



PATIENT

Frankie Murray

SPECIES

Canine

BREED

Mixed

SEX

Spayed Female

AGE

2 years

WEIGHT

13.4 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Natalia Franco

HOSPITAL NAME

Eagleson Veterinary
Clinic

REFERRING VET

Dr. Orisha Yacyshyn

INVOICE

10681

DATE

11/4/2025

PRESENTING CLINICAL SIGNS

Presented for acute vomiting episodes that resolved after a day. Then shaking, uncomfortable with decreased appetite. Azotemic. Urine culture and Leptospira PCR pending.

Abnormal PE/Chem/CBC/UA Results: Bloodwork - BUN 28.3 (n<8.9) - PHOS 2.56 (n<2.13) - CRE 333 (n<124) - Glucose 7.2 (n<6.1) - Lipase normal - 4DX negative - Resting cortisol 164 - normal Urinalysis - 1.015 - 6 WBC/hpf, rods suspected - RBC 32/hpf Radiographs - liver normal, stomach appears empty, SI normal - kidneys appear bilaterally enlarged (7.8 on ultrasound, normal 5-6.7)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Kidneys are bilaterally uniformly enlarged/swollen (Left kidney measures 7.2 cm, and the right kidney measures 7.6 cm) with an overall hyperechoic echogenicity and slight loss of corticomedullary definition. Normal smooth peripheral margination and shape are maintained. The renal pelvis are dilated with anechoic fluid and hyperechoic thickened pelvic fat. No overt evidence of neoplasia or mineral is observed. The perinephric area is enhanced by hyperechoic fat and mesentery.

Adrenal Glands

The right adrenal gland is normal in size (1.3 cm at cranial pole and 0.6 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is unable to be well visualized in these images.

Spleen

The spleen is subjectively normal in size (1.7 cm thick at the hilus) 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 distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction or foreign material noted. Pyloric outflow tract appears patent.



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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 consistent with pyelonephritis. Other causes of nephritis, including chronic interstitial nephritis or glomerulonephritis, toxic insult and/or other infectious disease such as leptospirosis, etc., can't be ruled out. Similarly, infiltrative disease such as neoplasia/lymphoma, while thought less likely, can't be ruled out without tissue sampling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

As is reportedly already pending, a urine culture is recommended as is testing for leptospirosis.

In the meantime, beginning empirical medical management for suspected acute kidney insult secondary to infectious disease i.e. pyelonephritis, is recommended while closely monitoring for improvement. Treatment recommendations to consider include supportive/symptomatic medical management of clinical signs i.e. antiemetics, gastroprotectants, an appetite stimulant, fluid therapy to address any pre-renal component/dehydration, pain management if clinically indicated, empirical broad spectrum antibiotics while awaiting culture and sensitivity results while monitoring patient's body weight, urine production, and azotemia.

A blood pressure is also recommended if not already evaluated.





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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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