



PATIENT

Jessie Chrostek

SPECIES

Canine

BREED

Labrador Retriever

SEX

MN

AGE

7yr

WEIGHT

93.6lb

PRESENTING CLINICAL SIGNS

During routine screening radiographs, a very large right kidney was found with a left ureter that is dilated. No visible urolithiasis. Normal heart and lungs. Chronic otitis externa with current flare-up. Abdomen is always large and tense on palpation. Previously thought it was due to stress and anxiety. P will be sedated with butorphanol for this abdominal ultrasound. **ABNORMAL Labwork Values UMIC:** No growth Chem: Elevated Total Protein 7.6 (5-7.4), AST 170 (15-66), Sodium 160 (139-154), Chloride 124 (102-120), CPK 919 (59-895) Low Phosphorus 1.9 (2.5-6) CBC: Elevated Neutrophils 85% (60-77), Absolute Neutrophils 12495 (2060-10600) Low Lymphocytes 9% (12-30), Eosinophils 1 (2-10) T4: WNL UA: USG 1.014 (1.015-1.060) pH 8.5 (5.5-7) Occult Blood - Trace (Negative) Accuplex: Negative x 4 Current Medications Claro, Cytopoint, Simparica Trio, Royal Canin Hypo HP diet Radiographic Findings - Severe enlargement of the right kidney, which shows preserved shape, smooth, regular margins, and homogeneous soft tissue opacity. Assessment: Marked enlargement of the right kidney and diffuse dilation of the ipsilateral ureter. Considering the clinical information provided, as well as the patient's age and signalment, the

Abnormal PE/Chem/CBC/UA Results: Assessment: Marked enlargement of the right kidney and diffuse dilation of the ipsilateral ureter. Considering the clinical information provided, as well as the patient's age and signalment, the radiographic findings are most consistent with chronic ureteral obstruction and secondary hydronephrosis [e.g., accidental ureteral ligation during spaying, traumatic ureteral injury with subsequent stricture, or—less likely—trigonal or distal ureteral neoplasia, or a chronic complete ureteral obstruction due to an ureteral radiolucent plug (no hematuria and/or other urinary symptoms reported in the history). The degree of nephromegaly and ureteral distension makes a primary inflammatory process (such as pyelonephritis with concurrent ureteritis) much less likely.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was mildly distended in size with normal tone. The trigone and cystourethral junction free of overt pathology. The urethra was normal to 3 cm. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. No evidence of inflammatory or neoplastic changes was noted.

Normal size and margination were present in the left kidney. 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 7.0 cm in length.

The right kidney exhibited severe hydronephrosis with complete loss of discernible corticomedullary parenchyma. The fluid within the hydronephrotic right kidney was anechoic. No evidence of residual right kidney calculi. No evidence of left or right retroperitoneal effusion. Significant dilated right ureter extending from the right kidney caudally towards the urinary bladder was present measuring ~ 1.5 cm right ureter diameter. The right kidney measured 13 cm in length.

The area of the aortic trifurcation was free of pathology.

The residual prostate appeared normal and free of pathology

Adrenal Glands

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

VCA Westmoreland

REFERRING VET

Dr Sullivan

INVOICE
 22870

DATE
 11/07/2025



PATIENT	A non-expansive indistinctly marginated non-mineralized, mildly hyperechoic nodule measuring 1.6 cm x 0.84 cm was present in the left adrenal gland with mild associated symmetrical capsule expansion. The nodule did not exhibit signs of mineralization or vascular invasion. The left adrenal gland measured 0.87 cm width at the caudal pole.
Jessie Chrostek	
SPECIES	The right adrenal gland was indistinctly visualized, no obvious pathology. The right adrenal gland measured 0.97 cm width at the caudal pole.
Canine	
BREED	Spleen
Labrador Retriever	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.
SEX	
MN	Liver/Gallbladder
AGE	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. Normal vascular volume. The hepatic and portal vasculature were 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.
7yr	
WEIGHT	Gastrointestinal
93.6lb	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.
INTERPRETED BY	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 mechanical/metabolic ileus, obstruction or foreign material.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Normal visible colon wall layers were present with apparent formed feces in lumen.
IMAGING PERFORMED BY	Pancreas
Sara Hansen	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.
HOSPITAL NAME	Free Abdomen
VCA Westmoreland	No omental masses, overt lymphadenopathy or peritoneal effusion was present.
REFERRING VET	ULTRASONOGRAPHIC FINDINGS
Dr Sullivan	Primary
INVOICE	<ul style="list-style-type: none"> • Severe right kidney hydronephrosis and concurrent right hydroureter • Normal left kidney • Normal urinary bladder, residual prostate and visible proximal urethra • Non-disruptive left adrenal nodule-suspect adenoma
22870	
DATE	
11/07/2025	



PATIENT

Jessie Chrostek

SPECIES

Canine

BREED

Labrador Retriever

SEX

MN

AGE

7yr

WEIGHT

93.6lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

VCA Westmoreland

REFERRING VET

Dr Sullivan

INVOICE

22870

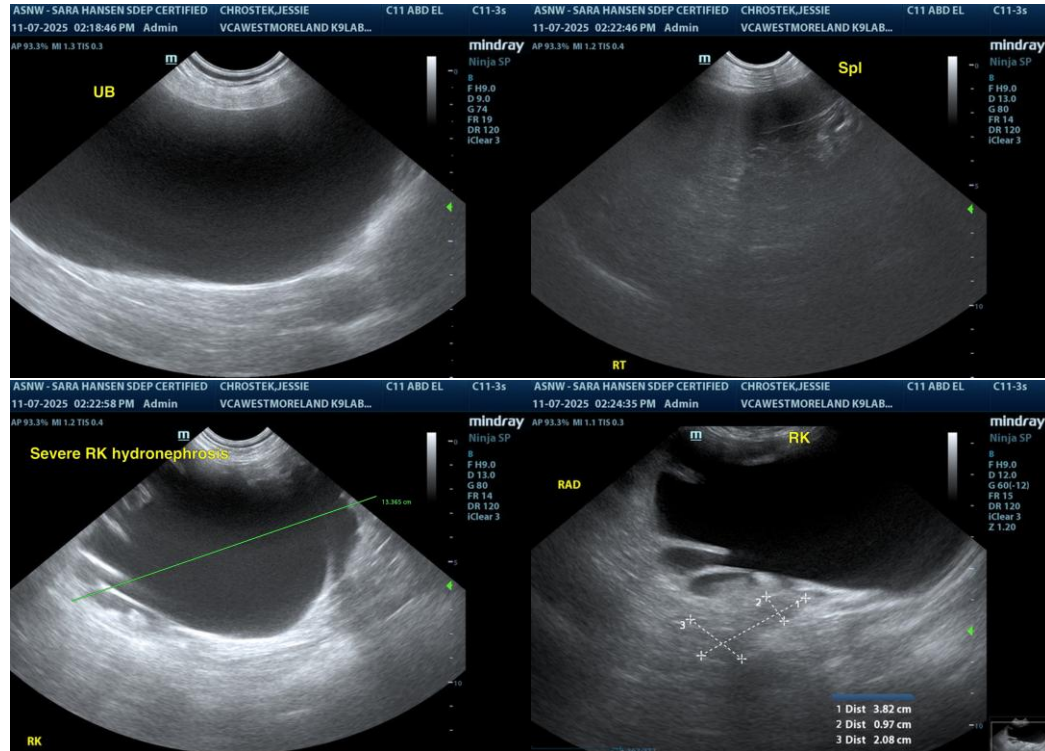
DATE

11/07/2025

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chronic right ureter obstruction is present, although a definitive cause of ureter obstruction, i.e., calculus, stricture, ligation, less likely non-obvious mass, was not definitively visualized. Right nephrectomy / ureterectomy should be considered with gross inspection in the area of the distal right ureter and ureteral papilla.

Monitoring of systemic BP as well as sonographic monitoring of the left adrenal nodule for evidence of progression is recommended.





PATIENT

Jessie Chrostek

SPECIES

Canine

BREED

Labrador Retriever

SEX

MN

AGE

7yr

WEIGHT

93.6lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

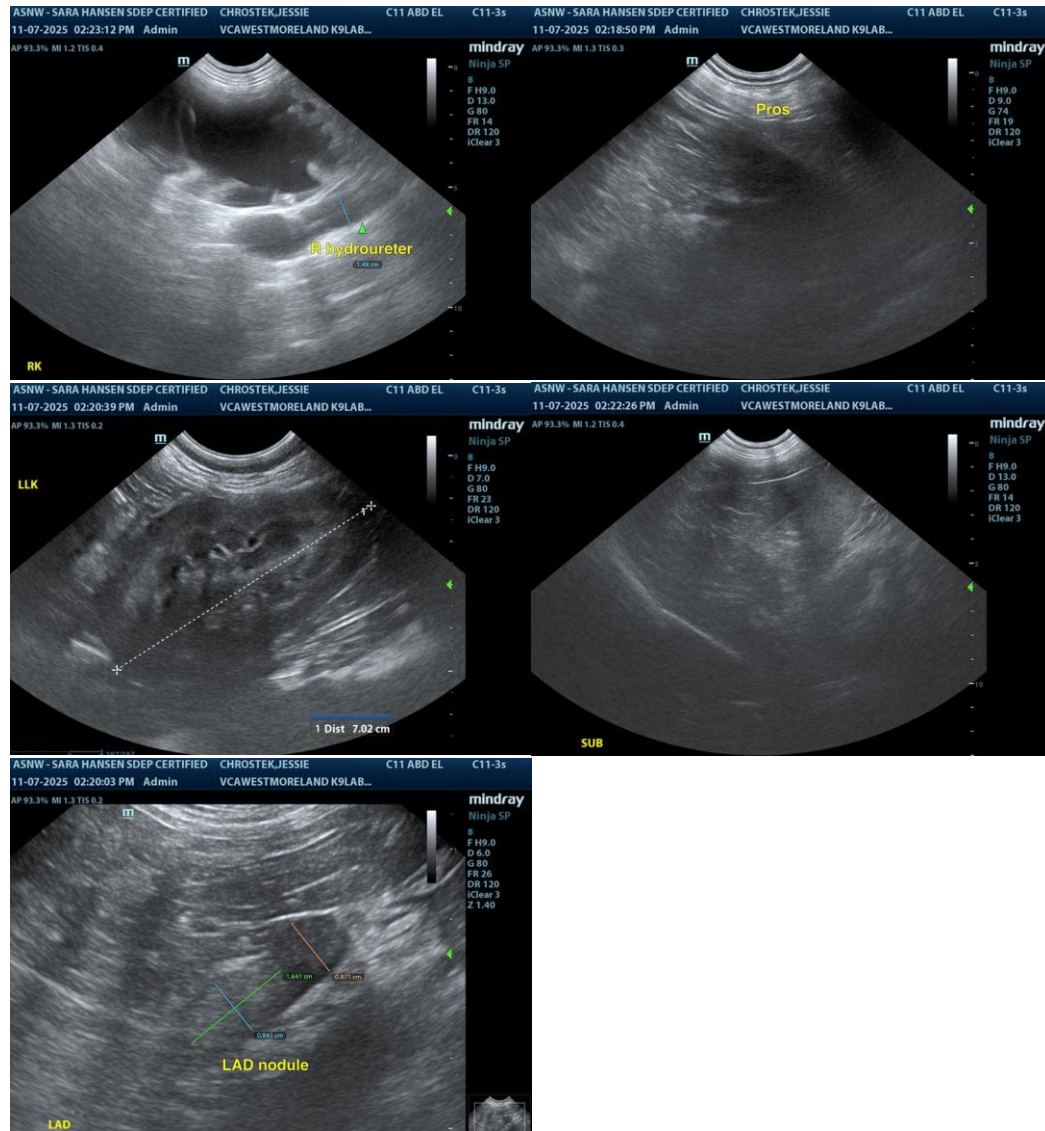
VCA Westmoreland

REFERRING VET

Dr Sullivan

INVOICE
 22870

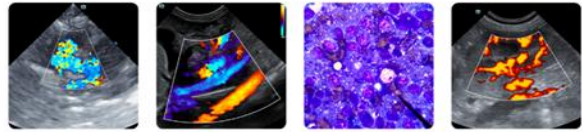
DATE
 11/07/2025



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



PATIENT

Jessie Chrostek

SPECIES

Canine

BREED

Labrador Retriever

SEX

MN

AGE

7yr

WEIGHT

93.6lb

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Sara Hansen

HOSPITAL NAME

VCA Westmoreland

REFERRING VET

Dr Sullivan

**INVOICE
22870**

DATE
11/07/2025