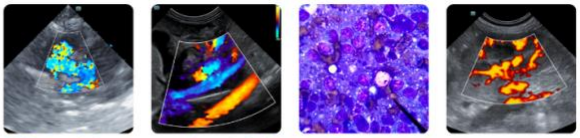


SonoPath www.animalsoundsnw.com info@animalsoundsnw.com 541.357.9423

PATIENT

Lulu Gambone

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Spayed Female

AGE

9 Years

WEIGHT

9.6 pounds

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Albany Animal Hospital

REFERRING VET

Dr. Hunt

INVOICE

13325

DATE

01/22/26

PRESENTING CLINICAL SIGNS

- Clinical Exam Findings: Hx of severe hypertension, hx of proteinuria. UPC last checked at 6.7, treating with Amlodipine 0.5mg/kg q24hrs and Telmisartan at 1mg/kg q24hrs. Currently on Hills multi organ food for low phosphorus/protein and low dose aspirin. Recent BP check on 1/21/26, normal at 140mmHg systolic with doppler
- ABNORMAL Labwork Values: Recent was UPC 6.83 on 1/14/26. Previous UPC on 12/23/26. BP was 140
- Current Medications: Amlodipine, Telmisartan, Aspirin

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 uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. Focal areas of medullary mineral were present with no evidence of pyelectasia. The left kidney measured 4.4 cm in length. The right kidney measured 4.7 cm in length.

Adrenal Glands

Bilateral symmetrical adrenal gland borderline mild enlargement with uniformly hypoechoic parenchyma was present. The left adrenal gland measured 0.64 cm width at the caudal pole. The right adrenal gland measured 0.53 cm width at the caudal pole.

Spleen

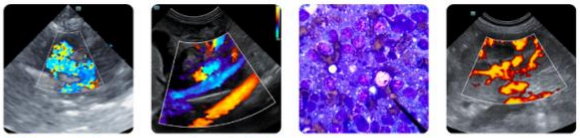
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute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

Liver & Gallbladder

The liver presented 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.

The gallbladder was non distended in size with minor gravity dependent biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction 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 was evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

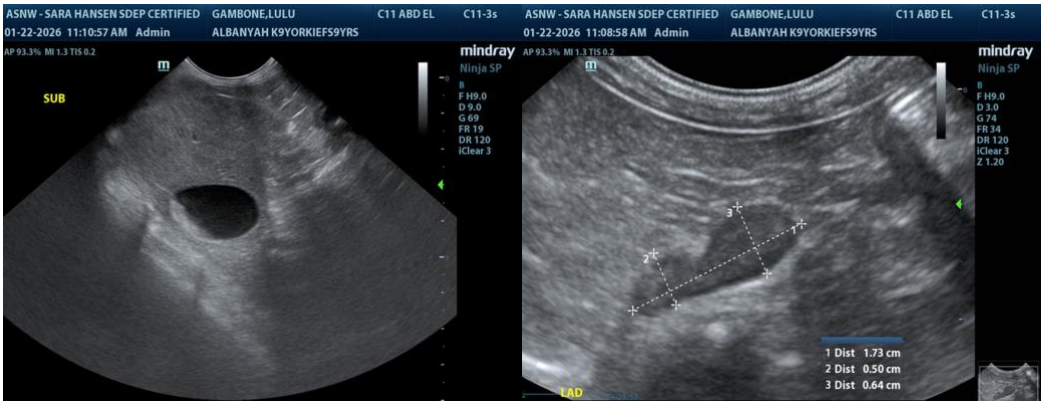
ULTRASONOGRAPHIC FINDINGS

- Mild nonspecific chronic renal changes exhibiting minor medullary mineral.
- Bilateral borderline/mild adrenomegaly.
- Mild hepatomegaly.
- Minor gallbladder debris (non-mucocele).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of significant sonographic renal pathology, although microscopic or glomerular disease, i.e. glomerular nephritis versus other glomerulopathy is probable in conjunction with proteinuria. Continued empirical therapy for protein losing nephropathy and serial monitoring of UPC is recommended.

Adrenal workup with LDDST is warranted if clinical signs consistent with Cushing's syndrome are non-reported or arise. No evidence of hepatoadrenal neoplastic criteria. Concurrent monitoring of liver enzymes +/- hepatosupportive medications are recommended.



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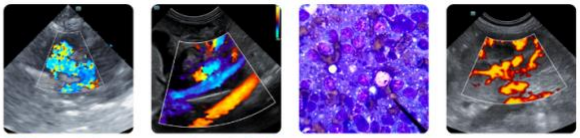

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Educational Teleconsultation Services™

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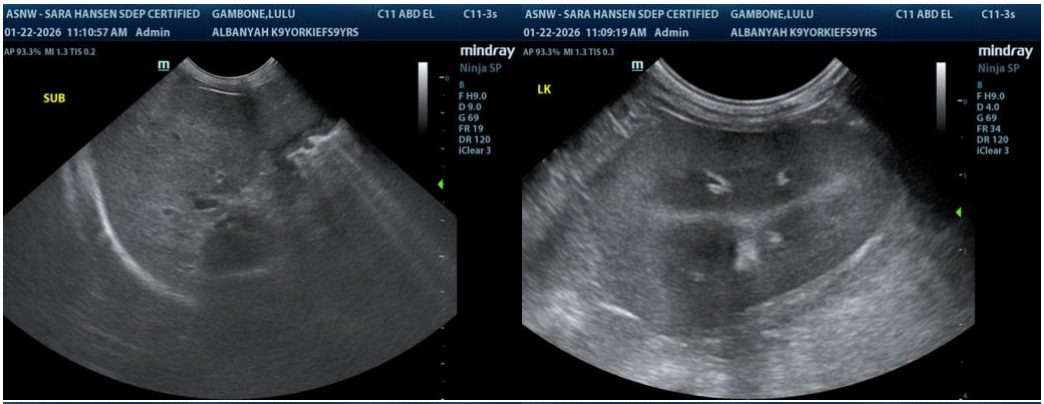
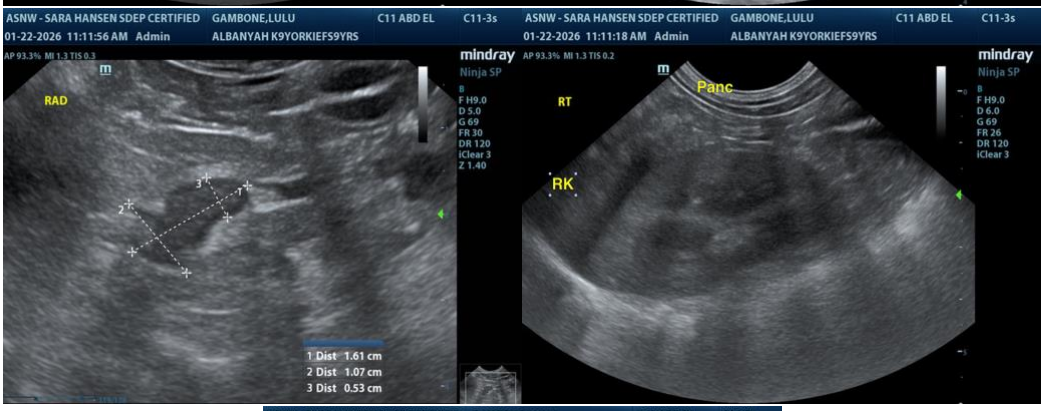
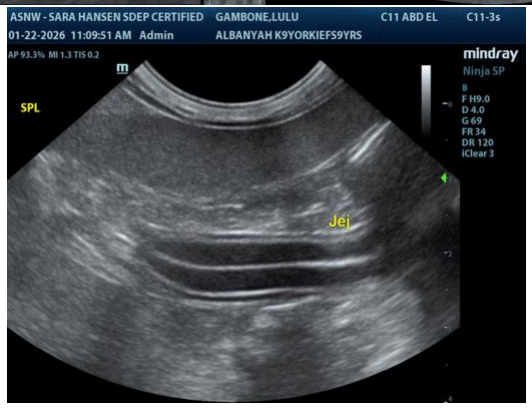




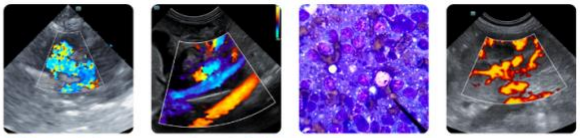


The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



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