



**PATIENT**

Sueze Knapton

**SPECIES**

Canine

**BREED**

Lab

**SEX**

Intact Female

**AGE**

6 years

**WEIGHT**

25.1 kg

**INTERPRETED BY**

Beth Johnson, DVM  
 DACVIM

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Graham Animal  
 Hospital

**REFERRING VET**

Dr. Malatestinic

**INVOICE**

11451

**DATE**

3/11/2026

**PRESENTING CLINICAL SIGNS**

- Had C section (2nd litter) 6 weeks ago. Noted to have elevated creat/BUN at that time, but lost to followup.
- Presented Mar 9 - vomiting, lethargic, fever 1 week duration
- Renal values significantly elevated, markedly low WBC, Moderate anemia, fever 41C, Dull, nauseated, mucous diarrhea. Developed mastitis in clinic. WBC now elevating after 2 days IVF and abx. BP wnl.
- Renal U/S: Can appreciate small left kidney with minimal normal architecture. Right kidney not located. Significant intestinal gas obscuring some views.
- Current Medications
- Famotidine, Sulcrate, Ondansetron, Ampicillin, Baytril, Metronidazole, Doxycycline, Acetaminophen, Sulcrate

Abnormal PE/Chem/CBC/UA Results: Labs and rads attached.

**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 mild 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. Dorsal to the urinary bladder, in these images, is a somewhat tortuous, anechoic 0.85 cm in diameter tubular density that could represent a vessel, but a dilated ureter can't be definitively ruled out.

A kidney shaped density measuring 6.77 cm in length, is noted in the area of the right kidney but there is no visible renal architecture present.

A thin rim of left renal cortex is the only tissue present, surrounding a markedly fluid dilated renal pelvis/collecting system. Narrow bands of hyperechoic tissue extend from the capsule towards the hilus. The left kidney measures 6.77 cm in size.

**Adrenal Glands**

The right adrenal gland is normal in size (1.3 cm at cranial pole and 0.55 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.69 cm at cranial pole and 0.59 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**



**PATIENT**

Sueze Knapton

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.

**SPECIES**

Canine

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.

**BREED**

Lab

**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.

**SEX**

Intact Female

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.

**AGE**

6 years

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

**WEIGHT**

25.1 kg

**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.

**INTERPRETED BY**

Beth Johnson, DVM  
 DACVIM

**Free Abdomen**

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

**IMAGING PERFORMED BY**

Kelly Reschny

There is no apparent pathologic lymphadenopathy noted in these images.

No reproductive tract abnormalities are noted in these images, at this time.

**HOSPITAL NAME**

Graham Animal Hospital

**ULTRASONOGRAPHIC FINDINGS**

- Severe chronic kidney disease with no visible normal renal architecture appreciated in the right kidney and marked pyelectasia/hydronephrosis in the left kidney.
- A dilated ureter at the level of the ureteral papillae, can't be definitively ruled out and if present, I would suspect is the left, based on the marked renal pelvis dilation.

**REFERRING VET**

Dr. Malatestinic

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INVOICE**

11451

A urine culture is recommended if not recently evaluated.

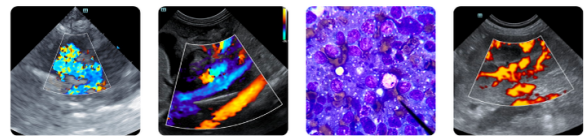
**DATE**

3/11/2026

Or, if urinary bladder sample is not believed to be representative, direct sampling of the left renal pelvis could be considered if patient's coagulation status is appropriate.

A blood pressure is recommended if not recently evaluated.

In the meantime, in addition to supportive/symptomatic medical management of clinical signs,



**PATIENT**

Sueze Knapton

**SPECIES**

Canine

**BREED**

Lab

**SEX**

Intact Female

**AGE**

6 years

**WEIGHT**

25.1 kg

**INTERPRETED BY**

Beth Johnson, DVM  
 DACVIM

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Graham Animal  
 Hospital

**REFERRING VET**

Dr. Malatestinic

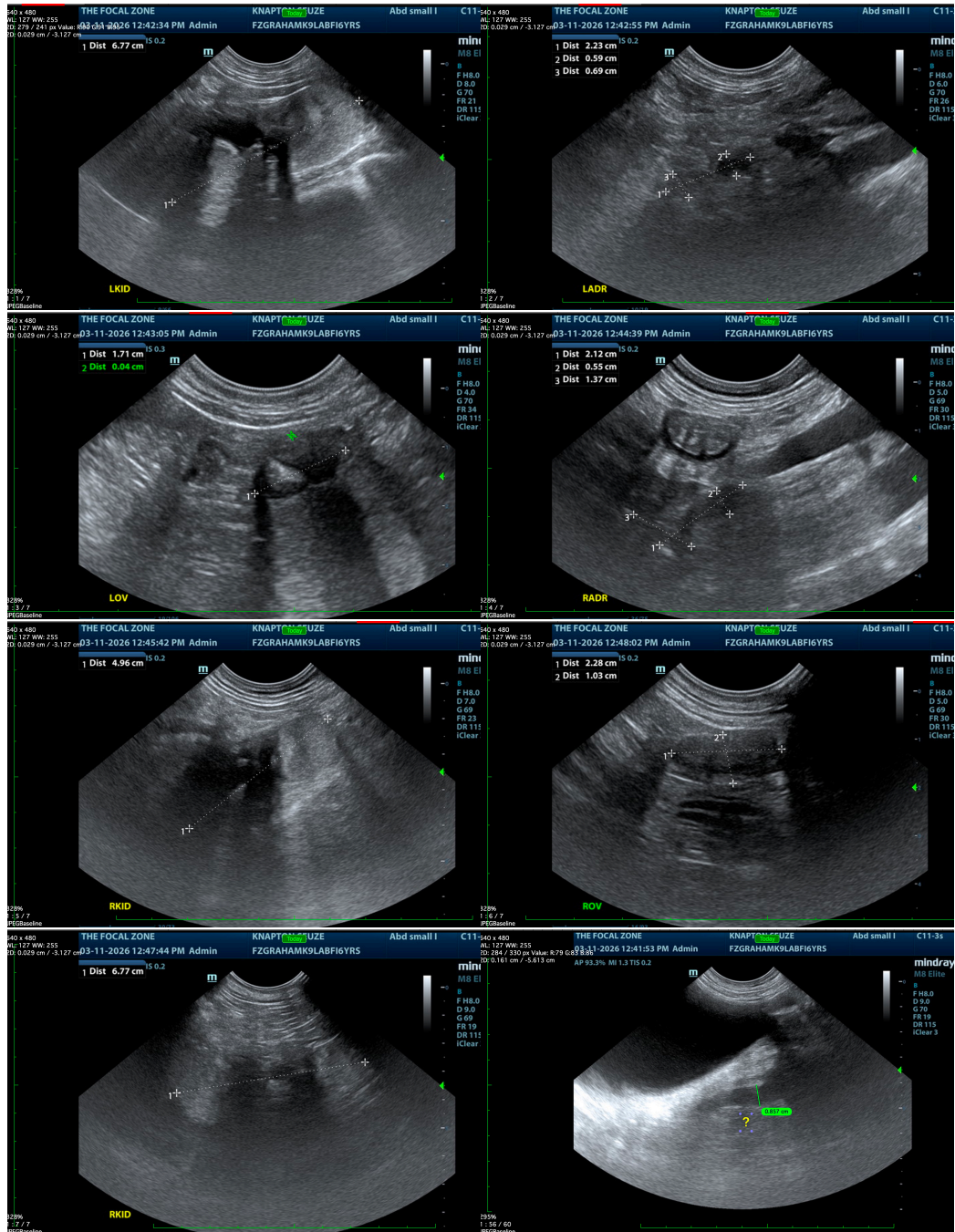
**INVOICE**

11451

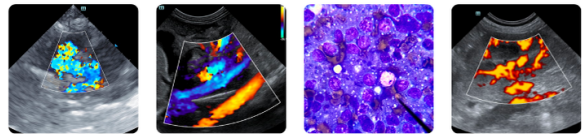
**DATE**

3/11/2026

beginning/continuing medical management for a suspected acute on chronic kidney insult including possible pyelonephritis, other infectious disease, toxin, etc., is recommended. Additionally, further evaluation of a possible occluded left ureter may be warranted.



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.



**PATIENT**

Sueze Knapton

**SPECIES**

Canine

**BREED**

Lab

**SEX**

Intact Female

**AGE**

6 years

**WEIGHT**

25.1 kg

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING  
PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Graham Animal  
Hospital

**REFERRING VET**

Dr. Malatestinic

**INVOICE**

11451

**DATE**

3/11/2026

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](mailto:info@sonopath.com)