



PATIENT

Aurora Geerders

SPECIES

Canine

BREED

Husky

SEX

Intact Female

AGE

6 Months

WEIGHT

18.45 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Renee Trionfetti, VMD

HOSPITAL NAME

Cypress Veterinary
Clinic

REFERRING VET

Laura Johnson, VMD

INVOICE

72947

DATE

2/12/26

PRESENTING CLINICAL SIGNS

AUS to further evaluate mild azotemia, elevated SDMA, and monocytosis (mild), borderline proteinuria on UPC. Found on pre-op bloodwork for spay. Reported to be doing well at home, no urinary signs, normal E/D. Other dog in home, sibling, same age noted to have similar BW changes.. Reported the whole litter has elevated renal values. This was a rescued litter.

Meds: Simpirica Trio

Abnormal PE/Chem/CBC/UA Results: Chem: SDMA 17 H, Cr 1.7 H, BUN 32 H, remainder NSF - CBC: Hct 53%, monos 0.783 mild H, Plts 276-n, remainder NSF - UA: USG 1.056, pH 6.0, Pro trace, inactive sediment - Urine Cystatin B: 257 H (0-99) - UPC: 0.2- borderline - 4Dx: Neg x 4

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.

The right kidney is normal in size (5.23 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.

The left kidney is normal in size (5.5 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.

Adrenal Glands

The right adrenal gland is normal in size (1.2 cm at cranial pole and 0.56 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.34 cm at cranial pole and 0.36 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

The spleen is subjectively normal in size (2.2 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.



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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.

Mesenteric lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

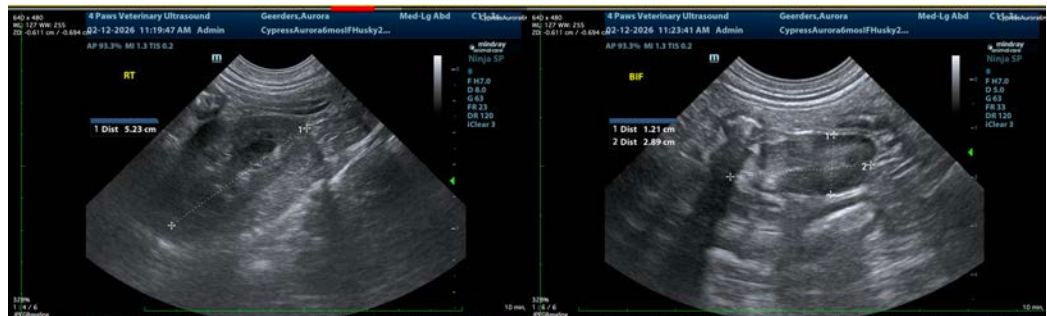
ULTRASONOGRAPHIC FINDINGS

- Very mildly reactive mesenteric lymph nodes – This finding is likely largely in part normal patient variant, given patient’s young age. Infiltrative neoplastic disease cannot be ruled out but is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Similar to Zeus, early or emerging/mild chronic kidney disease can’t be ruled out, but there is no definitive ultrasonographically visible evidence of it or an underlying cause. Therefore, further evaluation/management, if appropriate, of any toxin exposure, infectious disease including urinary tract infections, etc. is recommended while monitoring values for improvement versus progression, etc.

In the meantime, routine general health maintenance is recommended, including empirical parasite control/deworming.





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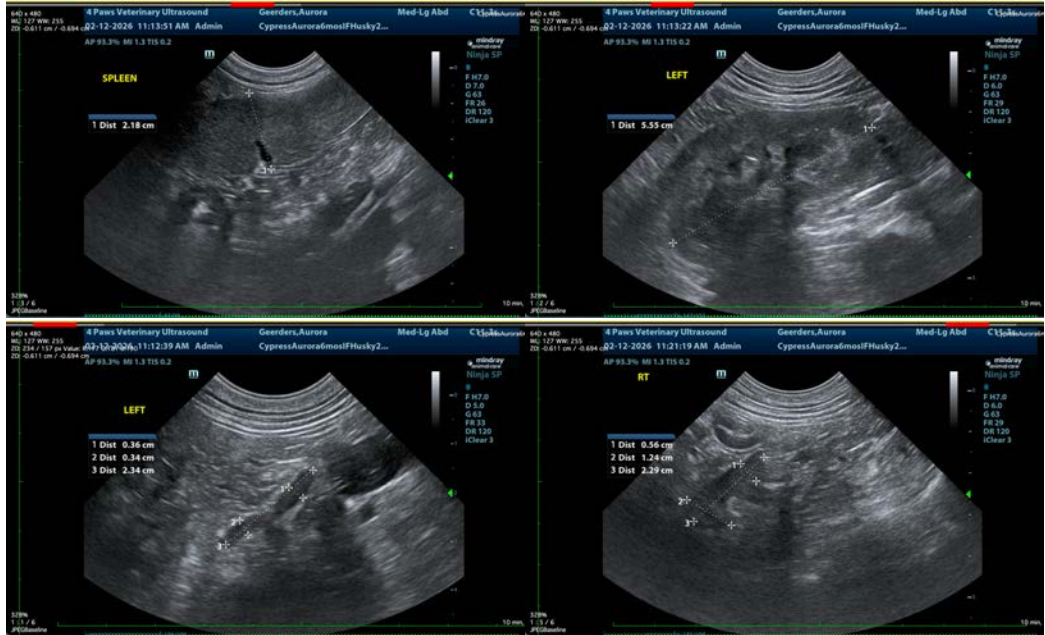
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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