



PATIENT

Lovey Freeman

SPECIES

Canine

BREED

Schnauzer x Poodle

SEX

Spayed Female

AGE

10 Years

WEIGHT

21.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Meghan Myers, VMD

HOSPITAL NAME

Hershire Animal
Hospital

REFERRING VET

Dr. Saran Nissley

INVOICE

74306

DATE

4/8/26

PRESENTING CLINICAL SIGNS

Outside referral to investigate chronic progressive proteinuria. Exam: Overweight, mild potbellied appearance, historical acl repairs/thickened stifle. No current medications. Patient was not fasted prior to scan.

Lab: upc 10/16/25: 8.8, upc 10/27/25: 4.9, upc 3/19/26:8.7, alp increased at 503, increased cholesterol, mild thrombocytosis.

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 (4.76 cm) with small pinpoint cortical mineralizations. 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, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.91 cm) with small pinpoint cortical mineralizations. 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, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.46 cm at the cranial pole and 0.51 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 0.41 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 (1.32 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.

Liver

The liver is large and rounded. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There are occasional ill-defined hypoechoic nodules in the parenchyma. Examples measure 0.54 cm and 0.98 cm.



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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. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

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Gastrointestinal

The stomach contains a large amount of shadowing ingesta. 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. Findings are most consistent with a non-fasted patient. Shadowing ingesta interferes with full evaluation of the stomach.

BREED

Schnauzer x Poodle

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal to moderate fluid/chyme 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 0.49 cm. Jejunum wall measures 0.38 cm. Visualized peristalsis appears appropriate. Intraluminal fluid and gas are most consistent with a non-fasted patient.

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The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. 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.

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Pancreas

The left limb of the pancreas is prominent and mottled compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

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Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is no significant lymphadenopathy noted. An occasional prominent mesenteric lymph node is observed, an example measures 0.39 cm. The omentum is of normal echogenicity.

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ULTRASONOGRAPHIC FINDINGS

- Age related changes visualized associated with both kidneys.
- Pancreatic changes consistent with chronic pancreatic remodeling +/- chronic pancreatitis.
- Large, heterogeneous liver with ill-defined hypoechoic nodules – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy. The nodules observed trend toward a more benign process, but underlying neoplasia cannot be ruled out.
- 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.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

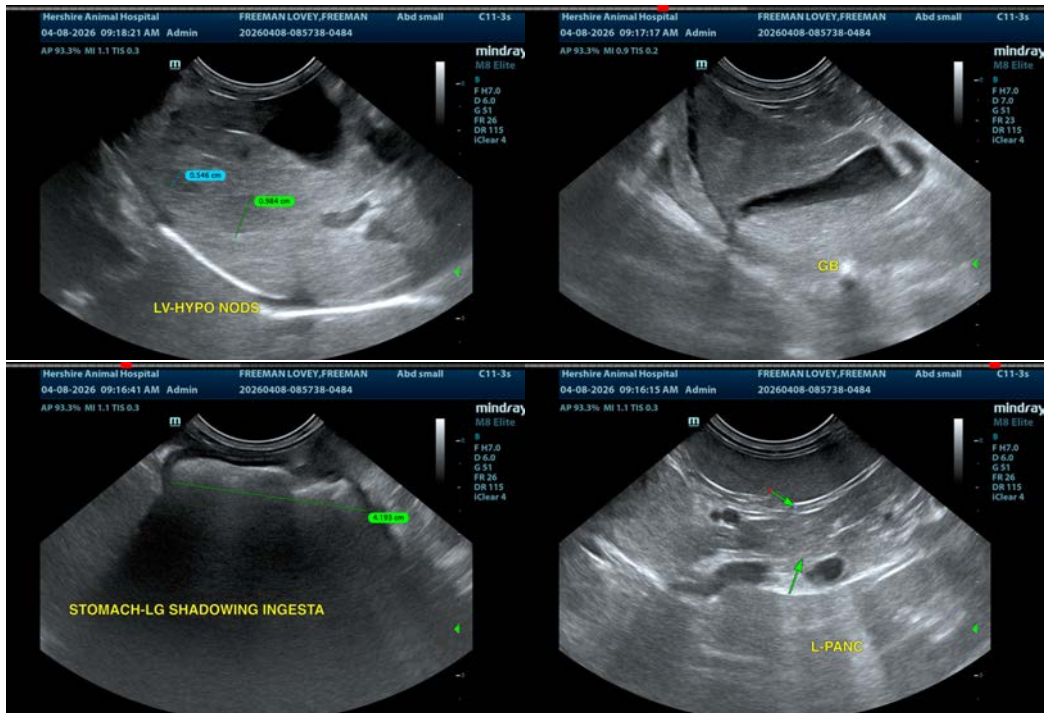
The liver is large and heterogeneous with ill-defined hypoechoic nodules. These findings are suggestive of a possible vacuolar hepatopathy and regenerative nodules, although a more significant hepatopathy and/or neoplastic lesions cannot be definitively ruled out. If further evaluation is desired, you could consider pre- and post-prandial bile acids to assess liver function, and a fine needle aspirate of the liver.

Both kidneys have changes consistent with chronic renal disease. If not already done, recommend a blood pressure, urinalysis and a culture.

The pancreas is somewhat prominent in the left limb, most consistent with chronic pancreatic remodeling. If active pancreatitis is a concern, consider a PLI measurement to further evaluate.

Based on the persistent significant proteinuria noted, medical therapy is likely warranted. Recommend routine measurement of urine protein to creatinine ratios as a pooled sample (mix three samples combined over a course of 24 hours so as to avoid variations based on time of day, etc.).

The adrenals appear relatively normal. This does not definitively excluded Cushing's as a differential. If classic symptoms are present, you could consider adrenal function testing.





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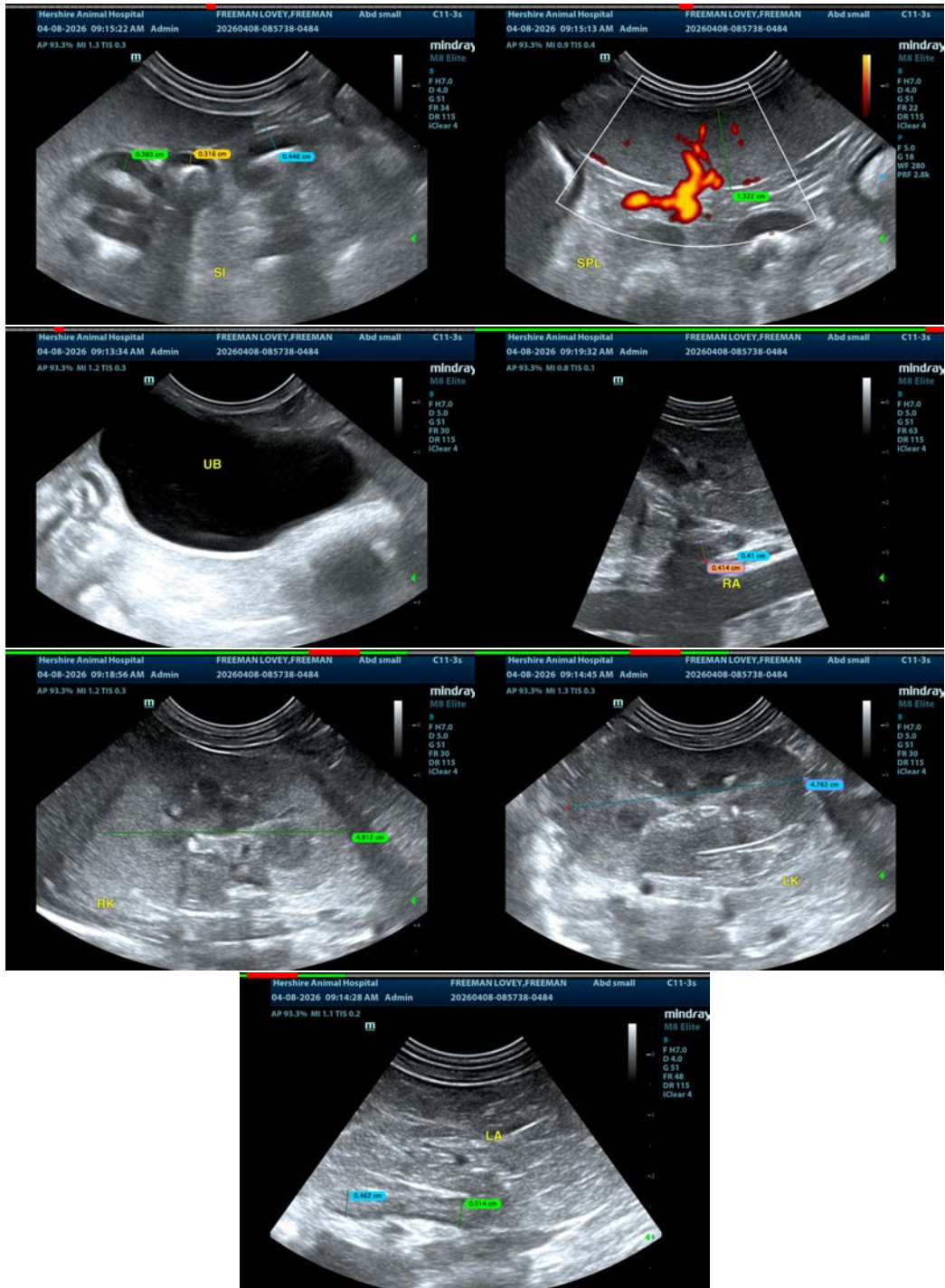
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



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can be of any further assistance please contact me.

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

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