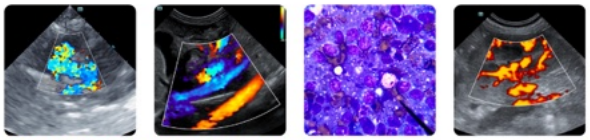


PATIENT

Frank Breton

SPECIES

Canine

BREED

Shar Pei

SEX

Neutered male

AGE

6 years

WEIGHT

25.8 kg

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Jessica Morgan

HOSPITAL NAME

Oxford County VC

REFERRING VET

Dr. Andratis

INVOICE

77772

DATE

5/20/26

PRESENTING CLINICAL SIGNS

History: -a few months ago urinated blood then resolved. Last 3 months has been PUPD. UA was done 4/27/26. Creat and SDMA are elevated. Bloodwork sent out for Lepto testing today. Rad taken of bladder today and no stones seen.
Abnormal PE/Chem/CBC/UA Results: Creatinine 159 (44 - 133 µmol/L) SDMA 14 (0-14) -attached bloodwork and abdominal rad

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder lumen is incompletely distended, and the urinary bladder wall measures approximately 3.98 mm in thickness. Although partial underdistension likely contributes to the apparent mural thickening, mild diffuse cystitis/inflammatory mural change cannot be excluded. The urine is anechoic. Normal appearance of the bladder neck and proximal urethra. The prostate gland was not confidently visualized during the current examination.

The left kidney is normal in shape and size: 5.43×3.16 cm, and the thickness of the cortex is 0.52 cm in the sagittal plane. The renal cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. No evidence of pyelectasia, nephrolithiasis, or hydronephrosis is identified. Doppler color interrogation demonstrates a normal vascular pattern.

The right kidney is normal in shape and size: 5.66×3.35 cm, and the thickness of the cortex is 0.59 cm in the sagittal plane. The renal cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. Mild hyperechogenicity of the right renal sinus/peripelvic tissues is present. Complete evaluation of the right renal pelvis and proximal ureter was limited, as adequate transverse imaging planes were not obtained for full characterization of the collecting system. Mild right-sided pyelectasia or subtle proximal ureteral distension therefore cannot be definitively excluded during the current examination. Doppler color demonstrates a normal vascular pattern.

Adrenal Glands

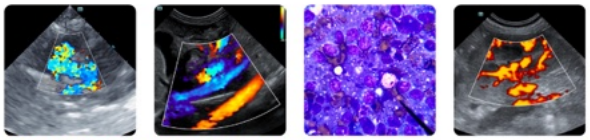
The adrenal glands were not visualized during the current examination.

Spleen

Splenic thickness is 1.98 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.

Liver

The liver is subjectively normal in size, with sharp edges and a regular contour. The liver parenchyma looks uniform and isoechoic compared to the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is observed.



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The gallbladder is normally distended. The gallbladder wall is thin and smooth. Mild-to-moderate non-shadowing biliary sludge is present within the lumen. No dilation of the cystic duct or common bile duct is identified.

Gastrointestinal

The stomach is empty and folded, with mural thickness measuring 3.29 mm and preserved wall layering. The pylorus measures 6.81 mm in thickness. Duodenum: 4.25 mm. Jejunum: 3.18 mm with preserved wall layering. No evidence of gastrointestinal obstruction, ileus, inflammatory mural change, or foreign material is identified.

Pancreas

The evaluated pancreatic regions do not show evidence of overt inflammation or neoplastic disease.

Free Abdomen

No sonographic evidence of abdominal effusion, peritonitis, or lymphadenomegaly is identified. The iliac trifurcation is normal.

PRIMARY FINDINGS

- Urinary bladder mural thickening, maybe partially influenced by underdistension.
- Mild hyperechoic change involving the right renal sinus/peripelvic region.

SECONDARY FINDINGS

- Mild-to-moderate biliary sludge.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The urinary bladder wall appears mildly thickened despite incomplete luminal distension. Although mild underdistension likely contributes to the measured thickness, the appearance raises mild concern for underlying inflammatory change involving the lower urinary tract.

Mild hyperechoic change involving the right renal sinus/peripelvic region is present. This finding is nonspecific, however, the combination of prior hematuria, current polyuria/polydipsia, mild azotemia, and incomplete characterization of the right renal collecting system raises concern for possible early ascending urinary tract infection, including pyelonephritis.

No convincing ultrasonographic evidence of advanced chronic renal degeneration is identified at this time. However, given the patient's breed predisposition and laboratory findings, early chronic nephropathy, including familial Shar Pei-associated renal disease/amyloidosis spectrum disease, cannot

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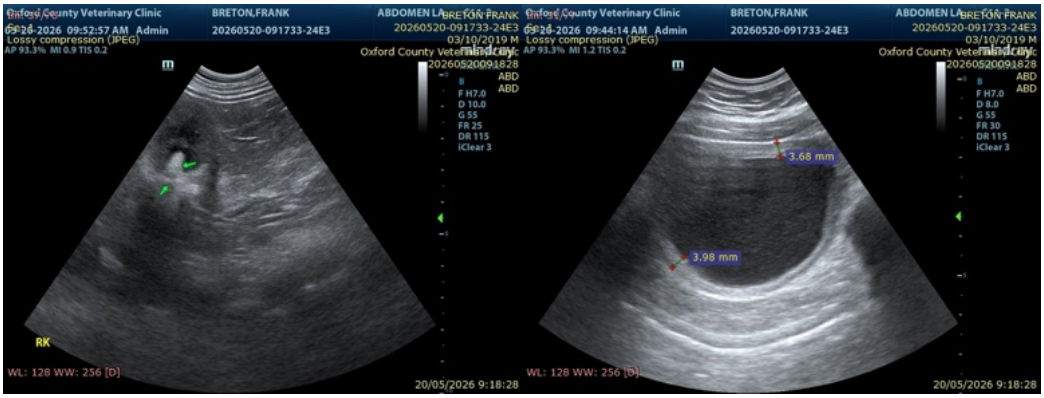
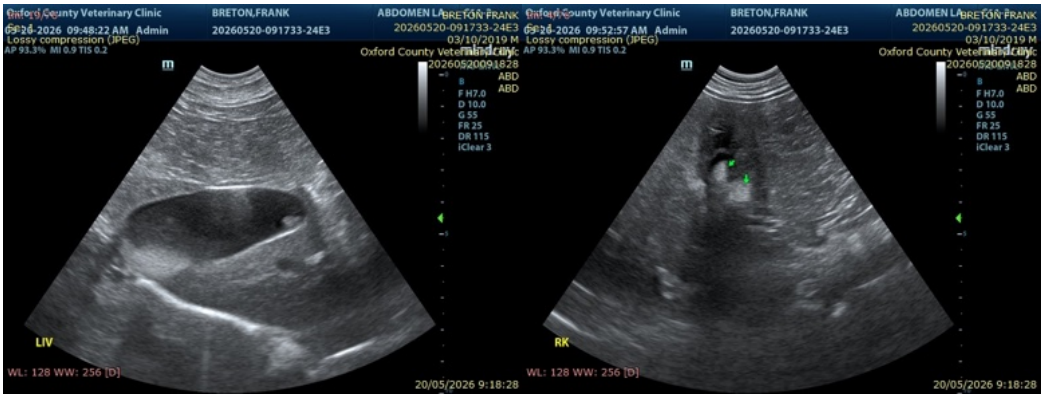
be excluded despite the relatively mild current ultrasonographic changes.

Recommendations

- Correlation with complete urinalysis, urine sediment evaluation, and urine culture/sensitivity testing is strongly recommended, particularly given concern for possible ascending urinary tract disease/early pyelonephritis.
- Correlation with serial renal values, SDMA, urine specific gravity, UPC, blood pressure, and clinical progression is recommended.
- Although current ultrasonographic renal changes are relatively mild, continued monitoring for chronic breed-associated nephropathy/familial Shar Pei renal disease remains advisable given the patient's breed predisposition and early renal laboratory abnormalities.
- Correlation with pending Leptospira testing is recommended, although the current ultrasonographic appearance is not specifically suggestive of acute severe leptospiral nephropathy.

Final diagnostic and therapeutic decisions should be made by the attending veterinarian, who can best integrate these findings with the patient's clinical status.





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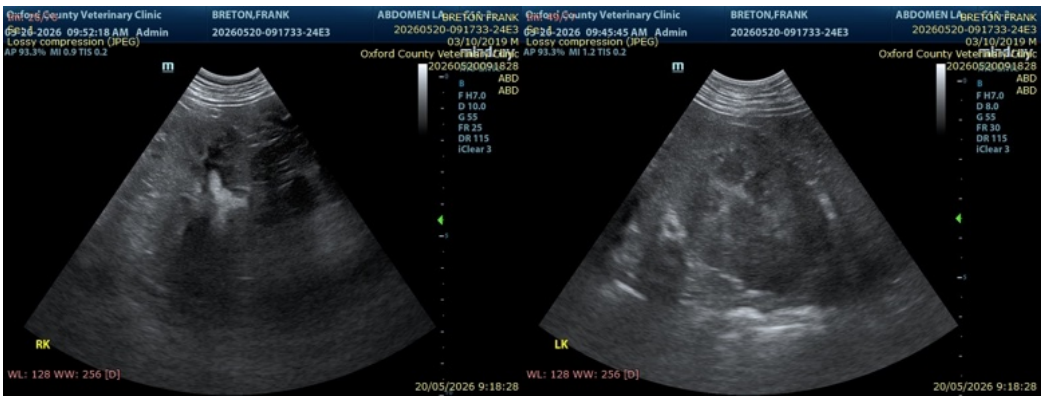

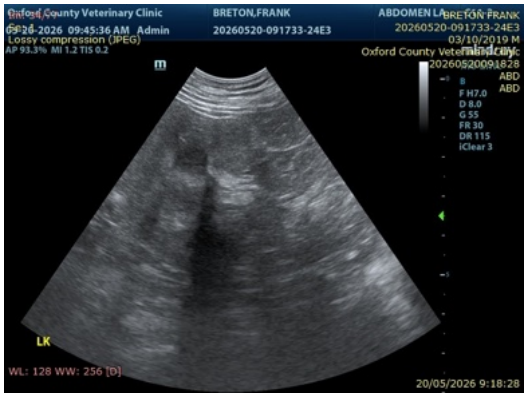

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Alicia Angosto Guerrero, DMV, PgDip, MSc.

info@SonoPath.com