



PATIENT

Lola Solinger

SPECIES

Canine

BREED

Labrador Retriever

SEX

Spayed Female

AGE

12 Years

WEIGHT

70 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Andrea Nason

HOSPITAL NAME

Caravan Vet

REFERRING VET

Dr. Andrea Nason

INVOICE

13620

DATE

02/05/26

PRESENTING CLINICAL SIGNS

- Lola had annual screening labs done in November and she had a low Albumin. She was worked up for and started on benazepril for PLN. At a recheck in December, her ALB had not improved and her UPC was 0.3. Benazepril was discontinued. She had a baseline cortisol that ruled out Addison's. At the end of January, her labs were re-run and she had a low BUN and ALB. She's clinically normal at home -normal appetite, stools, no vomiting. She has a history of CKD stage 1-2 and is managed on a prescription kidney diet. Abdominal scan to evaluate for liver abnormalities and/or other causes of the low ALB/BUN.

Abnormal PE/Chem/CBC/UA Results: BUN 8, ALB 2.1, GLOB 4.1, GLU 112, CHOL 272 UPC 0.5, USG 1.015, Thyroid and fecal testing normal Cortisol 5.7

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.

The area of the uterine remnant was free of pathology.

Normal size and margination was present in the left kidney. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. Mild to moderate pyelectasia was present within the left kidney with no evidence of hydronephrosis. The left kidney measured 6.7 cm in length.

The right kidney was not definitively visualized.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.86 cm width at the caudal pole.

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 & Gallbladder

The liver was possible borderline subnormal in size given the patient's breed and body weight. The liver parenchyma was uniform and hyperechoic to the spleen with a mild coarse echotexture.



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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 visible gastric walls exhibited intact wall layering without mural pathology or hypertrophy. The stomach contained mild to moderate shadowing ingesta without overt evidence of obstruction to pyloric outflow.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental mild nonshadowing intestinal ingesta.

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.

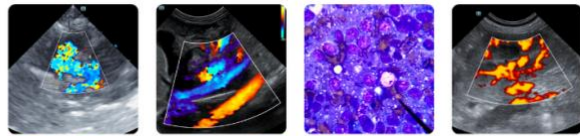
ULTRASONOGRAPHIC FINDINGS

- Left kidney chronic changes with pyelectasia.
- Sonographically normal yet possible borderline subnormal liver.
- Normal gastrointestinal tract with shadowing gastric and mild nonshadowing intestinal ingesta.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A definitive cause of the mild hypoalbuminemia was not obvious given most recent UPC. Further assessment may include given normal resting cortisol level, bile acid profile, and a GI panel to include PLI, TLI, cobalamin and folate. The pyelectasia may be secondary to chronic changes or pelvic scarring. Low grade potential for chronic left kidney pyelonephritis.

Screening urine culture and sensitivity on sterile urine sample is suggested. Shadowing gastric ingesta is not specific and may indicate dense food echogenicity. Correlation with most recent meal ingestion is recommended. If documented NPO or if non-reported gastrointestinal signs are present, hospitalization with confirmed 12-hour fast and sonographic reassessment is recommended.



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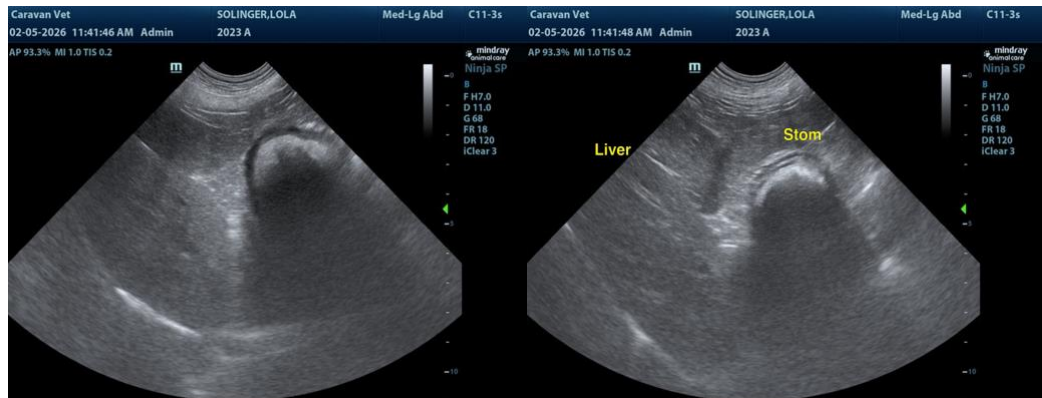
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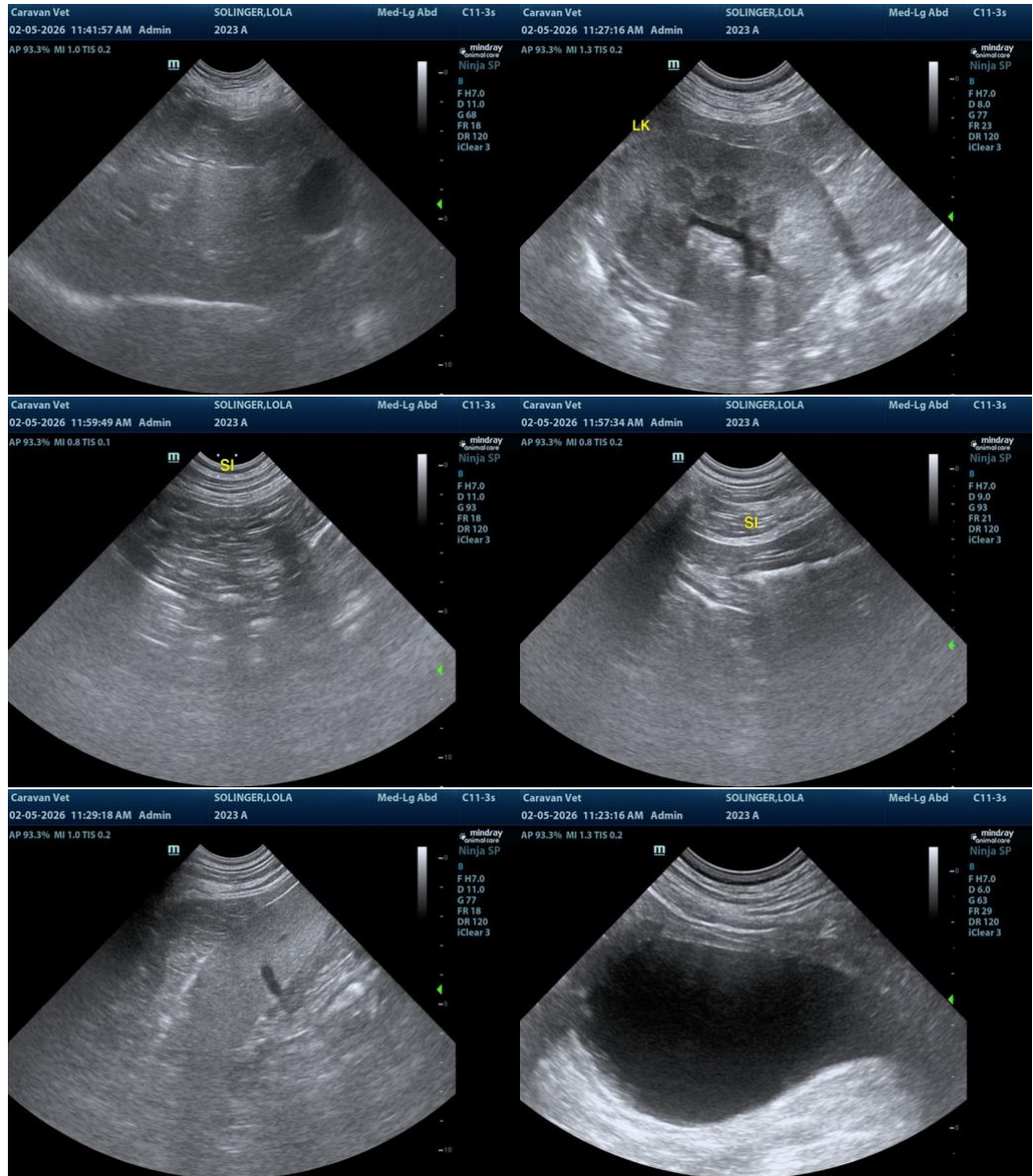
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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