

PATIENT

Barkley Powell

SPECIES

Canine

BREED

Border Collie x

SEX

Neutered Male

AGE

12 Years 10 Months

WEIGHT

16.6 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques,
 LVT

HOSPITAL NAME

Truckee Meadows
 Veterinary Hospital

REFERRING VET

Rachel Kuester, DVM

INVOICE

72687

DATE

2/3/26

PRESENTING CLINICAL SIGNS

Persistent hyperproteinemia, hyperglobulinemia. Hypophosphatemia. IRIS stage 2 CKD - diagnosed 6/2025. Patient is geriatric and anxiety worsening. Just working up to see if aging changes / CCD / dementia. Assess kidneys determine if degenerative renal disease vs other. Blood pressure- Attempted to get BP, but px so anxious and trembling readings all over the place. Presenting on Gabapentin and Trazodone for AUS, Just currently on k/d diet

Abnormal PE/Chem/CBC/UA Results: Renal Profile 1/12/2026 TP 9 (5-7.4) ALB 2.5 (2.7-4.4) GLOB 6.5 (1.6-3.6) BUN 15 (6-31) CREA 1.8 (0.5-1.6) PHOS 2.4 (2.5-6) Renal Profile 10/24/2025 TP 8.5 (5-7.4) GLOB 5.7 (1.6-3.6) ALB 2.8 (2.7-4.4) BUN 16 (6-31) CREA 1.8 (0.5-1.6) SDMA 19.1 (<14) PHOS 2.1 (2.5-6) Ca++ 11.1 (8.9-11.4) CBC WNL UA: USG 1.018, pH 8, trace protein

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 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 (4.73 cm) with mild pyelectasia at 0.23 cm. Overall echogenicity is slightly hyperechoic with mildly reduced 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.

The right kidney has a normal shape and size (4.03 cm) with mild pyelectasia at 0.20 cm. Overall echogenicity is slightly hyperechoic with mildly reduced 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 0.58 cm at the cranial pole and 0.55 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 0.44 cm at the cranial pole and 0.43 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, 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 mild fluid/ingesta. 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 0.36 cm. Jejunum wall measures 0.33 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 visible/mildly mottled in the right limb. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid. There is a focal hyperechoic region adjacent to the pancreas that could represent an area of fibrosis or less likely a poorly defined mass effect, etc. This measures 1.5 cm in diameter.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. No significant lymphadenopathy noted. A mesenteric lymph node was visualized measuring 0.37 cm. The omentum is normal in echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Mildly reduced corticomedullary distinction in both kidneys – Findings are most consistent with age related renal changes/early renal disease.
- Mottled/slightly prominent right limb of the pancreas – Findings are most consistent with focal fibrosis and pancreatic remodeling. A poorly defined/early nodule cannot be ruled out.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No significant lymphadenopathy or large mass effects are visualized on today's exam. There are changes in both kidneys consistent with chronic age related renal disease, and there is a prominent hyperechoic patchy area to the right pancreas of uncertain significance. Options include continued monitoring (recheck in 2-4 months, earlier if concerned), or you could consider further evaluation for the hyperglobulinemia with a protein electrophoresis, looking for evidence of underlying multiple myeloma,



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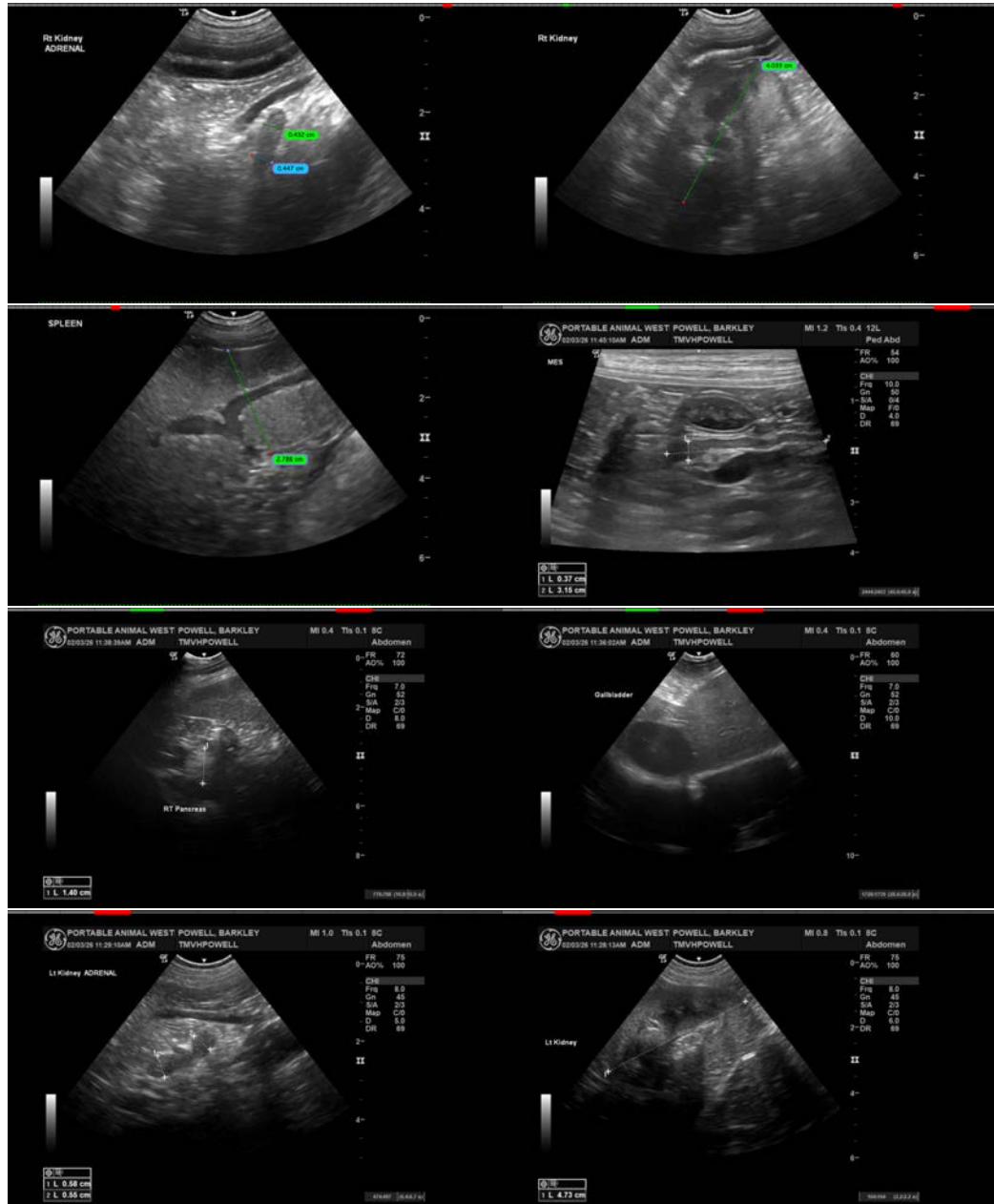
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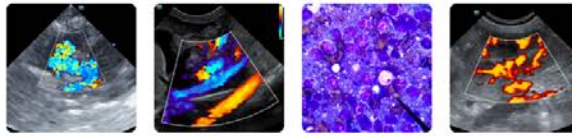
etc. The low albumin levels could be compensatory secondary to the elevation in globulin, or could be secondary to kidney, liver, or gastrointestinal disease. Consider a urine protein to creatinine ratio, looking for evidence of significant proteinuria (3 separate samples collected at home to reduce the effects of stress in the hospital).



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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