



## PATIENT

Lucy Chinchilla

## SPECIES

Canine

## BREED

Golden Retriever

## SEX

Female

## AGE

4

## WEIGHT

42

## INTERPRETED BY

Beth Johnson, DVM  
DACVIM

## IMAGING PERFORMED BY

Jenn

## HOSPITAL NAME

Rockaway Animal  
Hospital

## REFERRING VET

Dr. Maniar

## INVOICE

72691

## DATE

2/4/26

## PRESENTING CLINICAL SIGNS

Vomiting bile Had prev abd u/s's on 8/29/24 and 11/22/24 Showed R renal aplasia and L renal dysplasia

Abnormal PE/Chem/CBC/UA Results: Creat 5.2 BUN 54 K 6.4 Chol 355 Lipase 230

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder is adequately distended with anechoic contents. The urinary bladder wall is normal in thickness with a smooth mucosal surface. However, in the area of the trigone, along the dorsal aspect, is an approximately 2.5 cm long x 1.2 cm thick echogenic density that almost appears to be an echogenic, fluid-filled, oblong density concerning for possible ureterocele versus other.

In the area of the left kidney there is a very subtle, non-specific density with some subtle renal architecture but not enough to even further describe or measure.

No right kidney is visible.

### Adrenal Glands

The right adrenal gland is normal in size (0.56 cm at cranial pole and 0.54 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.74 cm at cranial pole and 0.78 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 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.



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## 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.

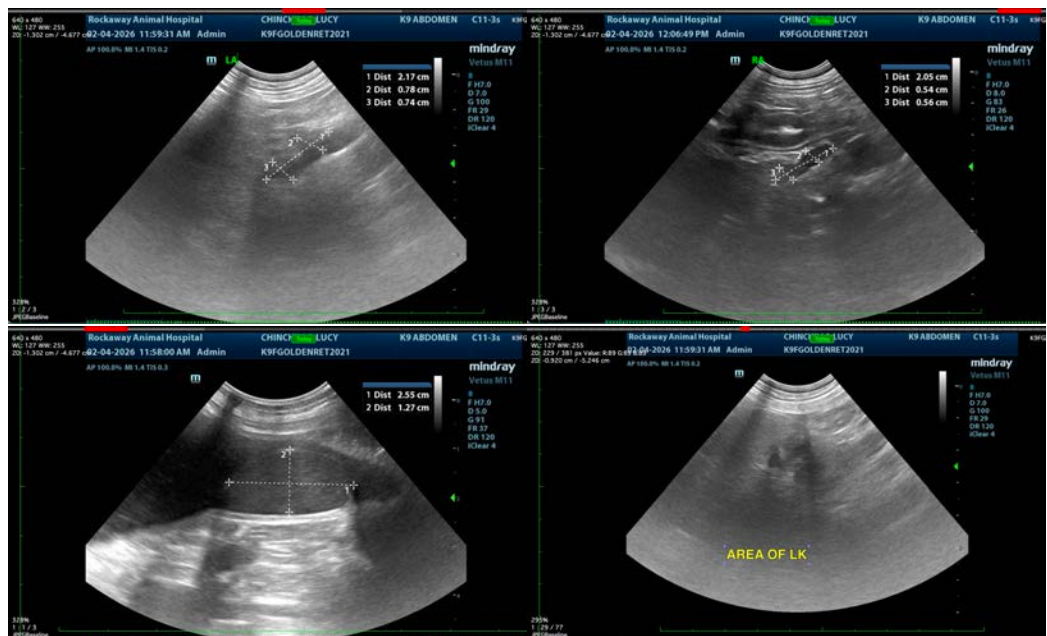
## ULTRASONOGRAPHIC FINDINGS

- Marked/significant suspect left renal dysplasia with concurrent suspect right renal aplasia (previously noted).
- Possible ureterocele.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If not recently evaluated, a urinalysis and, if indicated based on urinalysis results, urine culture is recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ratio is recommended.

Based on imaging, I suspect a progression of chronic kidney disease secondary to renal dysplasia in the left kidney. However, this suspicion should be further evaluated via monitoring of laboratory trends, ruling out concurrent infections, etc. Consultation with a veterinary internist to discuss cystoscopy and/or veterinary surgeon could be considered, given the concern for possible ureterocele. However, further intervention of the ureterocele is unlikely to change the course of the kidney disease.





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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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