



PATIENT

Ace Miller

SPECIES

Canine

BREED

Goldendoodle

SEX

Neutered Male

AGE

13 Years 6 Months

WEIGHT

19.5 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Renee Trionfetti VMD

HOSPITAL NAME

East Bradford
Veterinary Hospital

REFERRING VET

Dr. Meghan McGrath
DVM

INVOICE

13482

DATE

01/30/26

PRESENTING CLINICAL SIGNS

- AUS to further evaluate polydipsia, proteinuria (UPC 1.9), hyposthenuria (USG 1.010). Water intake measured, drinking 60-90oz /day (for body weight should drink 27-40 oz/day). Previous AUS in 2023 at ER for urinary retention and straining, his urine was also poorly concentrated (specific gravity 1.011), though his UPC at that time was normal (0.2). An abdominal ultrasound at that visit showed mild chronic kidney changes and small cysts in the right kidney, along with possible urethral thickening.
- Meds: Enalapril 10mg, Prazosin 1mg

Abnormal PE/Chem/CBC/UA Results: Pooled first AM urine: 1.010 L - UPC 1.9 H - Chem: Alb 3.7-n, normal LES, BUN 24-n, Cr 0.7-n, SDMA 5.5-n, remainder NSF - CBC: Hct 50%, Plts 396-n - UA: USH 1.007 L, pH 8.0, Pro 2+, inactive sed

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no urine mineral or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

The area of the residual prostate appeared normal and free of pathology.

The area of the iliac trifurcation was free of pathology.

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary border demarcation was also present. A cranial cortical cyst was present in the left kidney measuring 1.3 cm in diameter. The left kidney measured 6.0 cm in length. The right kidney measured 6.3 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 0.63 cm width at the caudal pole.

The right adrenal gland was enlarged in size with normal contour and a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.93 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 revealed generalized hepatomegaly, more prominent in the subjective right lateral to caudate liver. The liver parenchyma was variably nonuniform to the spleen with a mild coarse echotexture and



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subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. Intermittent discrete hyperechoic to nonhomogenous intraparenchymal nodules were present with an example measuring 1.2 cm in diameter.

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

Gastrointestinal

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

- Enlarged nonhomogenous subtle nodular liver.
- Nonorganized gallbladder debris (non-mucocele).
- Nonspecific chronic renal changes with left kidney cortical cyst.
- Mild right adrenomegaly- benign.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Therapy for non-specific protein losing nephropathy, i.e. glomerulonephritis versus other glomerulopathy is warranted if UPC level greater than 2.0 without concurrent azotemia.

Assuming normal clotting status, hepatic FNA cytology may be considered for further clarification. Despite current normal liver enzymes, monitoring of liver enzymes and sonographic reassessment if future or progressive hepatopathy +/- hepatosupportive medications would be more conservative. Adrenal workup could be considered if clinical signs consistent with Cushing's syndrome arise in conjunction with concurrent proteinuria. Monitoring of systemic blood pressure is recommended.



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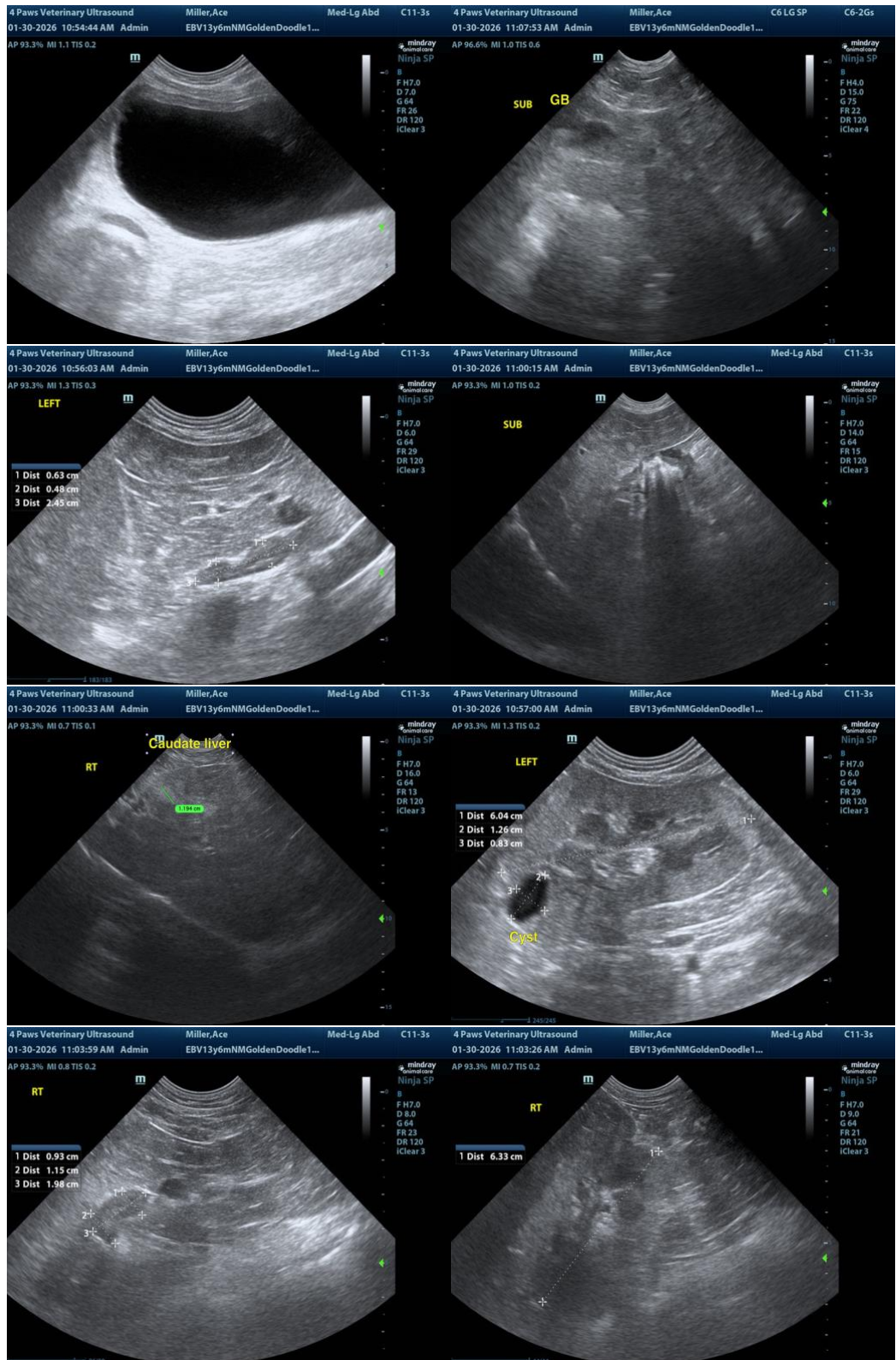
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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