



DATE PRESENTING CLINICAL SIGNS

3/17/26 **Patient History:** Persistent proteinuria on labwork. P is asymptomatic

PATIENT Current Medications: Apoquel 16mg 1 SID

Bella Jadgman

Labwork Results: Labwork attached, reported as: UPC Feb 26, 2026 1.7. UPC 3/10/2026 1.43. Rest of labs nsf

Date of Previous IntraPet Ultrasound: No previous.

Sedation: IV Torb.

SPECIES Stat Report: Not requested.

Canine

Imaging Performed by: Rachel Brillhart, RDMS.

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Golden Retriever

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.

SEX

Spayed Female

The left kidney has a normal shape and size (7.34 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.

AGE

5/21/17

WEIGHT

88.1 lbs

The right kidney has a normal shape and size (7.5 cm). Overall echogenicity is slightly hyperechoic with poor 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.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal in size measuring 0.60 cm at the cranial pole and 0.62 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.

HOSPITAL NAME

Greenbrier Veterinary
Clinic

The right adrenal gland is normal in size measuring 0.44 cm at the cranial pole and 0.71 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.

REFERRING VET

Dr. Dellinger

Spleen

The spleen is subjectively normal in size (2.46 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.

INVOICE

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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. There is a small, focal, hypoechoic, non-obstructive shadowing structure in the lumen measuring 1.44 cm, possibly consistent with a small bit of ingesta, a pill, etc. The stomach wall 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 0.55 cm. Jejunum wall measures 0.36 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.

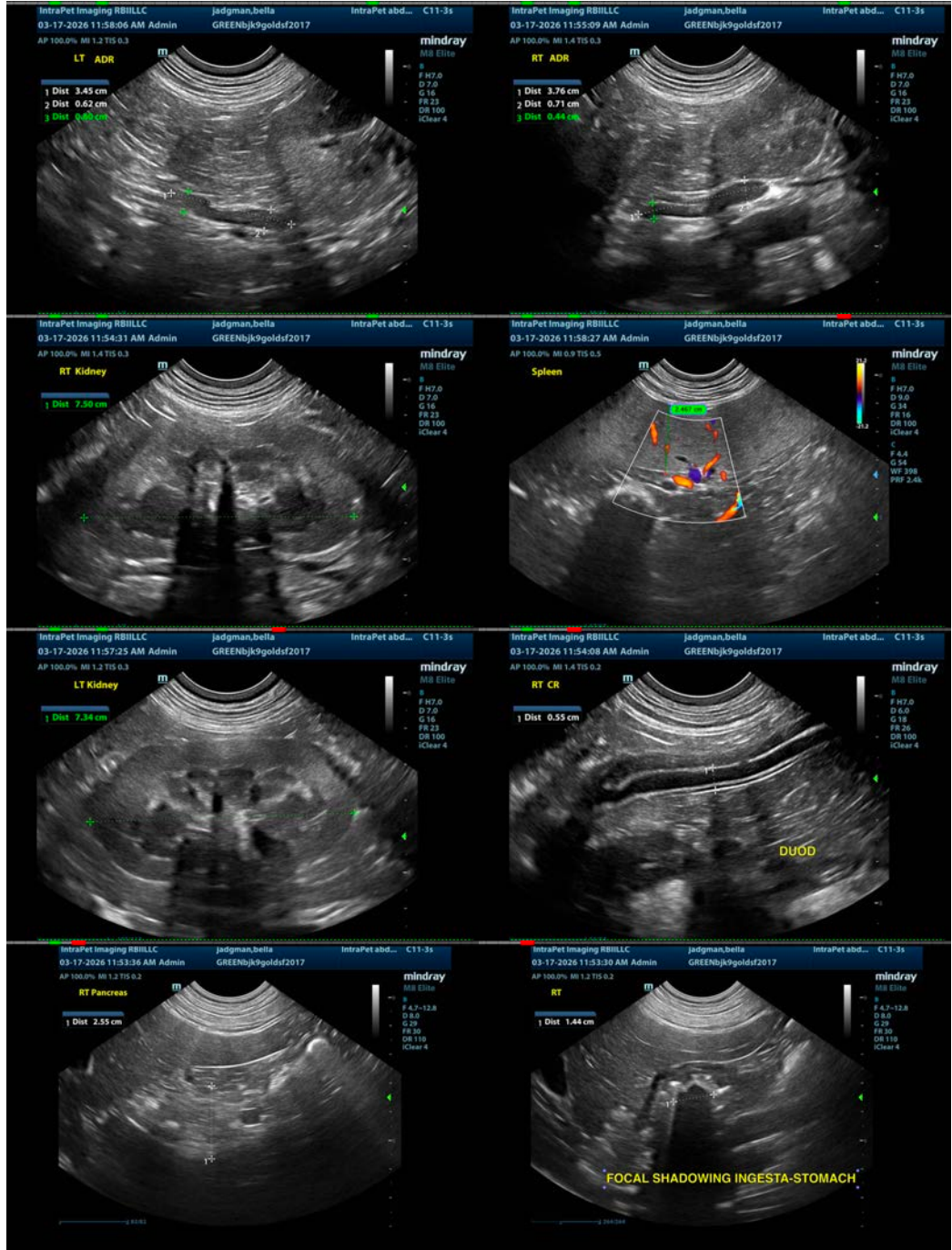
ULTRASONOGRAPHIC FINDINGS

- Age related changes visualized associated with both kidneys.
- Small, focal non-obstructive shadowing ingesta visualized within the gastric lumen – Findings could be consistent with a small amount of ingesta, a pill, or similar.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No significant lesions were visualized on today's exam to explain the proteinuria reported. Urine specific gravity is not concentrated on the reported sample. Recommend continued monitoring to assess for any early renal dysfunction in conjunction with the proteinuria. Additionally, recommend a blood pressure evaluation. If hypertension is present, this could be contributing to the proteinuria reported.

Recommend close continued monitoring of the proteinuria and monitoring of urine protein levels on pooled samples collected at home (2-3 samples over a 24 hour period evenly combined and submitted to reduce fluctuations based on stress, time of day, etc.). If proteinuria is persistent and continuing to rise, further medications may be indicated.





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.

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