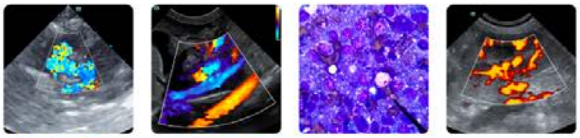

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PATIENT

Dewey Noyes

SPECIES

Canine

BREED

Pug

SEX

Intact Male

AGE

6 Years

WEIGHT

16.8 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Dog & Cat Clinic of Niagara

REFERRING VET

Dr. Sneider

INVOICE

71972

DATE

11/20/25

PRESENTING CLINICAL SIGNS

Inappetance since 11/18/25(usually loves food) No diarrhea but vomited once yesterday and was chunks of material Lethargic since 11/19/25 lots of gas palpable consistent tremoring since 11/19/25 No meds

Abnormal PE/Chem/CBC/UA Results: Please see attached radiographs and blood results. Pancreatic testing out to lab is pending.

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 occasional echogenic non-shadowing debris, most consistent with exfoliated cells, mucous and/or small blood clots, as well as a very large amount of both suspended and dependent mineral “sand” debris. Both sterile inflammation as well as urinary tract infection can present with echogenic debris. No masses or discrete definitive cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Prostate is normal in size for an intact male (1.75 cm wide). Parenchyma is diffusely homogenous and relatively hyperechoic. Normal distinct margins and symmetrical bilobed shape are maintained.

The right kidney is normal is size (5.4 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of infarcts observed. Marked pyelectasia is present measuring 2.0 cm dilated, extending into a dilated ureter that measures approximately 0.46 cm dilated to the level of an intraluminal 0.77 cm mineral shadowing density approximately 3.0 cm from the kidney. Tracing the ureter is lost after that suspected ureterolith. A hyperechoic band parallel to the corticomedullary border is present.

The left kidney is normal is size (4.14 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed. A hyperechoic band parallel to the corticomedullary border is present.

Adrenal Glands

The right adrenal gland is normal in size (0.79 cm at cranial pole and 0.47 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

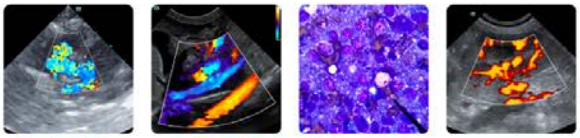
The left adrenal gland is normal in size (0.44 cm at cranial pole and 0.41 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

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



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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 empty with no evidence of obstruction, foreign material or infiltrative disease. 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.

Both testicles were visualized without evident testicular pathology.

ULTRASONOGRAPHIC FINDINGS

- Marked pyelectasia in the right kidney, which appears to be secondary at least in part to a right ureterolith or intraureteral mineral. Concurrent infection is also likely.
- Very large amount of echogenic urinary bladder mineral/sand debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A urine culture is recommended if not recently evaluated.

Additionally, and/or alternatively, direct sampling of the right renal pelvis could be considered for cytology, culture and sensitivity if patient's coagulation status is appropriate.

In the meantime, in addition to supportive/symptomatic medical management of clinical signs, beginning medical management empirically for possible pyelonephritis as well as at least a partially obstructive right ureterolith is recommended while closely monitoring the right kidney and ureterolith to help determine whether more aggressive intervention up to and including surgical intervention may be necessary to preserve right kidney function.

If available, consultation with and/or referral to a specialty hospital and veterinary internist could be considered.

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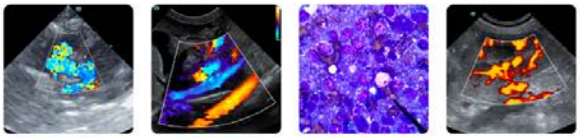

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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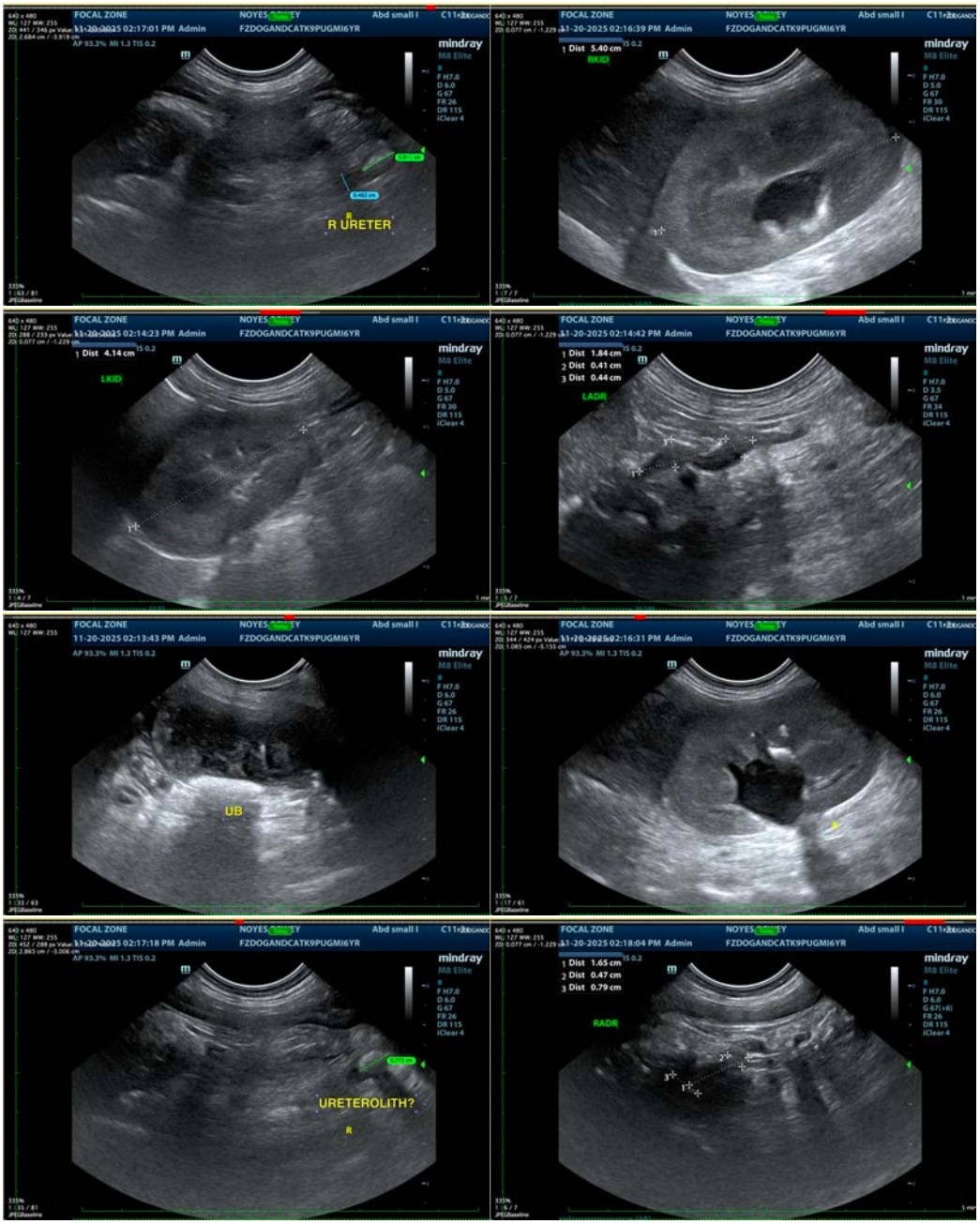

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 info@sonopath.com