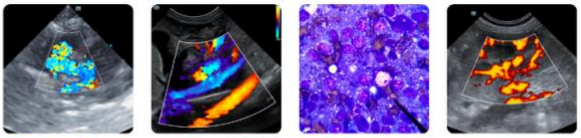

PATIENT

Tobias Strom

SPECIES

Canine

BREED

French Bulldog

SEX

Neutered Male

AGE

7 Years 2 Months

WEIGHT

6.8 kg

INTERPRETED BY

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Bond Vet Paramus

REFERRING VET

Dr. Jimenez

INVOICE

12297

DATE

11/17/25

PRESENTING CLINICAL SIGNS

Severe azotemia, wt loss, vomiting.

Abnormal PE/Chem/CBC/UA Results: SDMA-72 Cr-6.5 BUN-109 phos-11.6 cl-99 wbc-4k neut-2.8 lymph-0.6 USG-1.021 blood-2+ calc-2+ ox crystals.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately distended with anechoic urine. The bladder, trigone, and pelvic urethra are unremarkable with normal wall thicknesses and normal tone. The ureters were not visualized, which is a normal finding. There are no uroliths or sediment noted. The ureteral papillae appear normal. There is no evidence of inflammatory, infiltrative, or neoplastic disease.

The kidneys are normal in size and structure, with appropriate cortex to medulla ratio. The cortices are hyperechoic with a decrease in corticomedullary definition. There is mild dystrophic mineralization noted with no significant pyelectasis or pelvic dilation. There is also no shadowing pelvic mineralization or nephrolithiasis identified. The ureters are normal and there is no evidence of ureteral obstruction. The left kidney measures 4.87 cm. The right kidney measures 4.98 cm.

Adrenal Glands

Both adrenal glands are visualized and have normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measures 0.57 cm x 2.05 cm. The right adrenal gland measures 0.55 cm x 2.51 cm.

Spleen

The spleen is smooth with homogeneous parenchyma and hyperechoic to liver and renal cortical parenchyma. The capsule is without noticeable irregularity or deformation. The splenic vasculature is normal without signs of congestion, spontaneous echo contrast, or thrombosis. No evidence of acute or chronic inflammatory, neoplastic, or infarct are documented. The spleen measures 0.89 cm at the hilus.

Liver

The liver is subjectively normal liver size, contour, and structure. Parenchymal echogenicity is naturally coarse and hypoechoic to the spleen. Vasculature is within normal limits with no evidence of congestion.

The gallbladder wall is appropriately thin which contain a mild amount of suspended echogenic debris and dependent sediment. There is no evidence of intra- or extra-hepatic biliary dilation. The cystic and common bile ducts were normal. No hepatic lymphadenopathy is documented. There is no overt structural evidence of inflammatory, infiltrative or regenerative pathology evident.

Gastrointestinal

The stomach is moderately distended with echogenic contents and gas most consistent with normal ingesta. The pylorus appears patent with no overt evidence of pyloric outflow tract obstruction. The

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small intestine is nondistended with normal wall thickness. The muscularis layer is diffusely slightly prominent and hypoechoic with a mildly distorted 1:3 muscularis to mucosal ratio.

Pancreas

The visible pancreas is isoechoic to surrounding omental fat. The pancreatic duct and capsular contour are normal. There is no overt evidence of active inflammatory or neoplastic disease.

Free Abdomen

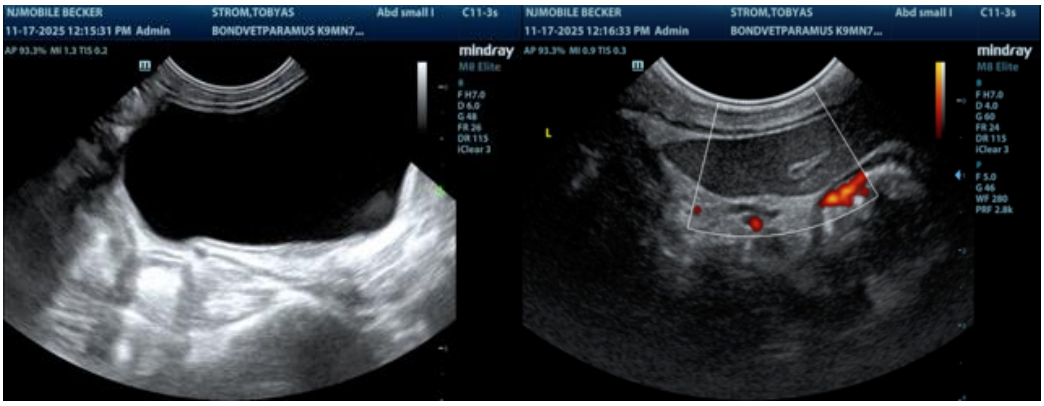
There is no significant lymphadenopathy or free fluid.

ULTRASONOGRAPHIC FINDINGS

- The kidneys display chronic changes consistent with chronic renal disease. The acute azotemia is suspected to be secondary to an acute on chronic renal injury. This may be the underlying cause of the gastrointestinal signs and vomiting, however, it is possible that a primary gastrointestinal problem resulted in a pre-renal azotemia and exacerbation of underlying renal disease.
- The gallbladder contains echogenic, suspended and dependent unorganized debris. This is not yet to the level of an organized mucocele, however early/developing mucocele cannot be ruled out. This dependent sediment is often an incidental finding or may be associated with concurrent endocrine disease such as hyperadrenocorticism or diabetes mellitus.
- The mildly thickened or prominent muscularis layer of the small intestine may be a variation of normal for this patient, however, infiltrative disease such as inflammatory bowel disease or other chronic enteropathy or infiltrative round cell neoplasia cannot be definitively excluded. There is no evidence of gastrointestinal obstructive disease noted at this time.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A urinalysis and urine culture via cystocentesis are recommended to evaluate the urinary tract changes for potential urinary tract infection. A gastrointestinal panel (TLI, PLI, B12, folate) via Texas A&M gastrointestinal laboratory is indicated to further evaluate for potential chronic enteropathy. Ultimately, gastrointestinal biopsies may be required for a definitive diagnosis. Pending additional diagnostics, fluid diuresis and symptomatic therapy for a underlying gastroenteritis as clinically indicated is recommended at this time.



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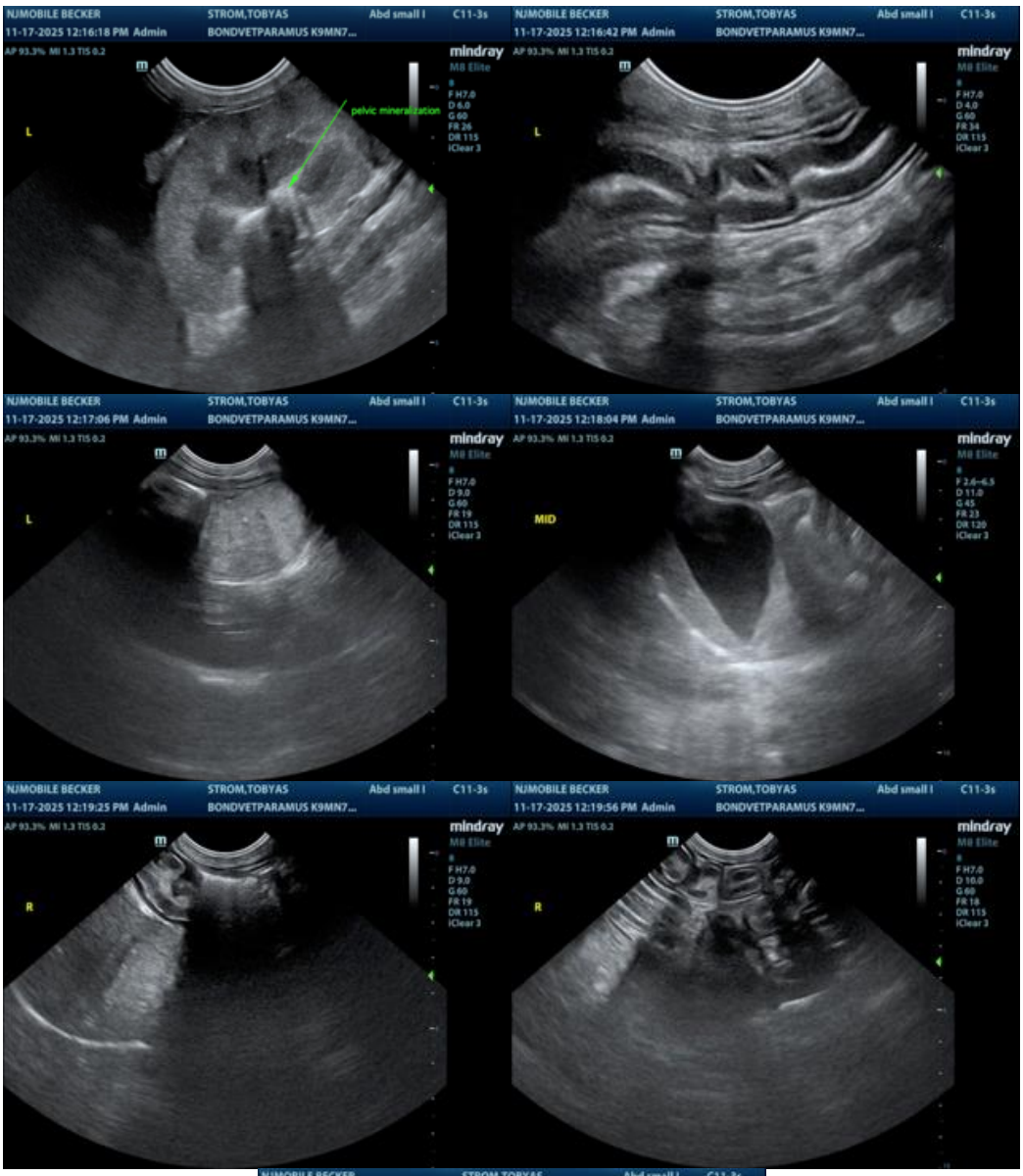

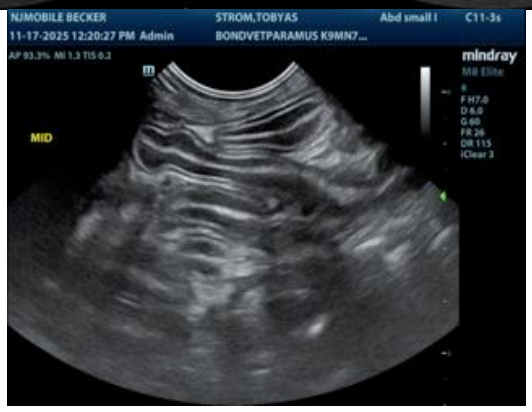

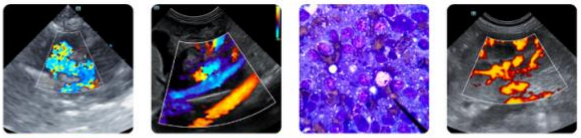

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

info@SonoPath.com