DATE
3/22/2026

PATIENT
Rich Yu

SPECIES
Canine

BREED
Mini Poodle

SEX
MN

AGE
8 years

WEIGHT
1.88 kg

INTERPRETED BY
Beth Johnson, DVM
DACVIM

HOSPITAL NAME
Banfield Columbia

REFERRING VET
Dr. O'Byrne

INVOICE
11537

PRESENTING CLINICAL SIGNS

Patient History: MN 8 year old miniature poodle with a 1 year history of fluctuating BUN and Creatinine levels. BUN and creatinine have gone from normal to stage 2 IRIS kidney disease back to normal when blood was tested on 6 month increments. I ran an SDMA and urinalysis at the most recent visit earlier this month (march
2026) and both were normal, but the patient has been consistently showing signs of renal disease such as increased thirst, weight loss and increased urination. Patient has been on hills kidney diet for the past year with very few table scrapes given. I consulted with antech internal medicine and would like to evaluate the structure of the kidneys and the adrenal glands.

Current Medications: None current.

Labwork Results: Labwork not attached, reported as: BUN: 31 Creatinine 2.0 (March 2026), SDMA- 9.0, Urinalysis- unremarkable, BUN: 19 Creatinine: 1.1 (1/24/2026), BUN: 35 Creatinine: 1.0 (11/21/2025).

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed by: Stephanie Warga RDCS, RVT.

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 dependent mineral "sand" (crystals) 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. Some mineral sand appearing debris appears present with no visible evidence of obstruction, within the intraprostatic urethra lumen.

Prostate is normal in size, echotexture, and echogenicity for a neutered male.

Kidneys are bilaterally irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. There is no pyelectasia observed. Small non-obstructive nepRholiths are noted bilaterally. Left kidney is mildly small in size, measuring 2.8 cm and the right kidney is small/normal in size measuring 3.06 cm.

Adrenal Glands

The right adrenal gland is normal in size (0.31 cm at cranial pole and 0.36 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 0.42 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.

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

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.

ULTRASONOGRAPHIC FINDINGS

- Very mild/subtle possible chronic kidney disease changes with small bilateral non-obstructive nephroliths.
- A mild amount of echogenic urinary bladder mineral/sand debris.
- Moderate gallbladder debris - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to

hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.

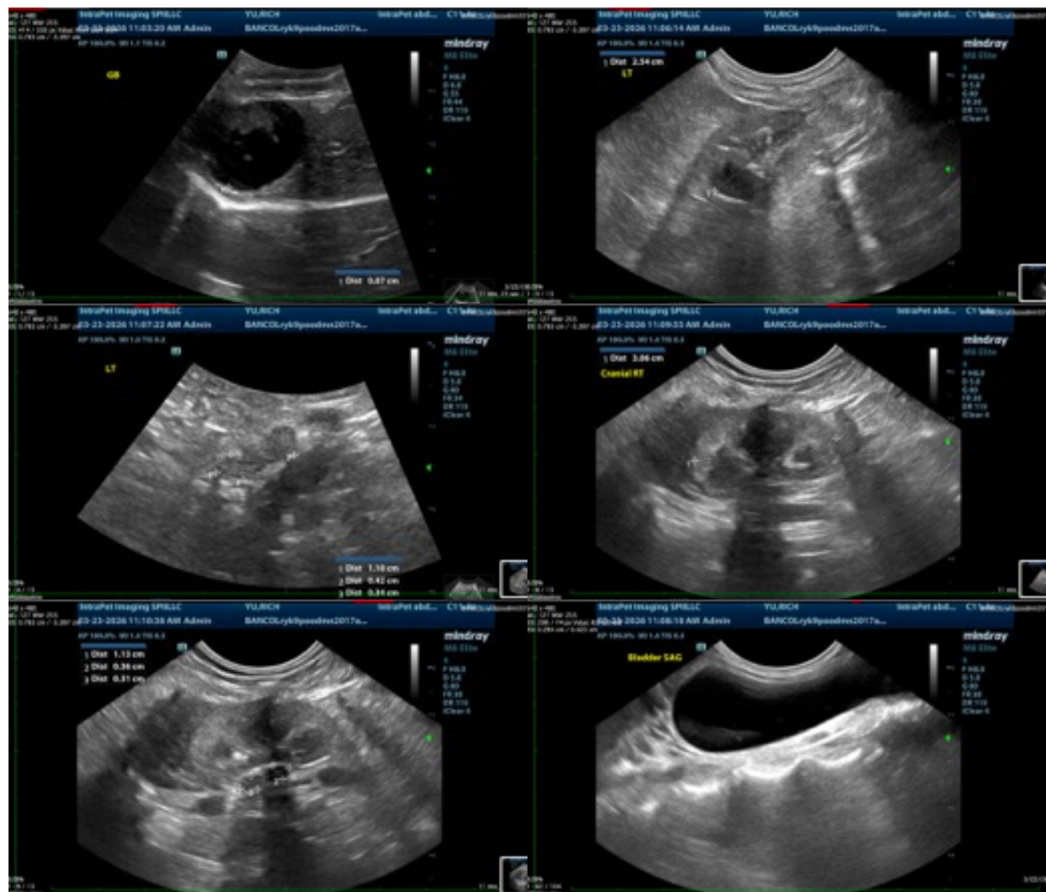
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

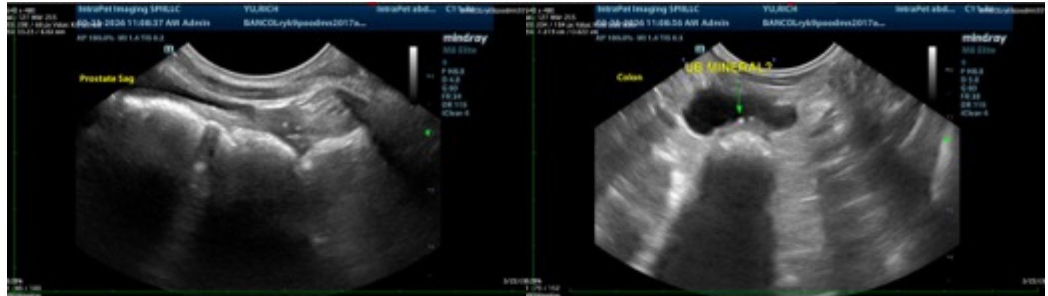
In an azotemic patient, a baseline cortisol is appropriate diagnostic.

Having said that, patient's intermittent lab changes are likely related potentially to the urinary tract mineral, potentially intermittent infections, or early or emerging chronic kidney disease. Therefore, additionally, if not recently evaluated, ruling out a urinary tract infection is recommended.

A blood pressure is recommended.

Continued monitoring/evaluation and management of possible emerging chronic kidney disease, including management of infections, proteinuria, hypertension, etc., as indicated, 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.

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.

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