



PATIENT

Bronny Ferrence

SPECIES

Canine

BREED

Labrador Retriever Mix

SEX

Male Neutered

AGE

6.5 years

WEIGHT

66 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Shane Stafford

HOSPITAL NAME

West Newton Animal
Clinic

REFERRING VET

Dr. Shane Stafford

INVOICE

11270

DATE

2/10/2026

PRESENTING CLINICAL SIGNS

- The patient is a 6.5-year-old MN Labrador Retriever mix named Bronny, who is being referred for a recurrent urolithiasis workup. Bronny has a history of calcium oxalate cystoliths, confirmed via stone analysis, which were removed via cystotomy on 6/22/25. At that time, a bladder tissue culture grew *Staphylococcus epidermidis* and a non-enteric gram-negative rod that was unable to be speciated. He was treated appropriately for this infection and transitioned to a prescription urinary diet.
- A total calcium measured on 7/14/25 was 11.5 mg/dL (7.9–12.0), which was prior to my first exam with him.

Abnormal PE/Chem/CBC/UA Results: I first saw Bronny on 12/1/25 for his annual exam. Repeat rads showed recurrent cystoliths. At that visit, I performed full laboratory work including ionized calcium. BUN: 35 mg/dL (9–31) Total calcium: 12.5 mg/dL (8.4–11.8) Creatinine: 1.4 mg/dL (0.5–1.5) SDMA: 12 µg/dL (0–14) UA WBC >50/HPF RBC 34/HPF Bacteria Present pH: 8.0 USG: 1.012 Ionized calcium was 1.5 mmol/L (1.25–1.50). Given the active sediment, elevated urine pH, and concern for possible infection-associated stones, I started Bronny on amoxicillin-clavulanate, acknowledging that he was already on a prescription urinary diet. Bronny returned for recheck on 1/5/26. Rads had stones TCA at that time was 12.1 mg/dL (7.9–12.0). PTH: 8.30 pg/mL (1–10.60) Ionized calcium: 1.60 mmol/L (1.25–1.45) PTHrP: 0.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with urine. There's a large amount of suspended and dependent hyperechoic shadowing material most consistent with small stones/sandy debris. The Bladder wall appears normal in thickness with a smooth mucosal surface. The region of the trigone, ureteral papillae and proximal urethra appear free of any mass lesions.

The prostate is normal in size (0.85 cm) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (6.38 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 (7.24 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.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.52 cm at the cranial pole and 0.54 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.



PATIENT

Bronny Ferrence

SPECIES

Canine

BREED

Labrador Retriever Mix

SEX

Male Neutered

AGE

6.5 years

WEIGHT

66 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Shane Stafford

HOSPITAL NAME

West Newton Animal
Clinic

REFERRING VET

Dr. Shane Stafford

INVOICE

11270

DATE

2/10/2026

The right adrenal gland is normal in size measuring 0.47 cm at the cranial pole and 0.49 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 (1.89 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.

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. The duodenum measured as normal (0.51 cm in wall thickness) and the jejunum measured as normal (0.49 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, 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

- Suspended and dependent shadowing mineralizations visualized in the urinary bladder. Findings are most consistent with small calculi/mineralized debris.



PATIENT

Bronny Ferrence

SPECIES

Canine

BREED

Labrador Retriever Mix

SEX

Male Neutered

AGE

6.5 years

WEIGHT

66 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Shane Stafford

HOSPITAL NAME

West Newton Animal
Clinic

REFERRING VET

Dr. Shane Stafford

INVOICE

11270

DATE

2/10/2026

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Other than the mineralized material visualized within the urinary bladder the remainder of today's scan appears within normal limits. No large mass lesions, significant lymphadenopathy, etc., are identified. Your plan for further evaluation for hypoparathyroidism is very appropriate.



