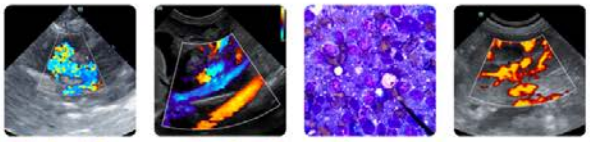


PATIENT

Sugar Hoopman

SPECIES

Canine

BREED

Labrador Retriever

SEX

Spayed Female

AGE

9 Years

WEIGHT

72

INTERPRETED BY

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

IMAGING PERFORMED BY

Megan Cassels-Conway, DVM

HOSPITAL NAME

Central Broward Animal Hospital

REFERRING VET

Megan Cassels-Conway, DVM

INVOICE

71644

DATE

11/6/25

PRESENTING CLINICAL SIGNS

Workup for proteinuria. Presented 8/30/25 for lethargy and polydypsia. Mild liver enzyme elevations and azotemia (previous bw 10/2024 wnl). Lepto negative. Urine culture negative. Bloodwork rechecked 1month later. Liver enzymes stable, azotemia improved. Per O signs resolved. Proteinuria persistent. BP doppler systolic 260 mmHg with owner with 40mg/kg gabapentin given 3 hours prior. BP doppler systolic 220 mmHg after Torb 0.2m/kg(prior to dex). BP with dex and torb avg systolic 160mmHg during mass removal prior to ultrasound. Sedated with dexdomitor and butorphanol for a mass removal and ultrasound.

Abnormal PE/Chem/CBC/UA Results: 8/30/2025 CBC: Monocytosis 999 CHEM: ALT 171, ALP 311, Creat 1.7, PSL 170 T4: WNL U/A: USG 1.047, pH 7.5, Protein 4+, struvite 4-10 and amorphous phosphate crystals 4-10 C/S: No growth Lepto titer: WNL, all <1:50 9/25/2025 CBC: WNL CHEM: ALT 161, ALP 285, Creat 1.3 UA: 1.027, 3+ protein UPC: 1.1 H

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 (5.83 cm). Overall echogenicity is normal with adequate 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 (6.76 cm) with mild pyelectasia at 0.26 cm. Overall echogenicity is normal with adequate 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 nephroliths, infarcts or hydroureter. Renal vasculature is normal.

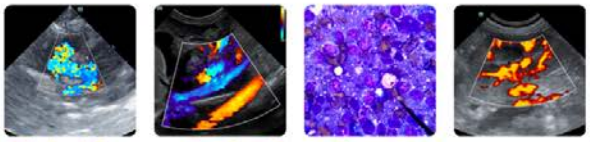
Adrenal Glands

The left adrenal gland is normal in size measuring 0.56 cm at the cranial pole and 0.60 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 0.54 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 (1.98 cm), echotexture is homogenous, and the splenic capsule is smooth with no 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 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.

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.

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.

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. Duodenum wall measures 0.46 cm. Jejunum wall measures 0.34 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 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. There is no evidence of a significant lymphadenopathy. A prominent mesenteric lymph node is visualized measuring 0.49 cm. The omentum is of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Mild right-sided pyelectasia – Pyelectasia of the kidney could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes observed on today's scan are mild. The mild right-sided pyelectasia may be secondary to PU/PD, previous infection, etc. Continued monitoring is warranted.

If the hypertension reported is repeatable (consider a fundic exam to further evaluate), then consider anti-hypertensive therapy and continued monitoring of proteinuria for progression, etc. If clinically appropriate, you could consider screening for tick borne disease/infectious disease (lyme, heartworm disease, etc.).

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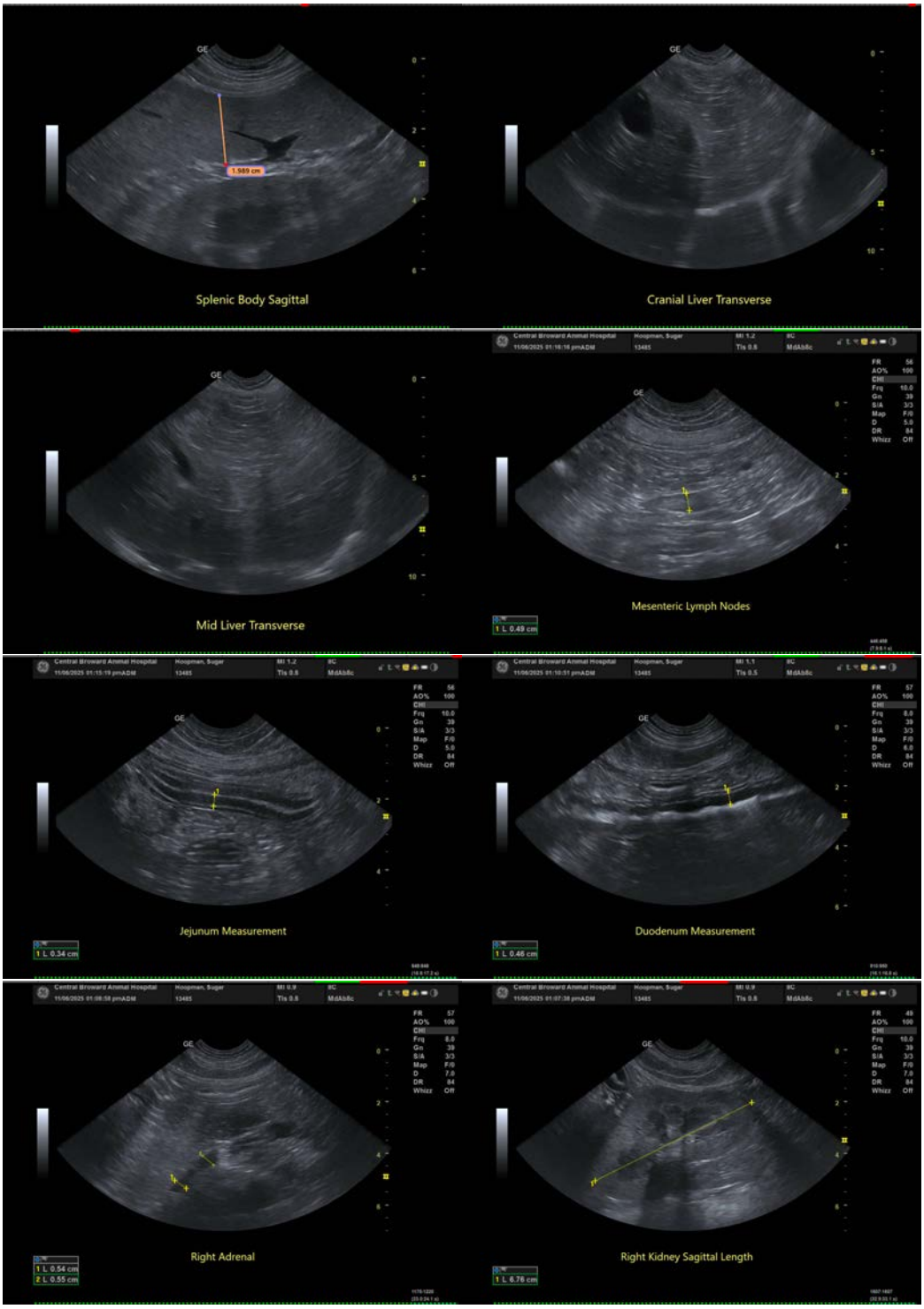

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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