



PATIENT

George Ore

SPECIES

Canine

BREED

Newfoundland

SEX

Male Neutered

AGE

7y

WEIGHT

51.4 kgs

INTERPRETED BY

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

IMAGING PERFORMED BY

Renee Triofetti, VMD

HOSPITAL NAME

Larkin VC

REFERRING VET

Blue Pearl Wyomissing

INVOICE

13214

DATE

2/18/26

PRESENTING CLINICAL SIGNS

History:

- AUS to further evaluate hematuria, hyporexia x 1 month, now anorexia, eating some hotdogs, lethargy, polydipsia (+/- PU), progressive weight loss (~ 10 lbs in 3 mos). BW shows panleukopenia, azotemia, dilute USG 1.011, MSU panel - secondary hyperparathyroidism, normal iCa, elevated parathyroid hormone, normal PTHrP.
- Meds: Prednisone taper completed about 1-2 weeks prior to AUS. Apoquel. Was on an antibiotic (completed) helped with hematuria.

Abnormal PE/Chem/CBC/UA Results: CBC: Hct 54.1%, WBC 2.9 L, Neut 2.43 L, Lymph 0.35 L, Mono 0.087 L, Eos 0.029 L, Plts 165-n, Clumping - Chem: SDMA 13 - high norm, Cr 2.1 H, BUN 21-n, TCa 14.7 H, Phos 4.0-n, Cl 107 L, normal LES, Alb 3.9-n, T.bili 0.1-n - UA: USG 1.011, pH 6.5, colorless, pro neg, inactive sediment - Hypercalcemia panel: iCa 1.32-n, Parathyroid Hormone 28.3 H (1.1-10.6), PTHrP 0.0 (0.0-1.0) - Interp: secondary hyperparathyroidism (renal dz vs nutritional def VitD, Chronic GI dz- malabsorption of VitD +/- Ca, Cushings) - 2V AXR: reported subj asymmetrical kidneys, NSF - MSU Full Interp: This elevated parathyroid hormone concentration in combination w/ normal ica reflects a status of secondary hyperparathyroidism, which is typically due to chronic renal disease, nutritional def of vitamin D, or both.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was mildly distended in size with normal tone. Subjective mildly thickened dorsal cystourethral junction wall area of the ureteral papilla potentially measuring 0.7 cm in diameter. The visible proximal urethra to a depth of 2.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild, non-dependent particulate urine sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

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

The area of the aortic trifurcation was free of pathology.

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. No evidence of pelvic dilation was present. The left kidney exhibited moderate hydronephrosis with concurrent diffuse to variable left hydro ureter to the approximate level of the ureteral papilla. Left ureter dilation measured 0.88 cm in diameter. The left kidney measured 8.4 cm in length.

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. Mild pyelectasia was present with proximal right hydro ureter measuring 0.6 cm in diameter. The right hydro ureter was not definitively visualized to the level of the urinary bladder, although not definitively excluded. The right kidney measured 8.0 cm in length.



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Adrenal Glands

The left and right adrenal gland was subjective borderline mild subnormal in size given patient breed and body weight. The left adrenal gland measured 0.52 cm width at the caudal pole. The right adrenal gland measured 0.58 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

The liver was subjective mild subnormal in size. 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 non-distended in size with thin walls and 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 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.

PRIMARY FINDINGS

- Subjective mildly thickened dorsal cystourethral junction wall area of the ureteral papilla, mild urinary sediment
- Left kidney moderate hydronephrosis with concurrent diffuse left hydro ureter to the level of the urinary bladder
- Right kidney mild hydronephrosis with proximal right hydro ureter
- Sonographically normal visualized gastrointestinal tract

SECONDARY FINDINGS

- Subjective subnormal liver/adrenal size – nonspecific with potential patient variant or secondary to recent steroid therapy



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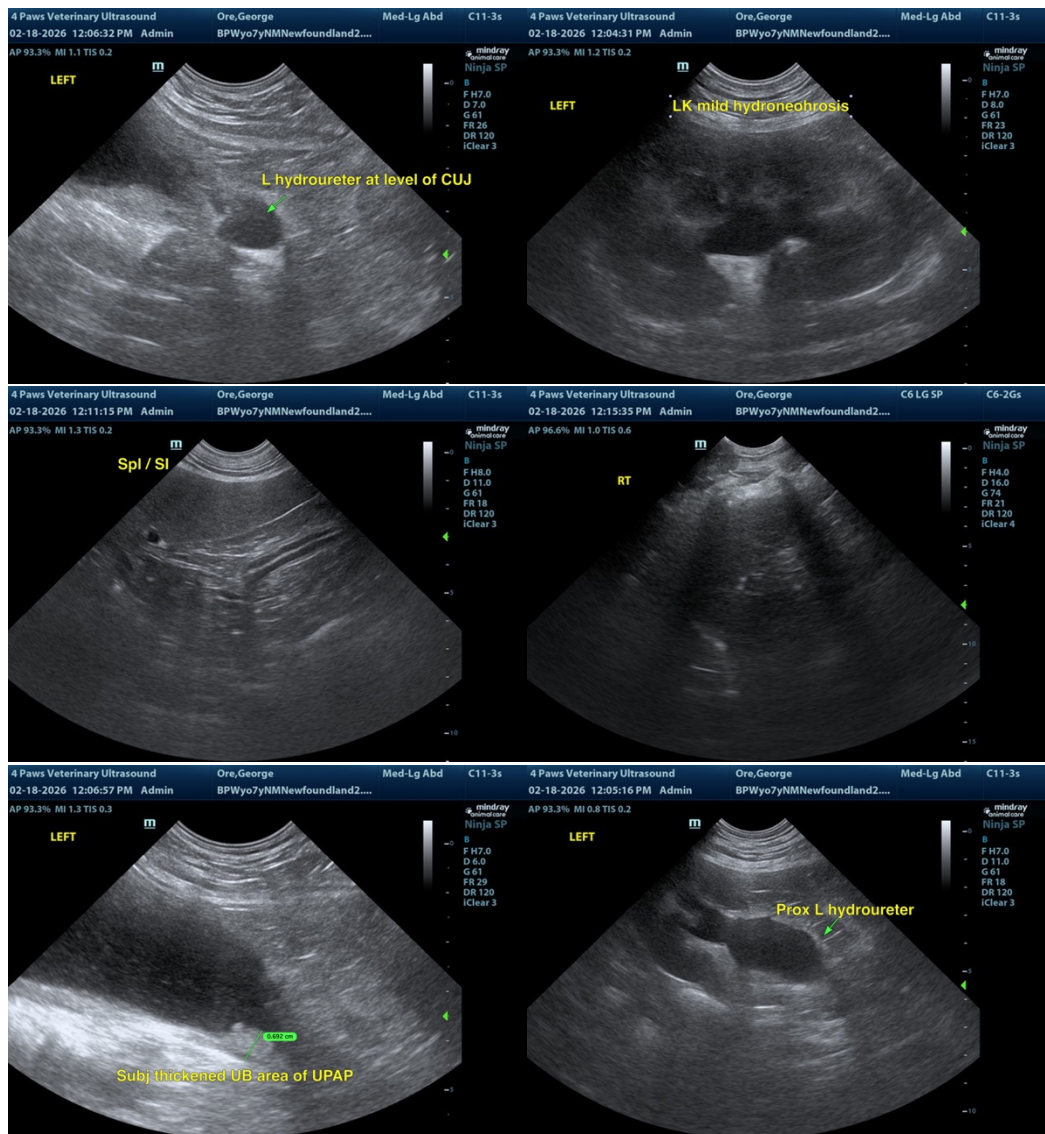
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The diffuse left hydro ureter and moderate kidney hydronephrosis strongly suggests non-obvious distal left ureter obstruction potentially associated with possible mild thickened bladder at the level of the ureteral papilla, non-obvious stricture, emerging mass with possible bilateral infection, i.e. pyelonephritis /ureteritis, all potentials. No overt visualized ureteral calculi. Full urinary workup including urinalysis, C/S and +/- UPC level if non-inflammatory proteinuria as well as contrast urography or Gold Standard CT with contrast indicated for further clarification. CBC pathology review, GI panel to include PLI/TLI/Cobalamin/Folate, screening BRAF assay and if not done, 3-view chest radiographs to assess for occult disease as a contributing factor to the sonographic findings and weight loss all warranted.





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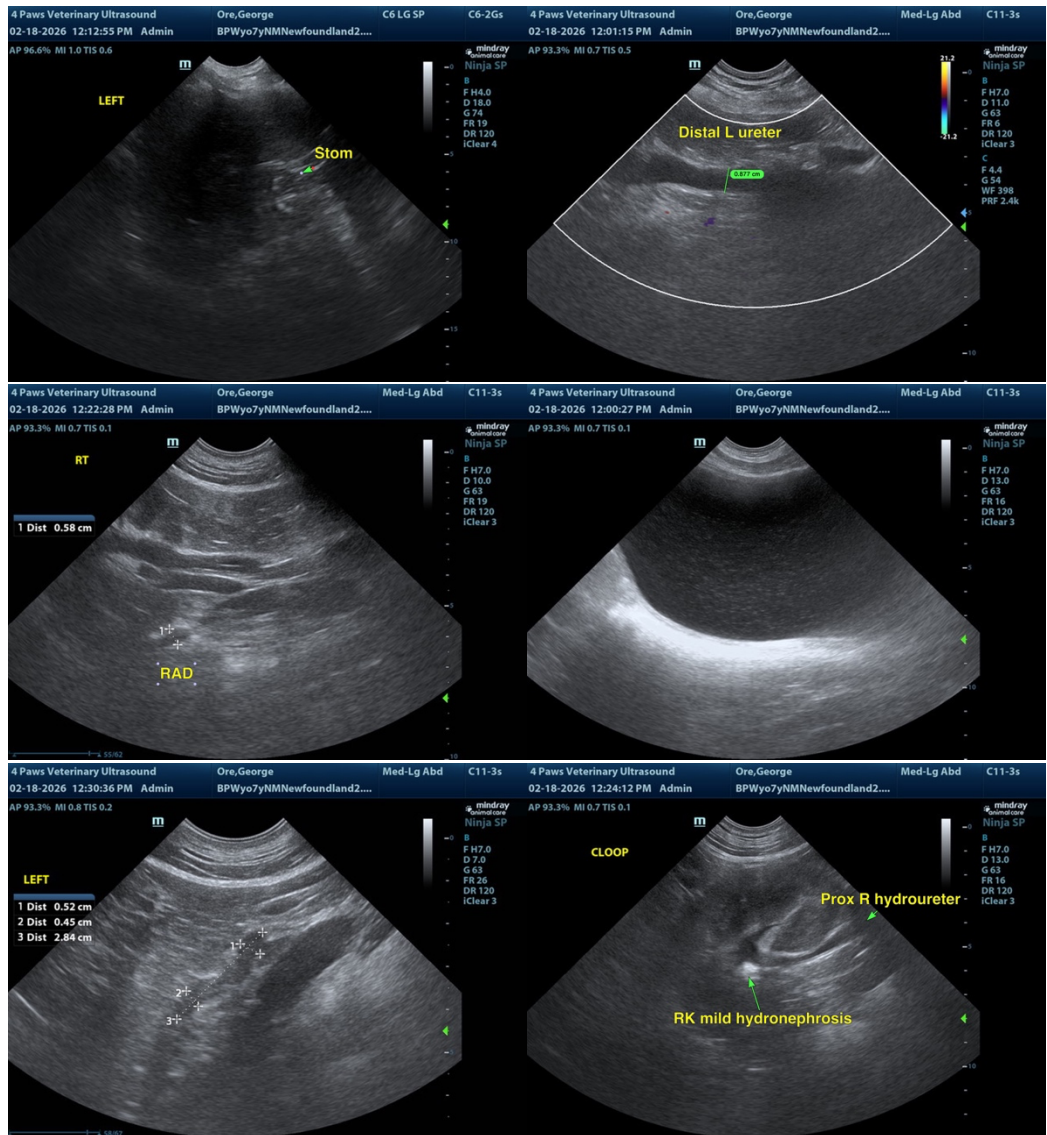
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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