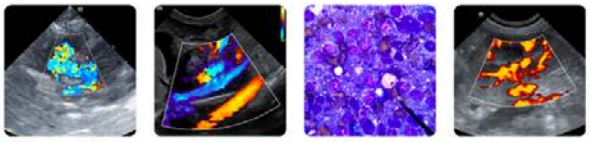


PATIENT

Aurora Mohney

SPECIES

Canine

BREED

Pembroke Welsh Corgi

SEX

Spayed Female

AGE

5 Years

WEIGHT

13.4 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Melissa Randolph

HOSPITAL NAME

Shores Veterinary Emergency Center

REFERRING VET

Dr. Laurie Brewer

INVOICE

72694

DATE

2/4/26

PRESENTING CLINICAL SIGNS

Starting Sunday afternoon - Pt began vomiting. Continued to vomit multiple times throughout the day/night. Since then P has been lethargic and decreased appetite. P was seen by mobile vet yesterday who ran blood work, administered cerenia injection and prescribed oral cerenia. Pt has not vomited since cerenia. P ate a small amount. No known ingestions. Prior history of being lyme positive (2-3 years ago). admitted for supportive care iv fluids w/ KCl, emeprev, pantoprazole, and unasyn.

Concern for Azotemia, likely renal; Inadequate Usg in face of dehydration; gastritis; Elevated SDMA; Proteinuria; Hypertension; R/O PLN; other

Abnormal PE/Chem/CBC/UA Results: PE: comfortable and soft on abd palpation; BP: 171/93 MAP 112 2/3: Chem BUN 76H, Creat 3.9H, Phos 9.2H; CBC: RBC 9.0 H, hgb H, neuts 11.6 H, monos 2 H; SDMA: 31 H (0-14); T4: Normal 2/4: EPOC BUN 79H, creat 4.5H, BG 169H, Hct 61%H, Na 127L, Cl 92L; 4Dx: Negative X 4; Lepto Witness: Negative; UP:C (Idexx in house): 0.75H (>0.5) rads: Right kidney appears slightly (subjectively) misshapen. Remainder of abdomen unremarkable u/a: pH 6.0, +50 occult blood, protein +30, USG 1.030, refractometer USG 1.028; Inactive minimal sediment

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 is normal in size (4.72 cm) but slightly irregular in shape. 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.

The right kidney has a normal shape and size (5.36 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.

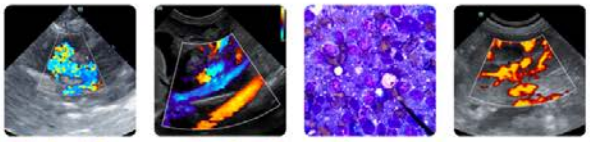
Adrenal Glands

The left adrenal gland is normal in size measuring 0.47 cm at the cranial pole and 0.63 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 0.41 cm at the cranial pole and 0.62 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 (1.85 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.



PATIENT

Aurora Mohney

SPECIES

Canine

BREED

Pembroke Welsh Corgi

SEX

Spayed Female

AGE

5 Years

WEIGHT

13.4 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Melissa Randolph

HOSPITAL NAME

Shores Veterinary Emergency Center

REFERRING VET

Dr. Laurie Brewer

INVOICE

72694

DATE

2/4/26

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 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 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. Jejunum wall measures 0.28 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 area of 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 reduced corticomedullary distinction in both kidneys – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis.
- Mild fluid/gas visualized within the stomach – Findings are largely within normal limits. A small, focal non-obstructive lesion cannot be ruled out.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes observed on today's scan are relatively mild. There is no evidence of an obstructive pattern or focal gastrointestinal lesion to explain the vomiting reported. This does not rule out underlying gastrointestinal disease or non-obstructive foreign material but makes it somewhat less likely.

Both kidneys have mild changes that are of questionable significance. I agree that the degree of azotemia does not correlate with the mildly concentrated urine reported. Findings are concerning for

PATIENT

Aurora Mohney

SPECIES

Canine

BREED

Pembroke Welsh Corgi

SEX

Spayed Female

AGE

5 Years

WEIGHT

13.4 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Melissa Randolph

HOSPITAL NAME

Shores Veterinary Emergency Center

REFERRING VET

Dr. Laurie Brewer

INVOICE

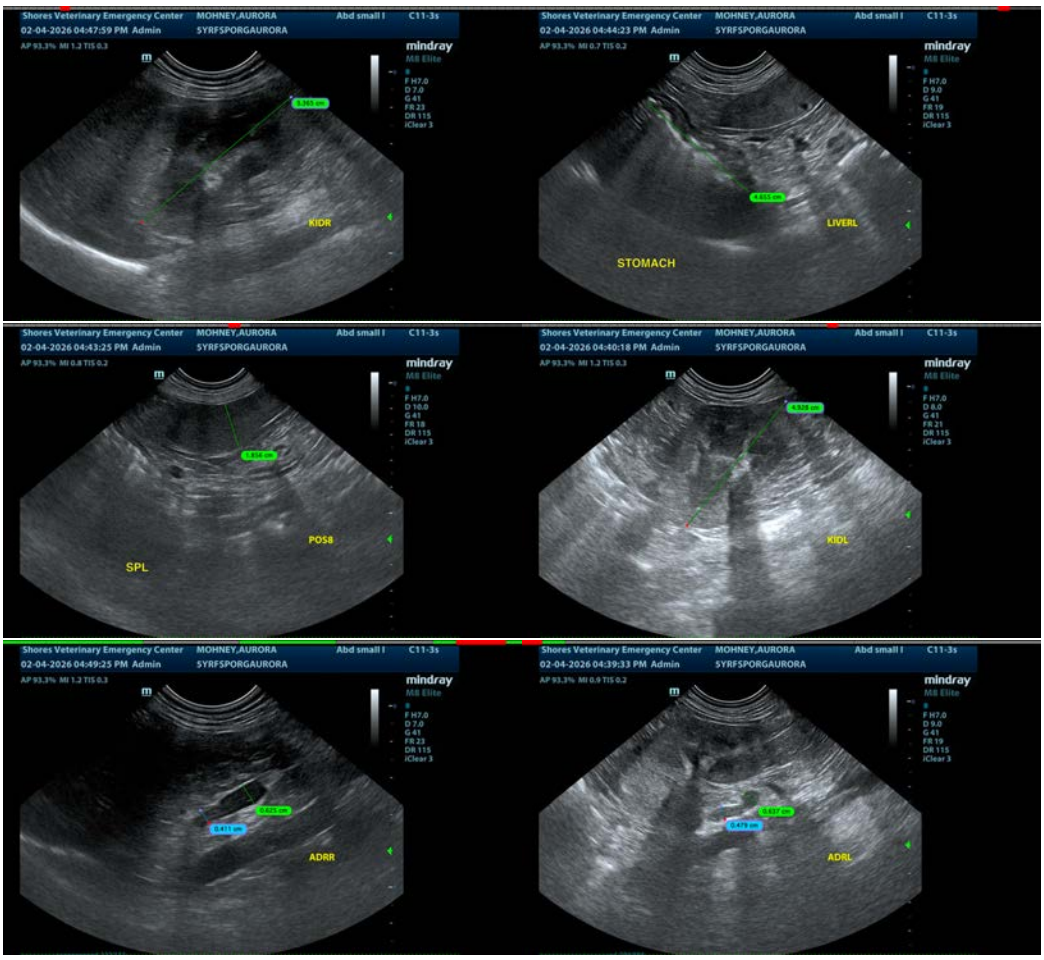
72694

DATE

2/4/26

underlying renal disease. Recommend a urine culture, screening for Leptospirosis, and a urine protein to creatinine ratio. Recommend diuresis with monitoring urine output and weight, looking for the possibility of inadequate urine production or similar. If repeat evaluations of blood pressure are high, treatment for hypertension should be considered.

Recommend a baseline cortisol to screen for Addison's disease.



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