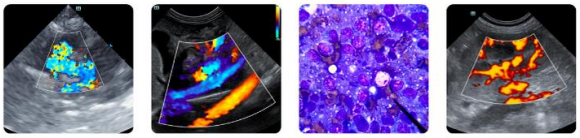


SonoPath www.animalsoundsnw.com info@animalsoundsnw.com 541.357.9423

PATIENT

Gerdi Burnett

SPECIES

Canine

BREED

Poodle Mix

SEX

FS

AGE

5 yrs

WEIGHT

55 lbs.

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Echo Hollow Vet Hospital

REFERRING VET

Dr. Kenna

INVOICE

10561

DATE

1/20/26

PRESENTING CLINICAL SIGNS

History:

- Clinical Exam Findings:
- Urinary incontinence for approximately 3 weeks- intermittently
- Abdominal u/s- both pelvi appear dilated but unable to fully view or assess
- Creatinine 2.0 mg/dL.
- Urine Specific Gravity-1.010 on 12/31/2025 Urine Specific Gravity- 1.008 on 01/07/2026.
- SDMA (new) 16 ug/dL HIGH 0 - 14 -Emailing lab work
- Current Medications-Benazepril 20 mg- 1/2 tab po SID
- Notes to Specialist (if any)-employee pet

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine or lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

No evidence of pathology in the area of the aortic trifurcation.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. No evidence of pyelectasia was noted in either kidney. The left kidney measured 6.1 cm in length. The right kidney measured 6.7 cm in length.

Adrenal Glands

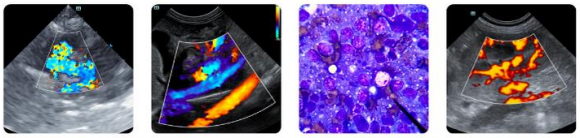
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.66 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.62 cm width at the caudal pole.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were



SonoPath FOSTERING THE ART OF VETERINARY MEDICINE™ www.animalsoundsnw.com info@animalsoundsnw.com 541.357.9423

PATIENT

Gerdi Burnett

SPECIES

Canine

BREED

Poodle Mix

SEX

FS

AGE

5 yrs

WEIGHT

55 lbs.

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Echo Hollow Vet Hospital

REFERRING VET

Dr. Kenna

INVOICE

10561

DATE

1/20/26

normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty without evidence of retained ingesta, fluid, or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

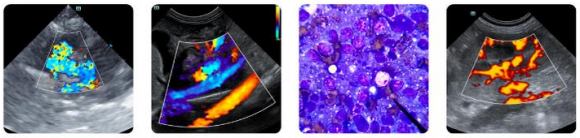
- Sonographically normal bilateral kidneys
- Sonographically unremarkable urinary bladder and visible proximal urethra
- Normal bilateral adrenal glands

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sonographically, there is no evidence of upper or lower urinary tract pathology, such as renal dysplasia, pyelonephritis, congenital defects such as ectopic ureter, or neoplastic criteria. Monitoring of renal parameters and urinalysis +/- as-needed C/S and UPC level for further assessment is recommended. Sonographic monitoring is indicated if azotemia arises, persistent / progressive decreased urine specific gravity, progressive SDMA elevation, or clinical signs consistent with incontinence are noted.

Animal Sounds NW
FUELED BY SONOPATH VETERINARY ULTRASOUND

SonoPath FOSTERING THE ART OF VETERINARY MEDICINE™
www.animalsoundsnw.com
info@animalsoundsnw.com
541.357.9423



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Gerdi Burnett

SPECIES

Canine

BREED

Poodle Mix

SEX

FS

AGE

5 yrs

WEIGHT

55 lbs.

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Echo Hollow Vet Hospital

REFERRING VET

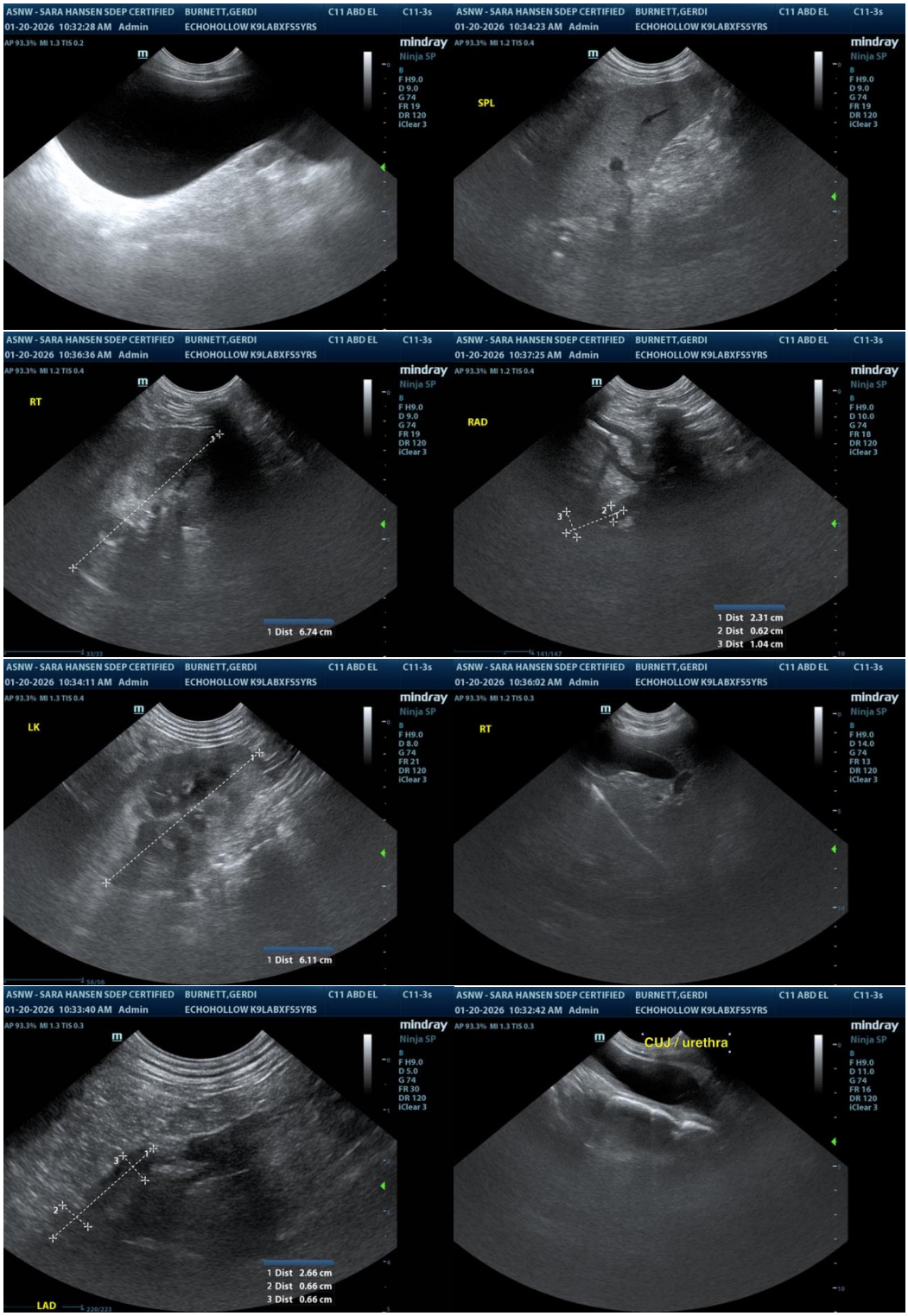
Dr. Kenna

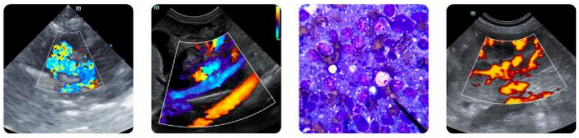
INVOICE

10561

DATE

1/20/26





SonoPath www.animalsoundsnw.com info@animalsoundsnw.com 541.357.9423

PATIENT

Gerdi Burnett

SPECIES

Canine

BREED

Poodle Mix

SEX

FS

AGE

5 yrs

WEIGHT

55 lbs.

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Echo Hollow Vet Hospital

REFERRING VET

Dr. Kenna

INVOICE

10561

DATE

1/20/26

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.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
info@sonopath.com