



PATIENT

Penny Perry

SPECIES

Canine

BREED

Irish Setter

SEX

FS

AGE

13 years, 5 months,
3 weeks

WEIGHT

70 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sorbo

HOSPITAL NAME

JM Pet Resort &
Veterinary Clinic

REFERRING VET

Sorbo

INVOICE

10760

DATE

4/2/26

PRESENTING CLINICAL SIGNS

History:

- Urinalysis findings: - Adequate urine concentration, - Elevated urine protein:creatinine ratio (UPC): 1.4, - Protein level increased since August 2024
- Recent blood work (all within normal limits): - Creatinine: 0.9 mg/dL - SDMA: 3.1 µg/dL - BUN: 22 mg/dL - No azotemia present
- Discussed potential causes of proteinuria: - Pre-renal: proteins from blood pushed through kidneys (hypertension, systemic inflammation, arthritis/discomfort), - Renal: kidney disease, Post-renal: bladder or lower urinary tract pathology
- Current medications: - Carprofen BID (for arthritis), - Gabapentin q6h, - Vitamin E

Abnormal PE/Chem/CBC/UA Results: Reduced mobility, mm wasting. BP 134mmg on doppler. AUS intended to rule out renal and post-renal issues.

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 changes were noted.

No evidence of pathology in the area of the aortic trifurcation.

Normal size and margination were 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 measured 7.1 cm in length. The right kidney measured 7.1 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 0.73 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.82 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 was subjectively normal in size, structure, and contour. Normal hepatic vascular volume was present. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture.



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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 without evidence of retained ingesta, fluid, 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 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

- Sonographically unremarkable kidneys for age
- Normal adrenal glands

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no evidence of significant visceral pathology with a primarily mild age-related abdominal presentation. Expected mild age-related renal changes, given age, without evidence of significant chronic nephropathy or overt nephritis, were noted. Monitoring of UPC level going forward is advised. Empirical therapy for protein-losing nephropathy may be considered if UPC level >2.0 without concurrent azotemia. Assessment of systemic BP for evidence of hypertension is recommended. Early CKD therapy may be considered.





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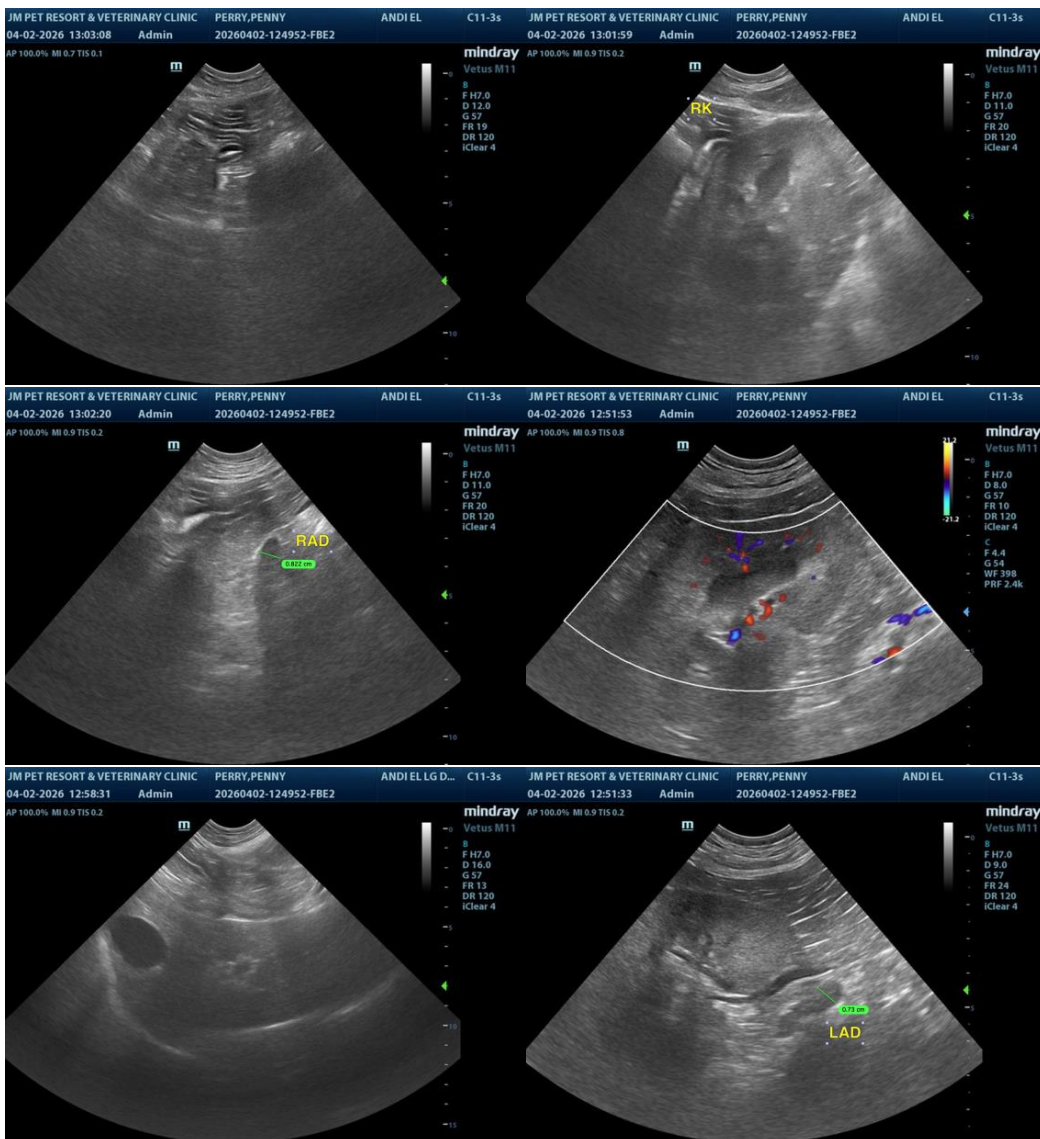
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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