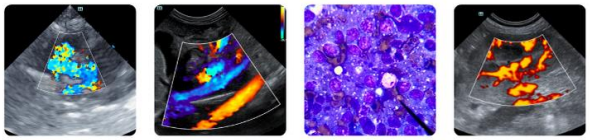


PATIENT

Ruger Petit

SPECIES

Canine

BREED

German Shorthaired Pointer

SEX

NM

AGE

9

WEIGHT

82.4

INTERPRETED BY

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

IMAGING PERFORMED BY

Amy Capraro

HOSPITAL NAME

Braintree Vet Care

REFERRING VET

Amy Capraro

INVOICE

10560

DATE

1/20/26

PRESENTING CLINICAL SIGNS

History:

- Has had chronic proteinuria that recently increased. Intermittent pu/pd but recently (>1mon) has been normal. See labs results below.
- AUS recommended prior to transitioning to telmisartan

Abnormal PE/Chem/CBC/UA Results: CBC: NSF Chem: BUN 15, Creat 0.5, SDMA unable to determine due to Lipemia, Chloride 104 (mild L), ALP 170 (MILD H, 5-160), Lipase 1,662 (H!!, 0-250) T4: 1.7 (WNL) 4DX: Negx3, Lyme + (historic as well) Lyme Quant C6 Antibody: 42 (>30 considered clinically significant) UPC: 2.1 (H) HISTORY: 7/2025: NSF Labs, 4DX Lyme + (historical), UPC 1.7 --> Treated with 28 days Doxycycline 11/2025: UPC 1.7 (H), started on Enalapril 10mg PO BID 12/2025: UPC 1.4 --> increased Enalpril to 20mg PO BID

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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.

The area of the residual prostate was free of obvious pathology.

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

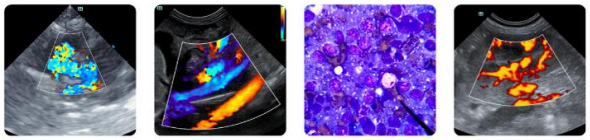
Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 6.9 cm in length. The right kidney measured 7.8 cm in length.

Adrenal Glands

The left and right adrenal glands were overtly normal in size, position, and shape. The left adrenal gland measured 0.86 cm caudal pole width and the right adrenal gland measured 0.9 cm caudal pole width.

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.



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Liver/ Gallbladder

The liver was mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. Focal to intermittent, small, thinly walled, intraparenchymal cysts containing anechoic fluid were present, with an example measuring 2.0 cm in diameter. The gallbladder was non-distended in size with 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 right pancreas was subjectively normal to mildly prominent in size with mild capsule asymmetry and isoechoic to mildly echogenic remodeled parenchyma compared to adjacent nonreactive or inflamed omentum.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable bilateral kidneys
- Normal adrenal glands
- Benign hepatopathy with focal to intermittent benign intraparenchymal cysts
- Possible right limb chronic pancreatitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no sonographic evidence of significant renal pathology. Continued empirical therapy for protein-losing nephropathy with monitoring of renal parameters and sonographic reassessment if suspicion for Lyme nephritis is recommended. Concurrent gastrointestinal support would be appropriate if clinical signs are consistent with chronic pancreatitis.

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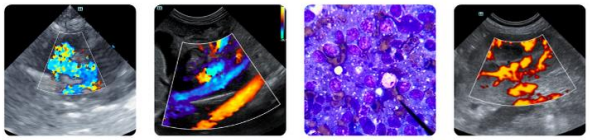

Clinical Sonography & Telecytology
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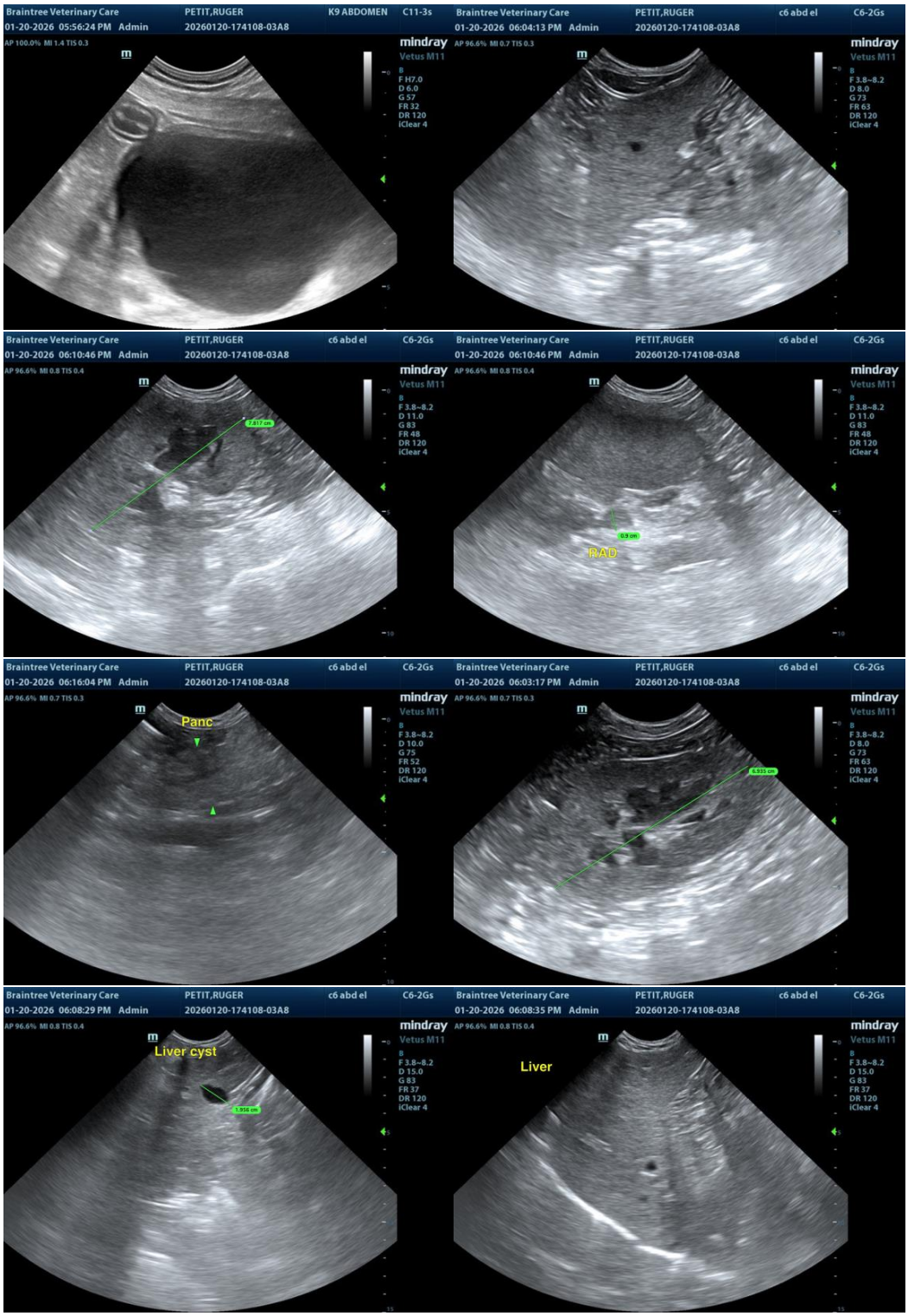

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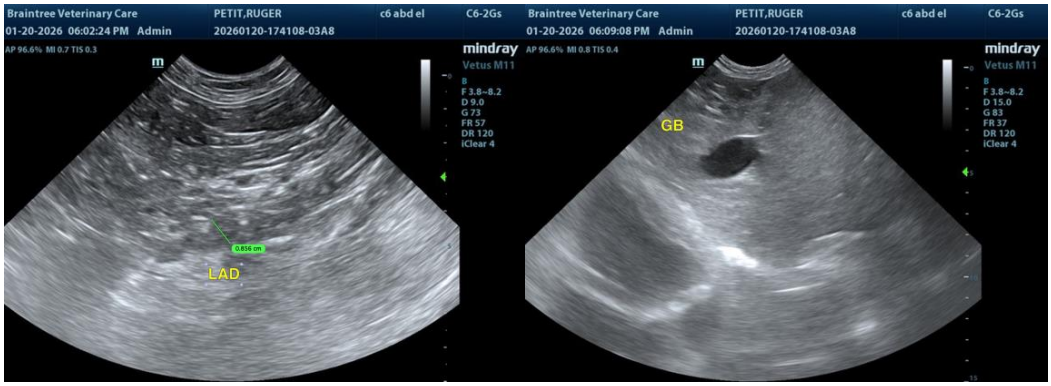

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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