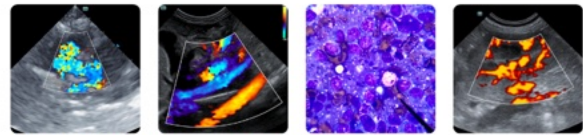


SonoPath www.carolinavetmobile.com
info@carolinavetmobile.com 800.808.5948

PATIENT

Sedona Johnson

SPECIES

Canine

BREED

English Springer Spaniel

SEX

Spayed female

AGE

14 years

WEIGHT

23 lbs

INTERPRETED BY

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM

IMAGING PERFORMED BY

Ginny Dodd, DVM

HOSPITAL NAME

Ginny Dodd

REFERRING VET

Dr. Dodd

INVOICE

77923

DATE

5/24/26

PRESENTING CLINICAL SIGNS

History: PU-PD, collapsing episodes in which her rear limbs give out and she lies down, no muscle contractions, loss of consciousness, or drooling, then she perks up in less than one minute
No history of exposure to toxins
Has been eating dirt over past 2 months
Abnormal PE/Chem/CBC/UA Results: PE: no heart murmur, no palpable organomegaly or abdominal pain CBC- WBC normal; RBC 2.08, HCT 14.7, sHgb 5.6, rbc indices normal, put 507, CHEM- AST 64 sl^, BU N >140, creat 4.5, T bil 0.6, amyl 1650, Lip 325=6, Mg 1.8<, No urinalysis

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is small almost empty with a normal thickness and smooth appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.

Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.

Normal renal size (left measured 4.4 cm, right measured 4.5 cm), architecture, increased echogenic appearance, some loss of cortico-medullary differentiation, mild bilateral pyelectasia and a regular curvilinear capsule. No infarcts, mineralization or renoliths evident. Normal color flow pattern is evident in both kidneys. A focal, hypoechogenic mass is noted in the cortex of the right kidney measuring 2.0 x 2.1 cm in size.

Adrenal Glands

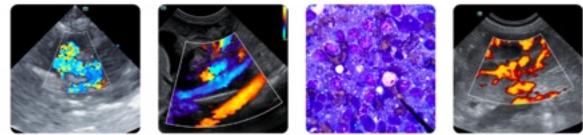
Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.57 cm in width. The right adrenal gland measured 1.59 cm in length x 0.4 cm and 0.41 cm in width.

Spleen

Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 1.2 cm in width.

Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.



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Gallbladder

The gallbladder is full containing a moderate amount of non-adhered, hyperechogenic sediment. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

Gastrointestinal

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen.

Pancreas

The visible sections of the pancreas are of normal size and echogenic appearance with a regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Renal disease.
- Left renal mass.
- Gallbladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the renal disease would be chronic kidney disease and acute on chronic kidney disease.

Etiologies for the renal mass would be neoplasia and granuloma.

The gallbladder sediment can be considered an incidental finding. It is highly unlikely that the presenting clinical signs are associated with ultrasonographic abnormalities as presenting clinical signs are indicative of primary neurological disease.

Although Addison's disease should still be considered.

Further assessment would be full neurological examination.

Urinalysis, three view thoracic radiographs, basal cortisol and/or an ACTH stimulation and FNA cytology of the renal mass. MRI scan could be considered to evaluate for intracranial disease.

Specific therapy would be dependent on an etiological diagnosis.

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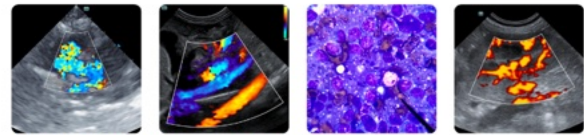

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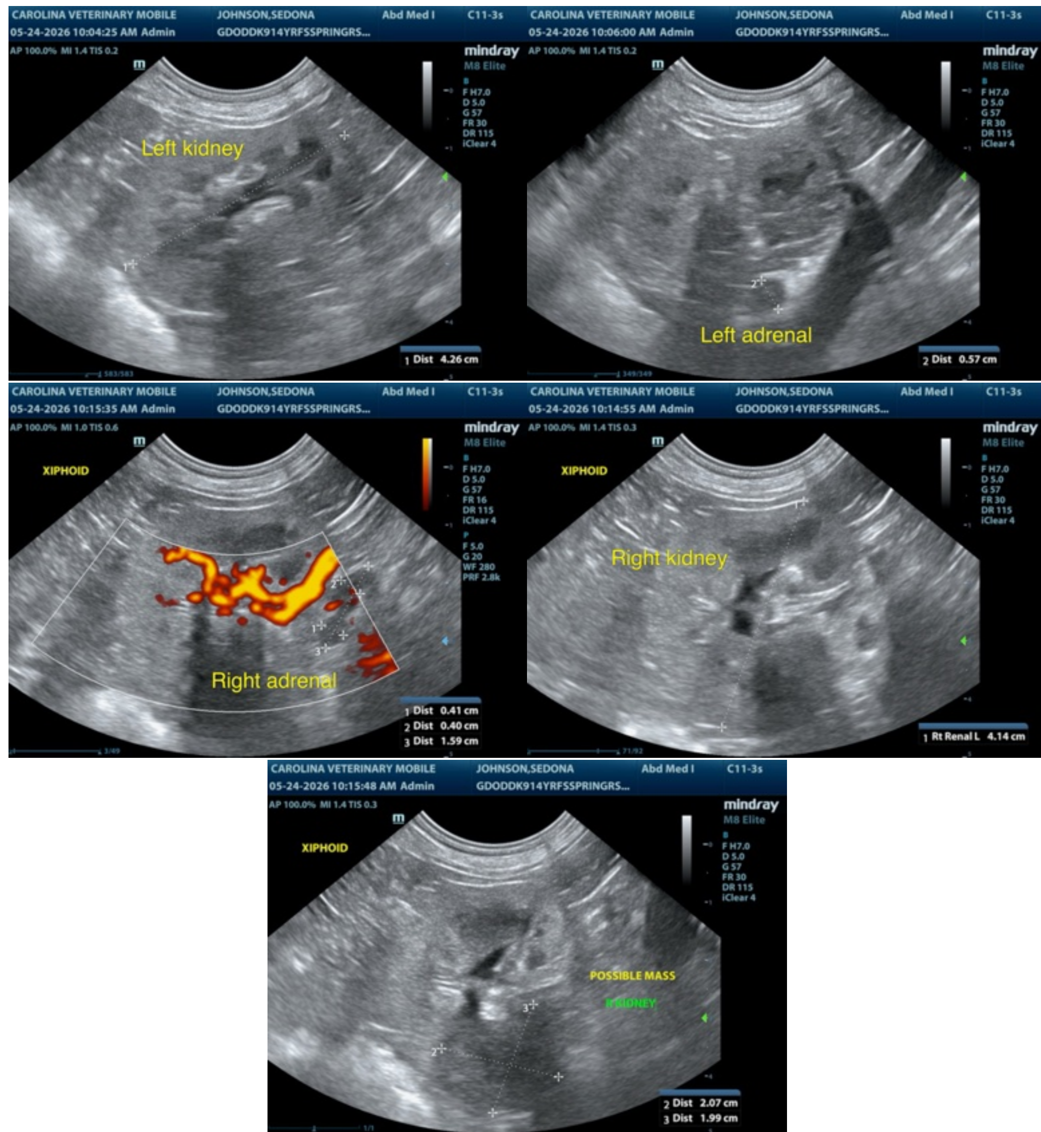

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)

info@sonopath.com