PATIENT

Goldie Enokson

SPECIES

Canine

BREED

Lhasa Apso Mix

SEX

Spayed Female

AGE

9 years

WEIGHT

14.34 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS, Certified Veterinary Sonographer

HOSPITAL NAME

Anchor Animal Hospital

REFERRING VET

Dr. Kristen Lavin

INVOICE

10742

DATE

11/13/2025

PRESENTING CLINICAL SIGNS

Incidental finding of azotemia on pre surgical labs for mass removal. SDMA 25, creat 4.5, BUN 122. No clinical signs.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall appears mildly thickened and irregular in the apical region, measuring at 0.68 cm. The region of the trigone, ureteral papillae and proximal urethra appear free of any mass, lesions, or calculi.

The left kidney is small (1.96 cm in length) and irregular in shape. The cortex appears irregular with some mottling, and some focal, hyperechoic “bulging” areas, which almost have the appearance of ill-defined nodules measuring 0.56 cm, 0.76 cm, and 0.38 cm. Corticomedullary distinction is severely reduced. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.21 cm). The cortex is of increased echogenicity, and there is severely reduced corticomedullary distinction. Occasional small cortical cysts are visualized. There is pyelectasia noted measuring at 0.71 cm. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.47 cm at the cranial pole and 0.57 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 0.35 cm at the cranial pole and 0.55 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 (1.03 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.

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. There is an irregular, large, cystic lesion visualized in the mid region of the liver, measuring 1.86 cm x 2.17 cm.

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

PATIENT

Goldie Enokson

SPECIES

Canine

BREED

Lhasa Apso Mix

SEX

Spayed Female

AGE

9 years

WEIGHT

14.34 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS, Certified Veterinary Sonographer

HOSPITAL NAME

Anchor Animal Hospital

REFERRING VET

Dr. Kristen Lavin

INVOICE

10742

DATE

11/13/2025

Gastrointestinal

The stomach is moderately dilated with fluid and irregular shadowing material most consistent with normal ingesta and gas. 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 layering 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 (0.51 cm in wall thickness) and the jejunum measured as normal (0.41 cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. The transverse colon appears somewhat thickened, measuring at 0.5 cm with intact wall layering.

Pancreas

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.

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

- Mildly thickened/irregular apical wall of the urinary bladder. The bladder mucosal changes could be consistent with cystitis or artifactual due to lack of adequate luminal distension. Bladder neoplasia cannot be ruled out but is considered unlikely in this patient.
- Irregular, small mottled/nodular appearing small left kidney, and a normal sized hyperechoic right kidney both with decreased corticomedullary distinction. There is also pyelectasia noted in the right kidney. Unilateral pyelectasia could be secondary to pyelonephritis, partial obstruction, previous obstruction, or renal injury. No evidence of an obstruction is visualized. Findings are most consistent with bilateral chronic renal disease.
- Cystic lesion visualized in the liver. Findings are most consistent with a benign hepatic cyst. Recommend continued monitoring.
- Moderate gallbladder debris. The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting but seems unlikely to be causing a current issue. Recommend continued monitoring.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Findings are most consistent with chronic renal disease, likely due to previous renal injury.

PATIENT

Goldie Enokson

SPECIES

Canine

BREED

Lhasa Apso Mix

SEX

Spayed Female

AGE

9 years

WEIGHT

14.34 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS, Certified Veterinary Sonographer

HOSPITAL NAME

Anchor Animal Hospital

REFERRING VET

Dr. Kristen Lavin

INVOICE

10742

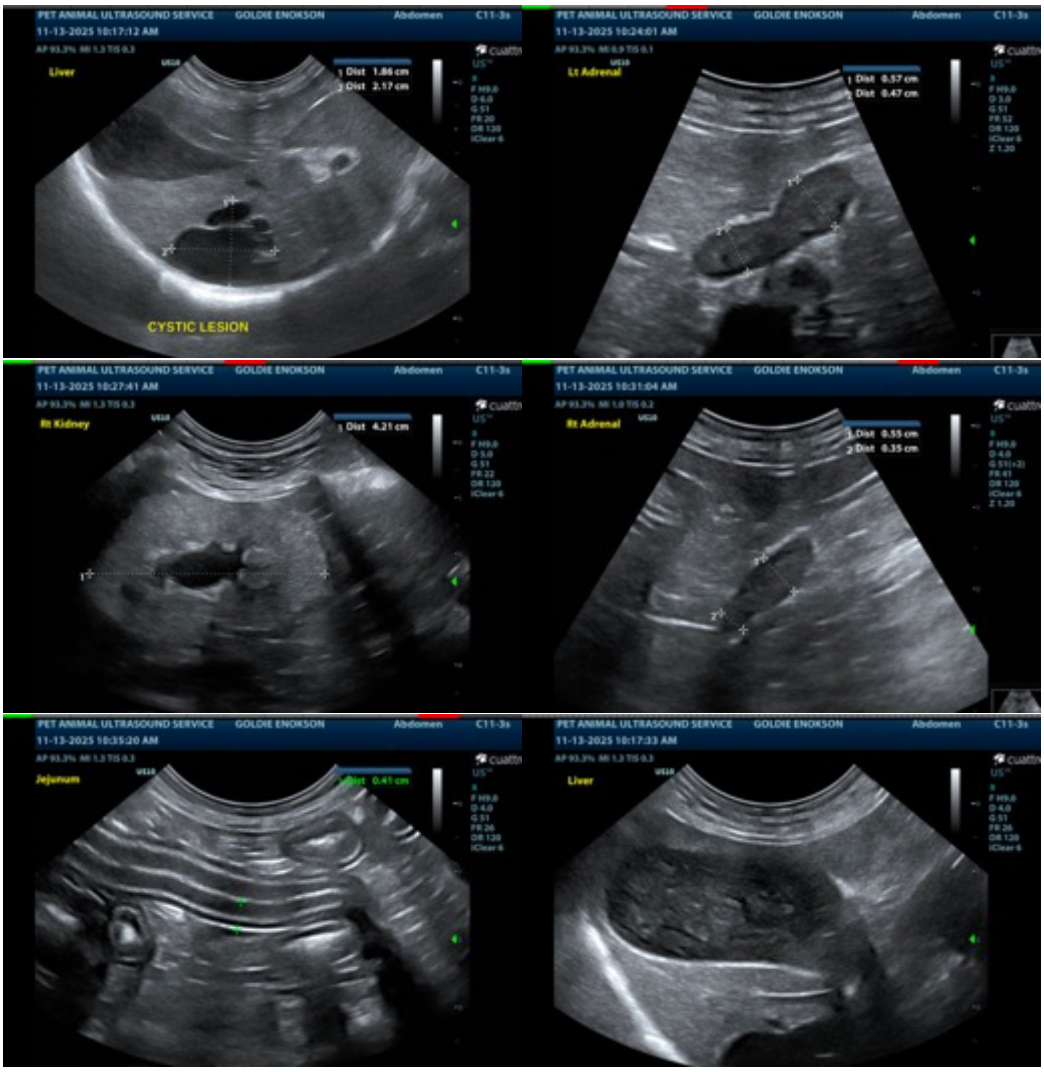
DATE

11/13/2025

Recommend a blood pressure, urinalysis, culture, and urine protein-creatinine ratio to further assess. Recommend a renal diet, and free access to water if there's any concern for recent exacerbation (acute on chronic crisis) short term dieresis could be considered.

The left kidney is shrunken with focal hyperechoic lesions in the cortex. The nature of these lesions is uncertain (likely benign cannot rule out neoplasia). Options would include continued monitoring of the left kidney or a fine needle aspirate of one of the hyperechoic regions (normal coag's, 25-guage needle and normal blood pressure.)

There is pyelectasia visualized associated with the right kidney. No evidence of an obstruction is visualized.



PATIENT

Goldie Enokson

SPECIES

Canine

BREED

Lhasa Apso Mix

SEX

Spayed Female

AGE

9 years

WEIGHT

14.34 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS, Certified Veterinary Sonographer

HOSPITAL NAME

Anchor Animal Hospital

REFERRING VET

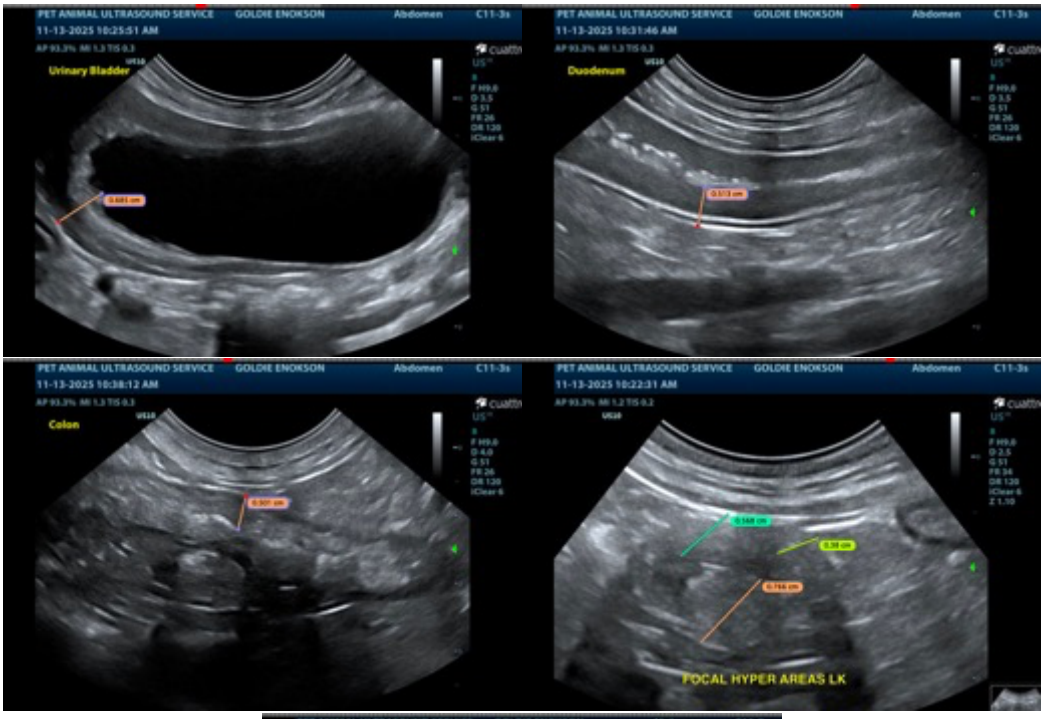
Dr. Kristen Lavin

INVOICE

10742

DATE

11/13/2025



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