



PATIENT

Pickles Huff

SPECIES

Canine

BREED

Pug

SEX

Male

AGE

16 weeks

WEIGHT

4.5 lbs

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Keisha Smitley, CVT

HOSPITAL NAME

Geary Veterinary
Services

REFERRING VET

Dr. Curtis Geary

INVOICE

10758

DATE

11/19/2025

PRESENTING CLINICAL SIGNS

Patient presented on 11/17 for not eating well for 48 hours and lethargy. Patient also has labored breathing present - and unable to keep food down. Owner does not believe he has gotten into anything.

Abnormal PE/Chem/CBC/UA Results: Patient has loss a significant amount of muscle mass. Significantly dehydrated. Has lost about a half a pound. Bloodwork Reveals: SDMA 52 (0-16) BUN >130 (7-29) CREA 3.9 (0.3-1.2) Phosphorus >16.1 5.1-10.4 Potassium 6.4 3.5-5.5 Amylase 1,946 Pancreatic Lipase 268 Urinalysis: Rod bacteria confirmed in urine Urine Protein 500 Non-Hyaline casts present in urine Renal values have gotten worse in 48 hours despite supportive care.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with a moderate amount of echogenic non-shadowing debris, most consistent with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can present with echogenic debris. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The prostate is unable to be well visualized in these images.

Kidneys are normal in size and contour. A relatively uniform hyperechogenicity is observed with mildly decreased corticomedullary distinction. There is no pyelectasia noted and no mineral is observed. No overt masses/nodules are observed. Left kidney measures 3.76 cm, and the right kidney measures 4.29 cm.

Adrenal Glands

The adrenal glands are unable to be visualized in these images.

Spleen

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly over distended with a small to moderate amount of echogenic non-shadowing luminal contents, fluid, and



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gas consistent with normal ingesta. There is no evidence of obstruction or foreign material noted. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The pancreas that is observed appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no visible free peritoneal effusion noted in these images.

There is no apparent pathologic lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

- The appearance of the kidneys is concerning for interstitial nephritis or glomerular nephritis versus toxic insult and/or infectious disease i.e. leptospirosis, pyelonephritis, other. Infiltrative disease such as infiltrative neoplasia is thought less likely but can't be definitively ruled out without tissue sampling.
- A moderate amount of echogenic urinary bladder debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If not already evaluated, assessment of urine specific gravity prior to receiving fluids at the time of the azotemia discovery, is recommended.

Additionally, as is reportedly already pending, a urine culture is recommended.

Given the reported progression of azotemia, despite fluid therapy, close monitoring of patient's body weights, urine output, etc., is recommended to help determine whether the progressive azotemia is truly progressive renal disease versus progressive pre-renal azotemia/dehydration from not replacing previous losses/addressing dehydration and/or not keeping up with current ongoing losses.

Testing for leptospirosis could be considered.

Ultimately, given the concern that this is at least in part an acute process, potentially an acute on chronic process, combined with patient's lack of response to management so far, consultation with and/or referral to a veterinary internist with possible consideration of dialysis, could be considered if available and appropriate.

A blood pressure is also recommended if not recently evaluated.



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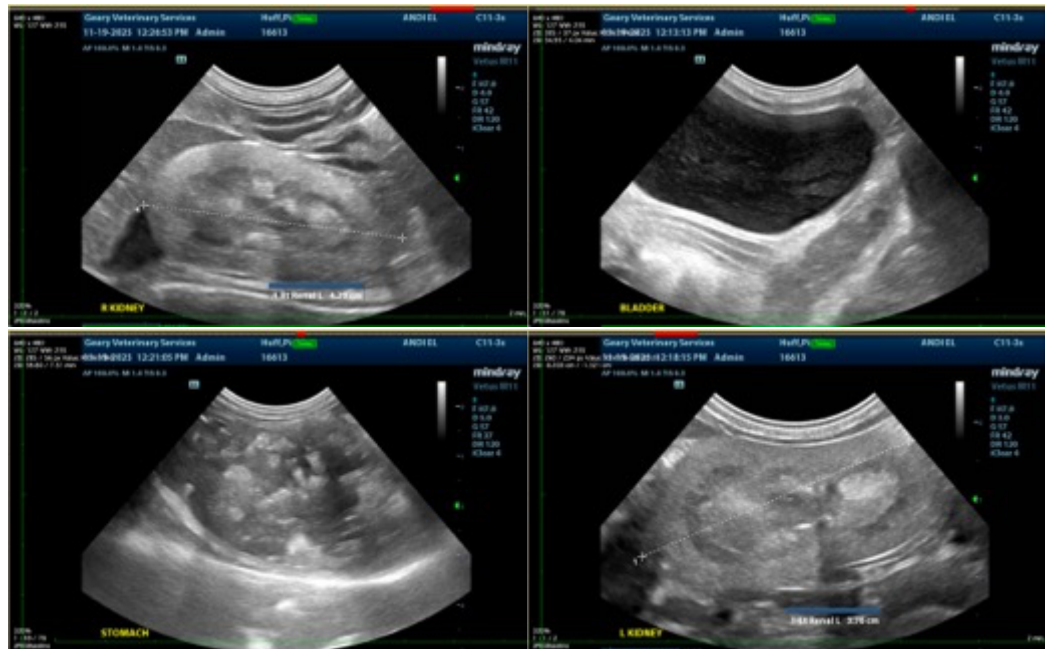
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM, DACVIM
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