



PATIENT

Pinky Donaldson

SPECIES

Canine

BREED

Bull Terrier

SEX

Spayed Female

AGE

6 Years

WEIGHT

25.7 kg

INTERPRETED BY

Bradley Harris, DVM,
 DACVECC, DACVIM
 (cardiology)

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Brant Paws Vet
 Hospital

REFERRING VET

Dr. Zaki

INVOICE

14005

DATE

03/02/26

PRESENTING CLINICAL SIGNS

- Acute renal injury of unknown reason. Hepatomegaly.
- Current Medications
- Enrofloxacin - from prev vet.

Abnormal PE/Chem/CBC/UA Results: High creatinine, BUN, SDMA & WBC

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately distended with a mild to moderate amount of suspended mobile echogenic debris. 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. The ureteral papillae appear normal. There is no evidence of inflammatory, infiltrative, or neoplastic disease.

The kidneys are normal in size and structure. Cortices are hyperechoic with a loss of corticomedullary definition. There is scattered pinpoint dystrophic mineralization throughout the renal cortices. The cortex to medulla ratio is appropriate and there is a mild degree of pyelectasis noted bilaterally. The capsules are mildly irregular. The left kidney measures 5.39 cm. The right kidney measures 5.81 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 2.1 cm x 0.54 cm. The right adrenal gland measures 2.57 cm x 0.60 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 1.57 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 has thin walls which contain anechoic bile. 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 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 ileocecolic 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 significant lymphadenopathy or free fluid.

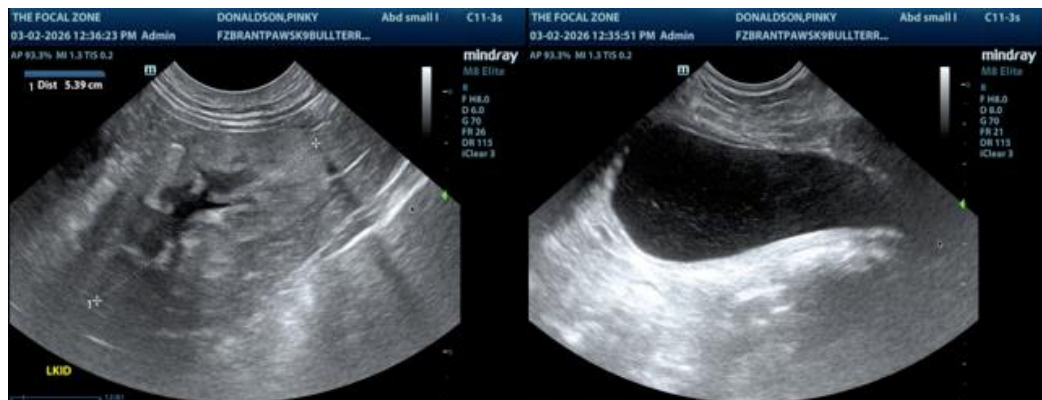
ULTRASONOGRAPHIC FINDINGS

- The urinary bladder contains echogenic, suspended debris contrasted with anechoic urine. This is often related to urinary tract infection but may represent exfoliated debris or sterile inflammation.
- The bilateral changes to the kidneys are consistent with chronic age-related degeneration remodeling. The presence of mild pyelectasis may indicate an ascending urinary tract infection or pyelonephritis. However, if the patient has received fluid therapy recently, this may also represent an iatrogenic change that is incidental. Given the appearance of the kidneys, an acute on chronic age-related renal insult is considered the likely underlying etiology for the abnormal biochemical values.

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.

Hospitalization with IV fluid diuresis is recommended at this time. Once samples are collected for urine culture, empiric antibiotic therapy should be considered pending additional diagnostics.





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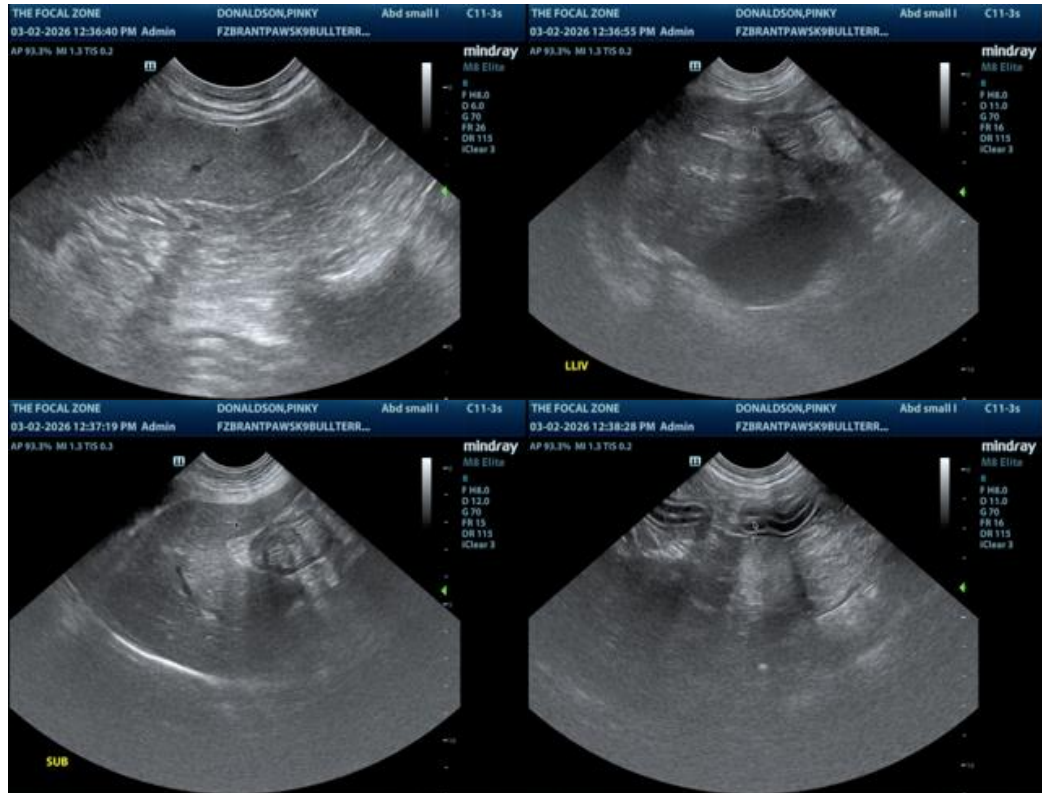
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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