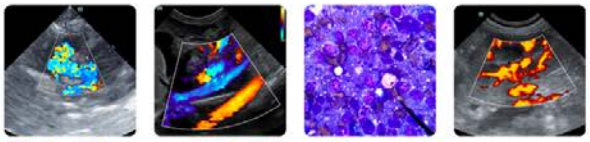

PATIENT

Sammy Ketchek

SPECIES

Canine

BREED

Sheltie

SEX

Spayed Female

AGE

10 Years

WEIGHT

25 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Danielle Shemanski, DVM, MA

HOSPITAL NAME

Western New York Veterinary Services

REFERRING VET

Diana Martini, DVM

INVOICE

74828

DATE

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PRESENTING CLINICAL SIGNS

Hypertension and protein-losing nephropathy (PLN). Looking for underlying cause.
Sammy was very recently diagnosed with hypertension and PLN. She presented to her rDVM for episodes of nervous shaking. A UPC was evaluated, and abnormalities were found on blood work. Blood pressure was tested via Doppler and was around 200 mmHg. She has a history of very infrequent seizures, approximately once a year. She is currently on a gabapentin trial. CLINICAL SIGNS: None MEDICATIONS: Telmisartan 10 mg PO once a day. Gabapentin 100 mg PO twice a day

Abnormal PE/Chem/CBC/UA Results: 4Dx: Negative for Lyme and other Rickettsial diseases, but was Lyme positive in 2024. Apr 20, 2026 Blood Pressure (Doppler): 198 mmHg average (HIGH) Apr 14, 2026 urinalysis: Urine Protein: 3+ (HIGH) Urine pH: 5.5 (LOW) Cystatin B: 135 ng/mL (HIGH) Urine Protein: Creatinine (UPC) Ratio: 1.5 (HIGH/Proteinuric) Apr 09, 2026 (Sample collected Apr 06, 2026) BUN: 49 mg/dL (HIGH) ALP: 456 U/L (HIGH) Lipase: 264 U/L (HIGH) Total T4: 1.7 ug/dL Jun 29, 2024 (Sample collected Jun 25, 2024) Lyme (4Dx): Positive Lyme C6 Quant Ab: 36 U/mL (HIGH/Clinically Significant) May 24, 2024 (Sample collected May 21, 2024) Lyme (4Dx): Positive

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 has a normal shape and size (4.75 cm). Overall echogenicity is normal with adequate 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 (5.23 cm). Overall echogenicity is normal with adequate 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.

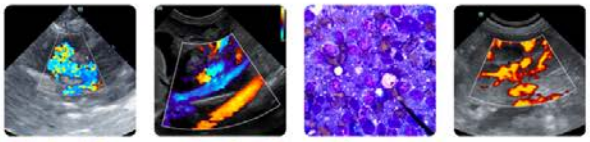
Adrenal Glands

The left adrenal gland is normal in size measuring 0.50 cm at the cranial pole and 0.57 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 0.45 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 (1.25 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.



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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. There is a moderate amount of non-organized echogenic debris. 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 (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (between 0.2-0.47cm.) 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

- Moderate gallbladder debris – The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting but seems unlikely to be causing a current issue. Recommend continued monitoring.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No significant lesions were visualized on today's exam to explain the hypertension and proteinuria reported. Unfortunately, there are many causes for proteinuria that cannot be definitively diagnosed by ultrasound alone.

There is a moderate amount of debris visualized within the gallbladder with no evidence of significant wall thickening or inflammation. Options moving forward including continued monitoring with ultrasound +/- Ursodiol therapy.

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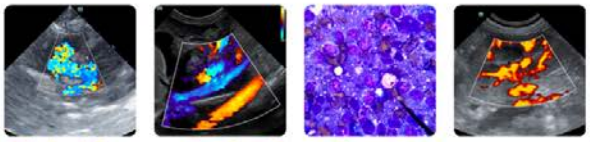

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Educational Teleconsultation Services™

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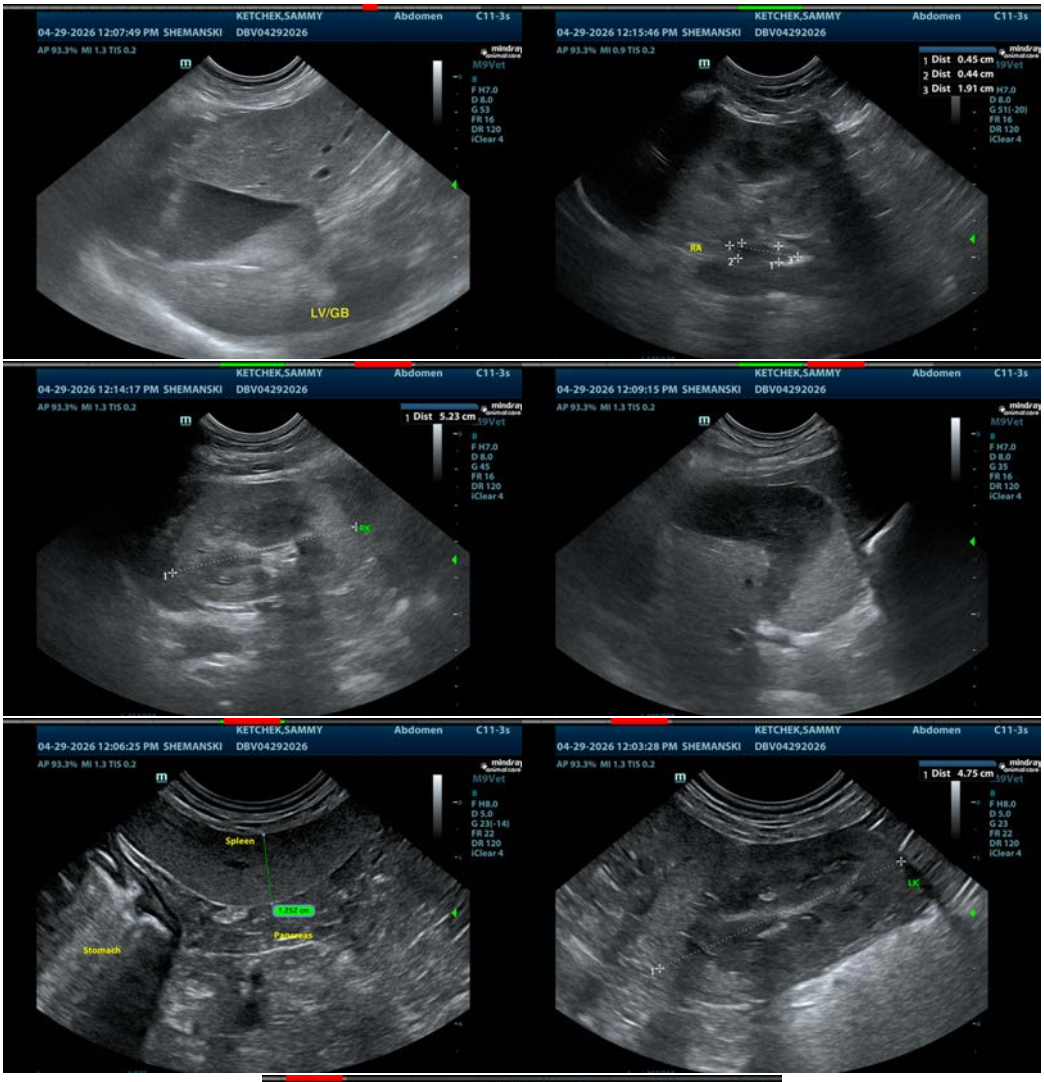

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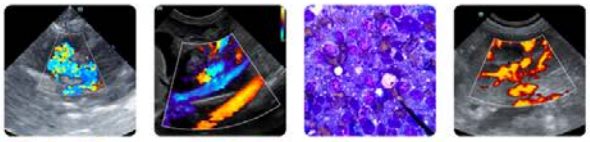

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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