26: RBC 5.70 (5.84 - 8.95 M/ $\mu$ L) Hemoglobin 14.0 (14.6 - 21.7 g/dL) WBC 4.1 (5.8 - 16.2 K/ $\mu$ L) Neutrophils 2.362 (3.004 - 9.741 K/ $\mu$ L) IDEXX SDMA 45 (0 - 14  $\mu$ g/dL) Creatinine 4.0 (0.5 - 1.5 mg/dL) BUN 137 (9 - 31 mg/dL) IDEXX Cystatin B (Urine) 391 (0 - 99 ng/mL) Phosphorus 11.0 (2.5 - 6.1 mg/dL) Calcium 7.8 (8.4 - 11.8 mg/dL) Chloride 100 (108 - 119 mmol/L) Anion Gap 30 (11 - 26 mmol/L) ALP 203 (5 - 160 U/L) Specific Gravity 1.016 (1.030 - 1.098) Urine Protein 3+ Blood/Hemoglobin TRACE White Blood 0-2 Cells HPF Red Blood Cells 2-5 HPF Epithelial Cells RARE (0-1) Casts OCC HYALINE (0-1)/LPF 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. 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 numerous pinpoint non-obstructive nephroliths noted. An example measures 0.31 cm. There is pyelectasia noted measuring 0.44 cm. There is no evidence of infarcts. Renal vasculature is normal.

The right kidney has a normal shape and size (3.98 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 pyelectasia noted measuring 0.27 cm. There re numerous small non-obstructive nephroliths noted. One of which is visualized within the renal pelvic, measuring 0.33 cm. Additionally, a cortical cyst is visualized measuring 0.95 cm. There is no evidence of infarcts. Renal vasculature is normal.

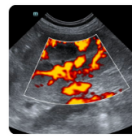
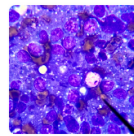
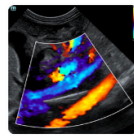
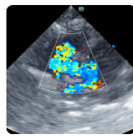
**Adrenal Glands**

The left adrenal gland is normal in size measuring 0.43 cm at the cranial pole and 0.5 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 0.42 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 subjectively normal in size (1.17 cm) and the echotexture is homogenous. The splenic capsule is smooth with no visible irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.



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**Liver**

The liver is normal in size, and normal in echogenicity with smooth peripheral margins. The parenchyma is mildly heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There are numerous, ill-defined, hypoechoic nodules in the parenchyma. Examples measure 0.86 cm, and 1.2 cm. Additionally, a hyperechoic nodule is visualized on the left side of the liver measuring 0.4 cm.

The gall bladder lumen is significantly distended. Some areas of the wall appear mildly thickened with adherent debris. There is a large amount of primarily non-organized echogenic debris. There is no evidence of bile duct dilation.

**Gastrointestinal**

The stomach contains mild fluid. 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.

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 (0.37 cm in wall thickness) and the jejunum measured as normal (0.27 cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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**

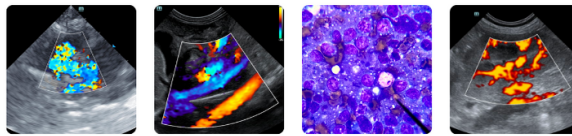
The pancreas is prominent and hypoechoic in the right limb. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

**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.

**ULTRASONOGRAPHIC FINDINGS**

- Decreased corticomedullary distinction in both kidneys with numerous small non-obstructive nephroliths and a small nephroliths and a small nephrolith in the right renal pelvis. Renal pelvic dilation is visualized in both kidneys. Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis. Pyelectasia of the kidney(s) could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.
- Pancreatic changes consistent with chronic pancreatic remodeling +/- chronic pancreatitis in the right limb.
- Heterogenous liver with ill-defined hypoechoic nodules. The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia,



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inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy. The nodules observed trend toward a more benign process, but underlying neoplasia cannot be ruled out.

**SPECIES**

Canine

- Large, distended gallbladder with a large amount of intraluminal debris and some debris adhered to the gallbladder wall. A large amount of debris is evident in the gall bladder with no evidence of a mucocele or associated inflammation at this time. This could represent an early mucocele or cholestasis, with minimal evidence of associated inflammation at this time.

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Continued monitoring of lab work and ultrasound are warranted for progression of this lesion. Ursodiol therapy could be considered.

**SEX**

Spayed Female

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Both kidneys have changes consistent with chronic renal disease. Additionally, small nephroliths and pyelectasia are evident. Recommend a urinalysis, culture, and a blood pressure evaluation, as well as diuresis in hopes that there is an acute on chronic episode which may be causing azotemia.

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The right limb of the pancreas is somewhat prominent and hypochoic. Correlate with a PLI level. If there's significant elevations, mild chronic pancreatitis may be a factor.

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There are mild changes visualized associated with the liver and these are most consistent with a mild vacuolar hepatopathy, and regenerative nodules. Although a more significant hepatopathy is possible. Given the mild liver enzyme elevations, continued monitoring is likely warranted.

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There's a large amount of debris visualized in the gallbladder and some adhered to the gallbladder wall. Recommend starting chronic ursodiol therapy and continued monitoring of the gallbladder.

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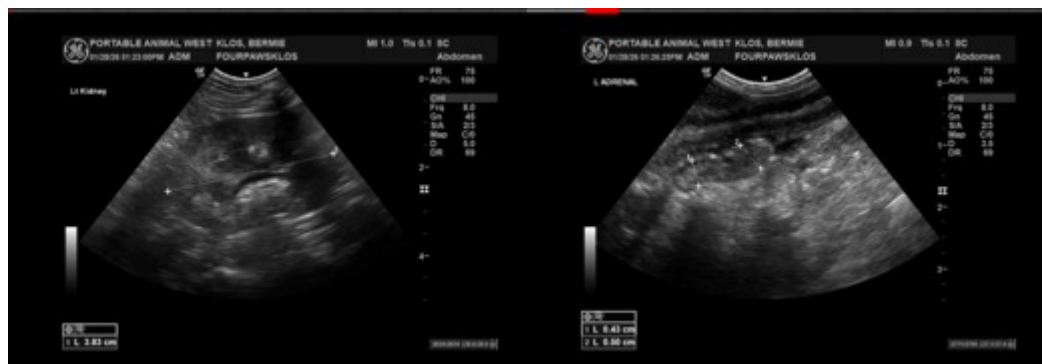
You can get neurologic side effects from significant hypertension or uremia, so this should be evaluated. Additionally, consider consultation with a Veterinary Oncologist looking for more peripheral neurologic symptoms which could indicate primary neurologic cause for the seizures, and a need for further assessment.

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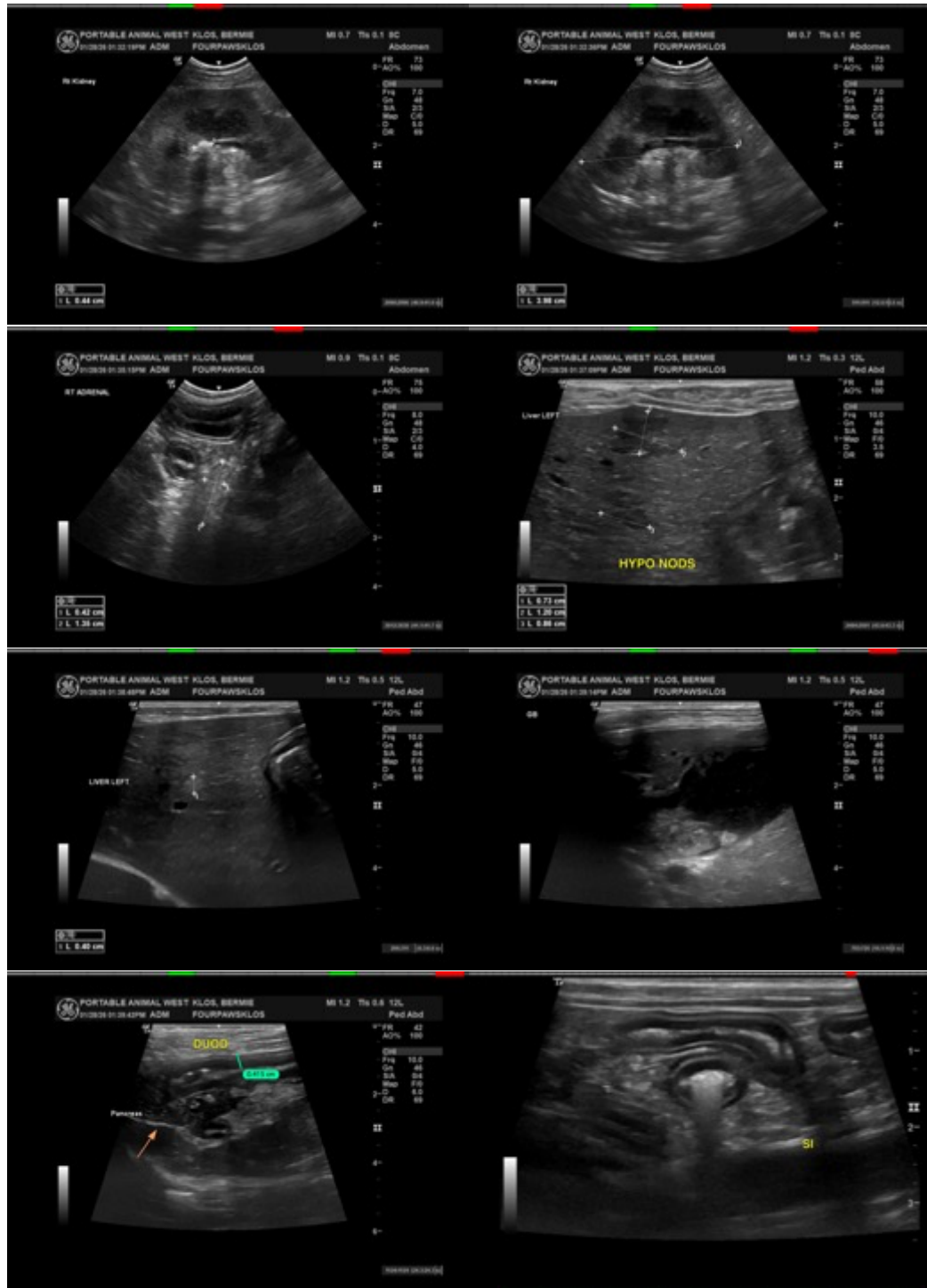
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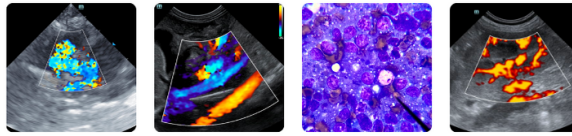
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

info@sonopath.com