



PATIENT

Onyx Hudon

SPECIES

Canine

BREED

Bernese

SEX

Female

AGE

4 y

WEIGHT

38 kgs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Goeres

HOSPITAL NAME

Kelowna VH

REFERRING VET

Amber Forwood

INVOICE

12955

DATE

12/16/25

PRESENTING CLINICAL SIGNS

History: Intact female dog, diagnosed with R caudal mammary mass April 2025. no surgery performed. Now presented for lethargy, rapid weight loss, and hyporexia. Started 2 months ago but worse over the last couple weeks. No known toxin exposure. Marked azotemia. had 2 seizures on Dec 10, 2025. thoracic rads unremarkable.

Current tx: IV fluids and maropitant.

Abnormal PE/Chem/CBC/UA Results: HCT 46% (N) WBC 20.4 (H) Neut 15.7 (H) Mono 1.86 (H) Plt 88 (not confirmed on manual) (L) Creatinine 526 (H 44-159) BUN 23.7 (H 2.5-9.6) Phos 2.65 (H) USG 1.009 pH 6.5 RBC 9/HPF

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was empty to collapsed in appearance owing to lack of lumen urine which prohibited full evaluation of the urinary bladder wall. No overt urinary bladder tumors. The proximal urethra was indistinctly visualized appearing overtly normal in structure and tone to a depth of 3.0 cm.

The left kidney was mildly enlarged in size with 1: 3 cortex/medulla ratio. Moderate hydronephrosis exhibiting moderate fluid dilated pelvis with fluid extending into lateral diverticuli. Subjective mild proximal left hydro ureter with subjective left ureter measuring 0.74 cm in diameter. The right kidney was mildly enlarged in size with 1: 3 cortex/medulla ratio. Marked hydronephrosis exhibiting moderate fluid dilated pelvis with fluid extending into lateral diverticuli. Minimal indistinct intact medullary parenchyma. Concurrent subjective proximal right hydro ureter measuring 0.92 cm in diameter. Bilateral retroperitoneal mild hyperechogenicity and minor volume retroperitoneal effusion.

Adrenal Glands

The left adrenal gland was indistinctly visualized owing to increased peri adrenal artifact. The right adrenal gland was not definitively visualized.

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

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 normal in appearance without signs of congestion. The gallbladder was indistinctly visualized with no evidence of overdistention or over posthepatic obstruction.

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 area of the pancreas was sonographically normal.

Free Abdomen

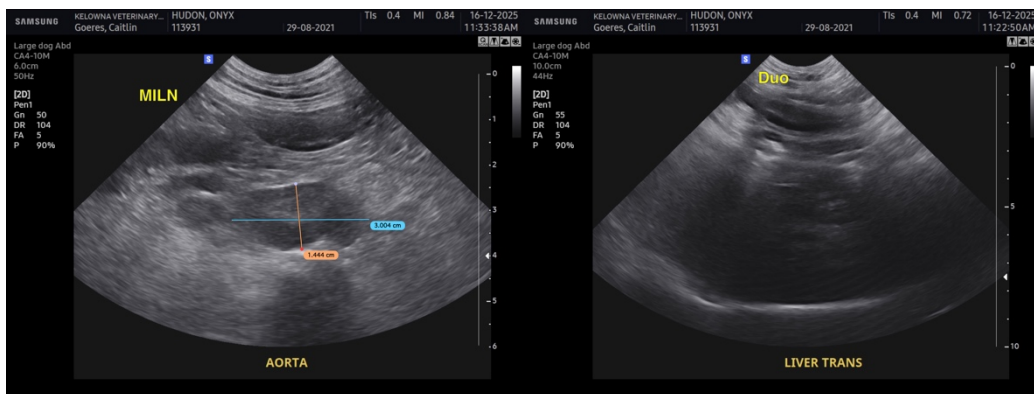
Mildly enlarged, non-homogeneous medial iliac lymph nodes were present with an example measuring 3.3 cm x 1.4 cm exhibiting borderline abnormal width: length ratio ~0.5. No overt visualized significant mid abdomen mesenteric lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

- Bilateral moderated to marked hydronephrosis with concurrent bilateral proximal hydro ureter, concurrent mild retro peritonitis
- Non-distended to collapsed urinary bladder
- Enlarged medial iliac lymph nodes – hyperplasia, inflammation, metastasis possible
- Sonographically normal gastrointestinal tract

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The kidneys are consistent with bilateral nephritis and associated retro peritonitis, likely concurrent ureteritis with potential non-obvious bilateral ureteral obstruction, infection and high concern for anuric renal failure given lack of urine in the urinary bladder. Correlation with performed pyelocentesis with C/S is recommended. Continued renal and gastrointestinal support with monitoring of urine production pending diagnostics is recommended. Extremely guarded to unfavorable prognosis indicated. Advanced imaging would be required for further clarification.





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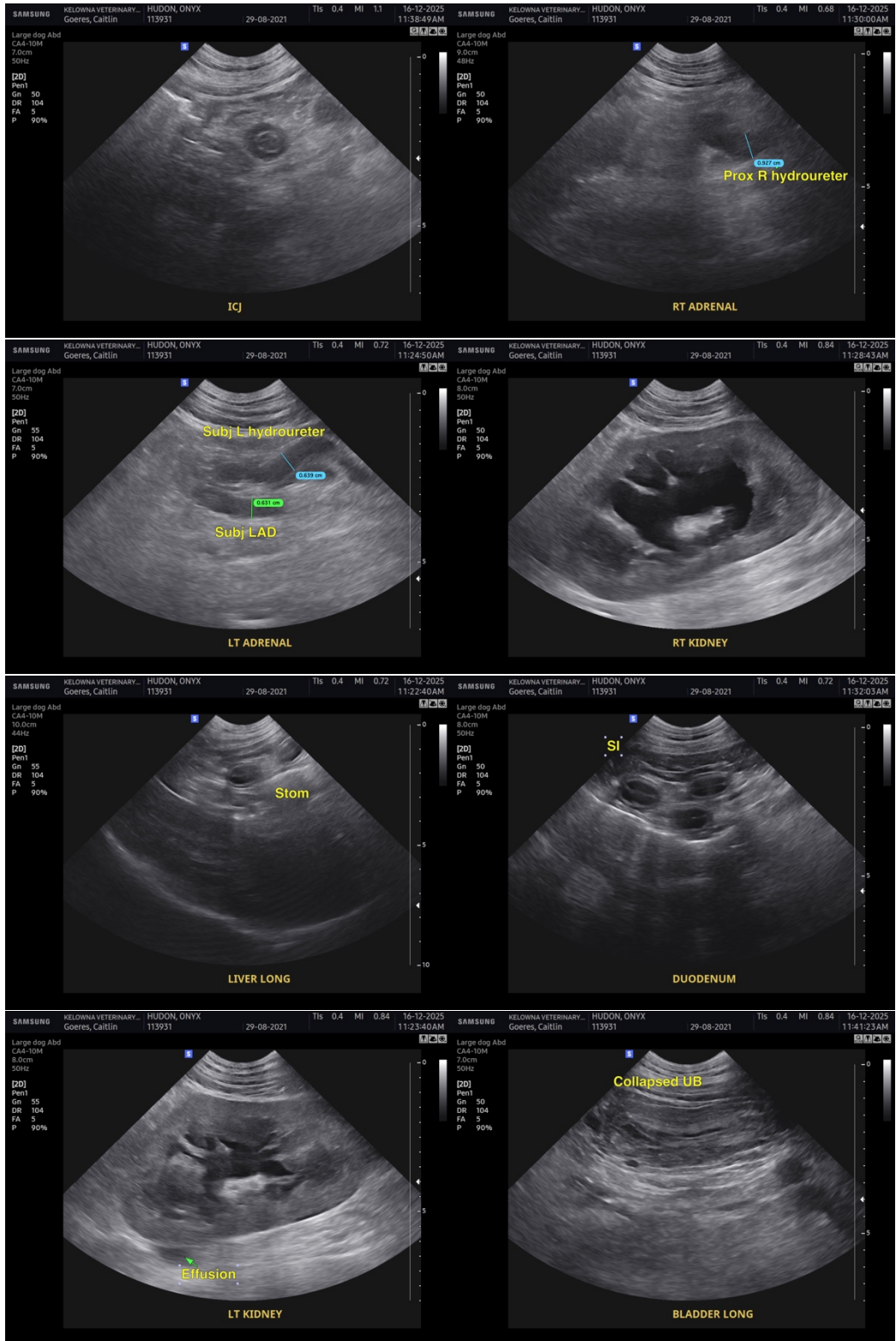
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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