



PATIENT

Tika Acevedo

SPECIES

Canine

BREED

Australian Shepherd

SEX

FS

AGE

4 years

WEIGHT

64

INTERPRETED BY

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

IMAGING PERFORMED BY

Gudrun Gunther

HOSPITAL NAME

New Frontier Animal
Medical Center

REFERRING VET

Dr. Solonyka

INVOICE

11556

DATE

3/24/2026

PRESENTING CLINICAL SIGNS

- Vomiting and inappetence x 1 week. Some diarrhea. Lethargy
- Patient hospitalized on IV fluids at time of scan

Abnormal PE/Chem/CBC/UA Results: Severe azotemia - Creatinine, BUN, Phosphorus too high too read Hyperkalemia 6.7 USG 1.010 Glucose 100.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with mild primarily suspended echogenic debris present. 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 calculi. Echogenic debris of this type can be associated with small crystals, cellular debris and proteinaceous debris.

The left kidney is normal in size (7.2 cm), and slightly irregular in shape with significantly decreased corticomedullary distinction and a hyperechoic cortex with occasional small cortical cysts. Additionally, there is pyelectasia present measuring 0.47 cm. There is scant free fluid surrounding the kidney with regional inflammation. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (8.16 cm), and slightly irregular in shape with significantly decreased corticomedullary distinction and a hyperechoic cortex with occasional small cortical cysts. The cortex is increased in echogenicity, and there are occasional small cortical cysts. There is significant pyelectasia noted. There is scant free fluid surrounding the kidney with regional inflammation. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.57 cm the cranial pole and 0.58cm 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 0.93 cm at the cranial pole and 0.77 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 (2.39 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



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appear normal. There is a small cystic lesion visualized in the hepatic parenchyma, measuring 1.35 cm in diameter.

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 (0.46 cm in wall thickness) and the jejunum measured as normal (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 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. There is no evidence of a significant lymphadenopathy. There are occasional hypoechoic, cystic appearing structures which are suspected to be cystic lymph nodes. One is visualized in the region of the iliac trifurcation measuring 1.8 cm x 3.16 cm. Other smaller cystic structures/lymph nodes are visualized.

ULTRASONOGRAPHIC FINDINGS

- Mild suspended echogenic debris in the urinary bladder. The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus. Recommend urinalysis and culture.
- Decreased corticomedullary distinction in both kidneys with hyperechoic cortices, occasional small cortical cysts, significant pyelectasia and scant surrounding free fluid and inflammation. Findings are consistent with significant chronic renal disease/suspicious for renal dysplasia.
- Suspect cystic lymph nodes. This likely represents an incidental finding. Recommend continued monitoring. A fine needle aspirate could be considered if concerned.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Both kidneys have changes consistent with chronic advanced renal disease, including significant pyelectasia and surrounding free fluid, and inflammation. These changes could be seen with renal



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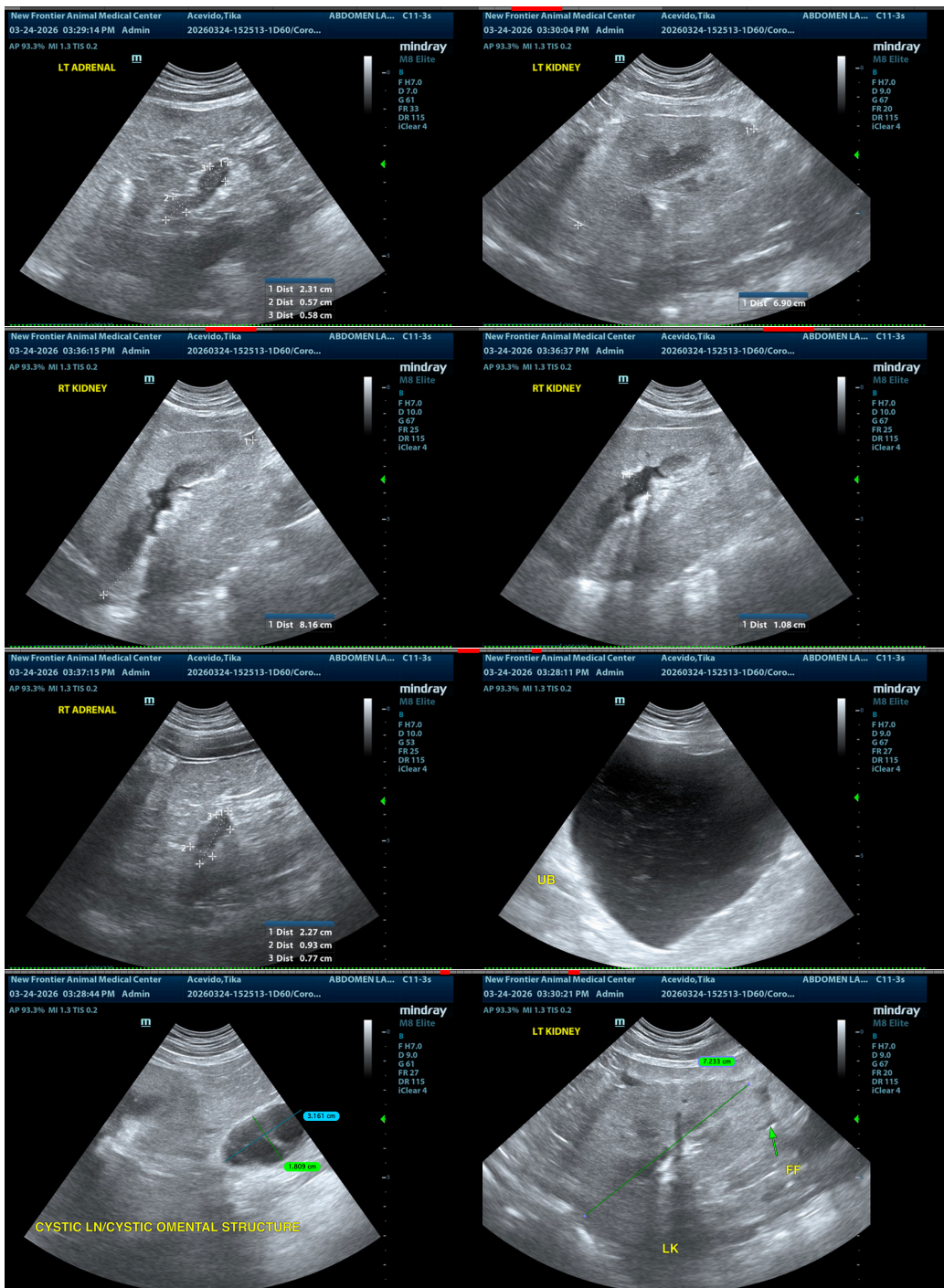
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dysplasia, with early severe renal damage, pyelonephritis, etc. Recommend a urinalysis and culture, baseline cortisol level, as well as a blood pressure evaluation. Recommend monitoring urine output and consider diuresis, as this could be an acute exacerbation of chronic renal disease. Treatment would have the hopes of stabilization but there is unlikely to be resolution of this disease process.





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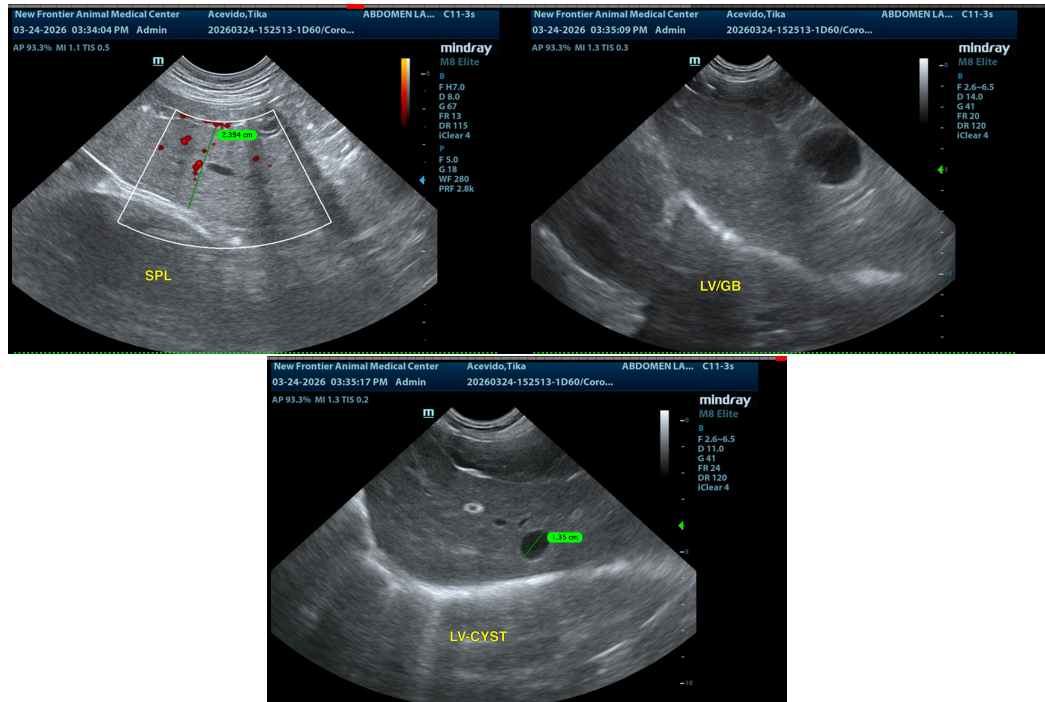
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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