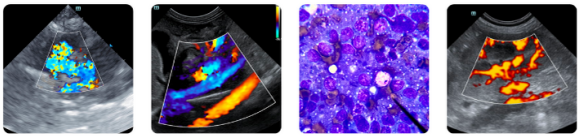

PATIENT

Colleen McClure

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Spayed Female

AGE

15 years

WEIGHT

11.6 lbs

INTERPRETED BY

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

IMAGING PERFORMED BY

Meghan Morse, LVT, CVT

HOSPITAL NAME

Bergen County Veterinary Center

REFERRING VET

Dr. Santo

INVOICE

11010

DATE

12/30/2025

PRESENTING CLINICAL SIGNS

Inappetance, elevated kidney values, hx of CHF, lethargic, PU/PD, tense on abdominal palpation
Current meds: Pimobendan, Spironolactone, Ursodiol, Hydrocodone, Theophylline, Proviable, Cerenia, Entyce.

Abnormal PE/Chem/CBC/UA Results: 12/30: BUN 87, Crea 3.3 12/26: BUN 95, Crea 3.1 12/4: BUN 68, Crea 2.4, Glob 4.6, ALT 131, ALP 302, HCT 345, Cystatin B 217 USG 1.018, suspect bacteria in UA.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary 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, and anechoic urine is present. The ureteral papillae appear normal. There is no evidence of inflammatory, infiltrative, or neoplastic disease.

The kidneys are normal in size. The cortices are hyperechoic with a loss of corticomedullar distinction. There is a normal cortex to medullar ratio with significant pyelectasis or pelvic dilation. There's mild multifocal cortical cystic changes and mild dystrophic mineralization bilaterally. The capsules are mildly irregular. Left kidney measures 3.68 cm, and the right kidney measures 4.08 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. Left adrenal measures 0.49 cm x 1.76 cm. The right adrenal measures 0.60 cm x 1.46 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 mildly enlarged in size, and diffusely heterogenous with ill-defined hypo- and hyperechoic nodular changes throughout. The contour is slightly rounded at the margins. Vasculature is within normal limits with no evidence of congestion. The gallbladder is mildly distended with anechoic bile, and a moderate 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.

Gastrointestinal

The stomach and intestines are free of stasis and peristaltic activity, with no significant dilation noted. There is normal wall thickness and acceptable curvilinear mural detail. The pyloric-duodenal junction and ileocecocolic junction are patent, and the colon contains normal shadowing feces. There is no

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evidence of shadowing obstructive material or overt infiltrative disease noted. No associated abnormal lymphatic activity is documented.

Pancreas

The base and limbs of the pancreas are 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 lymphadenopathy or free fluid noted in these images.

ULTRASONOGRAPHIC FINDINGS

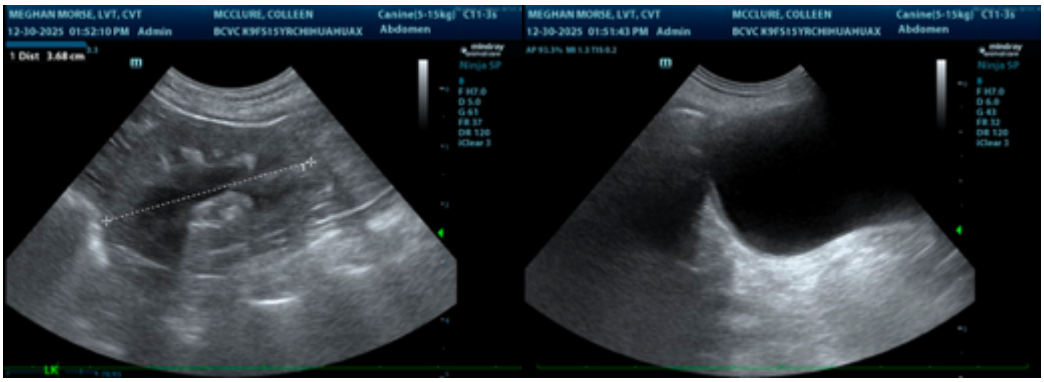
- The bilateral changes to the kidneys are indicative of chronic renal disease. The current azotemia is suspected to be an acute on chronic kidney injury.
- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory, immune-mediated, metabolic, or endocrine disease. Infiltrative neoplasia or acute hepatitis cannot be ruled out.
- 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.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

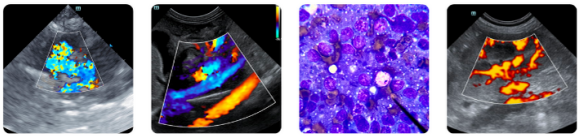
A urinalysis and urine culture via cystocentesis are recommended to evaluate the urinary tract changes for potential urinary tract infection.

If the sediment is inactive, and there is evidence of proteinuria, a urine protein-creatinine ratio is recommended.

Fine needle aspirates of the liver with cytology are recommended. A coagulation profile and platelet estimate prior to sampling are indicated to ensure the absence of coagulopathy. Occasionally some tissues are poorly exfoliative, or cytology is non-specific, in which case biopsy with histopathology may be required for a definitive diagnosis.



New Jersey Mobile
FUELED BY SONOPATH VETERINARY ULTRASOUND



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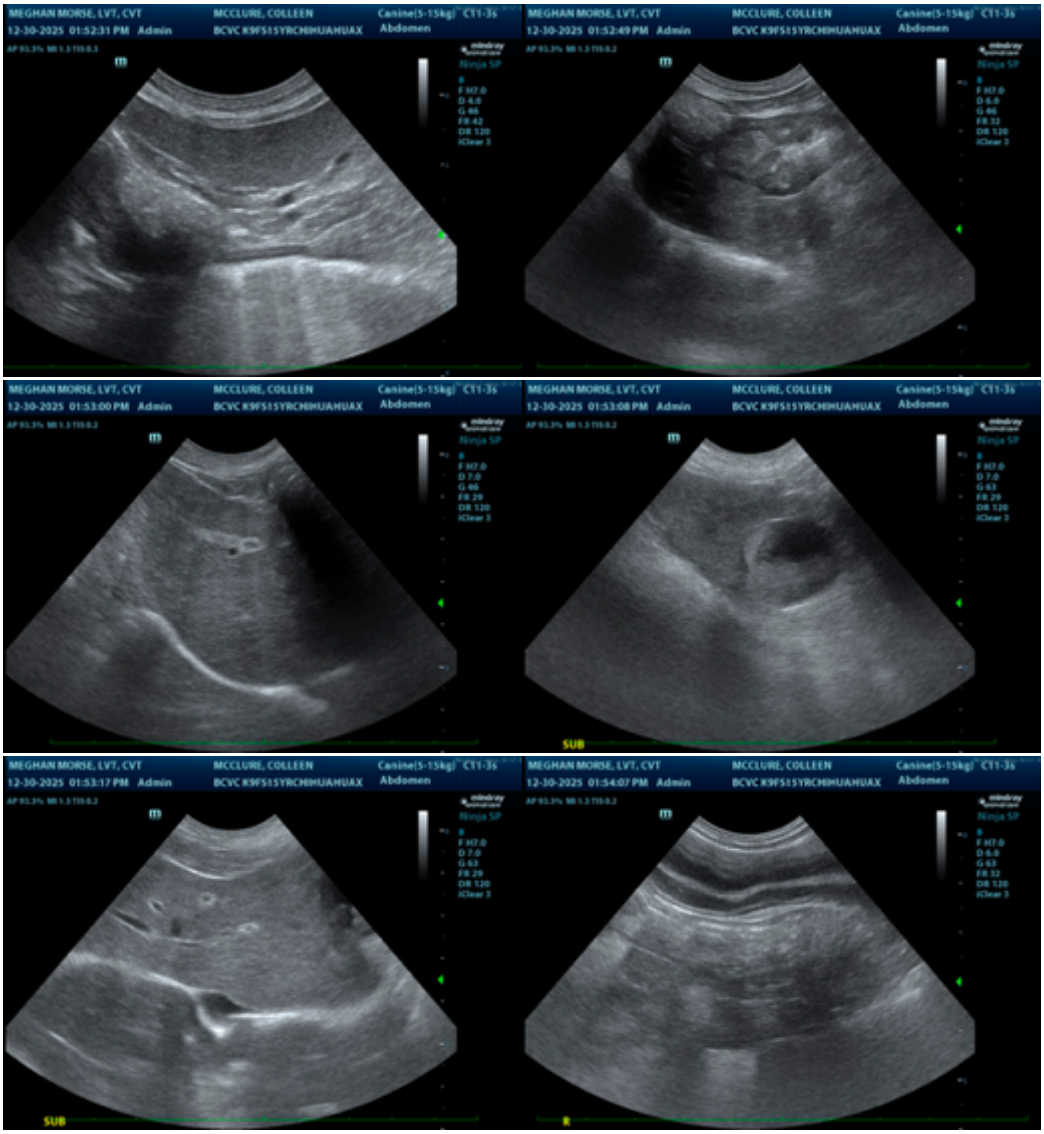

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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