

**PATIENT**

Milo Chen

**PRESENTING CLINICAL SIGNS**

Kidney disease, elevated liver enzymes.

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: ALB 1.8 L, Glob 3.8 H, A/G ratio 0.5L, AST 96 H, BUN 32 H, Creat 1.8 H, SDMA 23.3 H, Lymph 6072 H, RBC 4.2 L, HCT 31 L, HGB 10.1 L, T4 <.5 L

**BREED**

Labrador Retriever

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**SEX**

Neutered Male

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.

**AGE**

9 Years

The visualized areas of prostate and surrounding tissue appear normal. Unfortunately, the prostate is not fully visualized likely due to its intrapelvic location. Correlate with rectal exam findings.

**WEIGHT**

95 lbs

The left kidney has a normal shape and size (5.6 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.

**INTERPRETED BY**

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

The right kidney is normal in size (6.65 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.

**IMAGING PERFORMED BY**

Rebecca Hamilton

**Adrenal Glands**

The left adrenal gland is normal in size measuring 0.46 cm at the cranial pole and 0.60 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**

Companion Animal  
Hospital (Parsippany)

The right adrenal gland is normal in size measuring 0.92 cm at the cranial pole and 0.51 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. Tsai

**Spleen**

The spleen is subjectively normal in size (1.61 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**

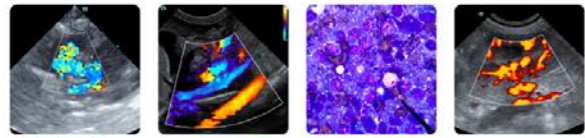
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**Liver**

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.

**DATE**

3/5/26



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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.

**SPECIES**

Canine

***Gastrointestinal***

The stomach contains mild gas and fluid. 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.

**BREED**

Labrador Retriever

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 0.38 cm. Jejunum wall measures 0.32 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

**SEX**

Neutered Male

**AGE**

9 Years

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***

**WEIGHT**

95 lbs

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***

**INTERPRETED BY**

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

There is a small amount of free abdominal fluid. No lymphadenopathy noted. The omentum is of normal echogenicity.

**ULTRASONOGRAPHIC FINDINGS**

**IMAGING PERFORMED BY**

Rebecca Hamilton

- 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.
- Scant free abdominal fluid – This is likely secondary to the hypoalbuminemia reported.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The changes observed on today's scan are relatively mild, given the severe azotemia and hypoalbuminemia reported. Unfortunately, the ultrasonographic findings do not always reflect microscopic pathology.

**REFERRING VET**

Dr. Tsai

- Recommend a urinalysis, culture, blood pressure, and urine protein to creatinine ratio to further evaluate for renal proteinuria (this is suspected). If this is confirmed, recommend further workup and therapy for a protein losing nephropathy (look for concurrent neoplasia, inflammatory/infectious disorders, and consider potential treatment with possible ACE inhibitors, platelet inhibitors, omega-3 fatty acids, etc.).

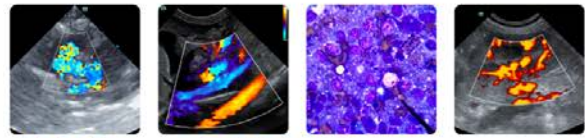
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- Recommend a baseline cortisol to screen for Addison's.



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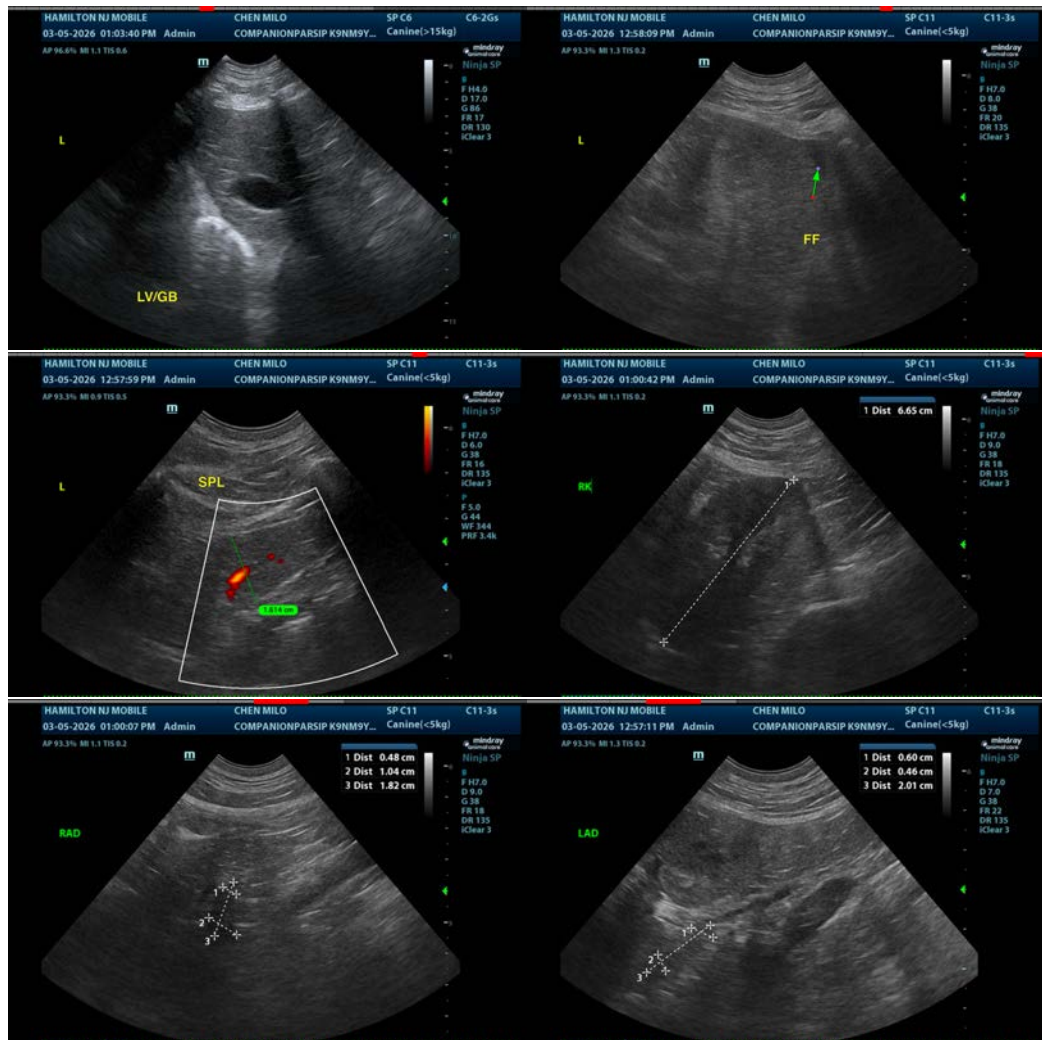
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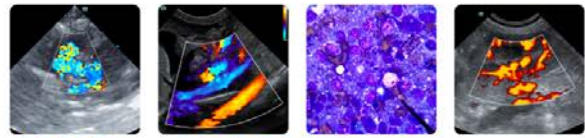
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- Consider a liver function test to screen for concurrent liver dysfunction as a source of the hypoalbuminemia reported.

No significant gastrointestinal symptoms were described, and the GI tract appears relatively normal. With a normal globulin, protein loss seems less likely.

The right kidney appeared slightly irregular in shape, but no definitive lesions were observed. If symptoms are progressive, you could consider repeat imaging in the future to reevaluate the right kidney.





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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