

PATIENT PRESENTING CLINICAL SIGNS

Khloe Sehvoerer

- Inappetance, lethargic, emergency vet dx CHF
- Pt L hind limb wrapped in a sling
- Elevated Kidney values

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: BUN >180, Phos 19.8, Creat 7.2, K+ 3.5 HGB 18, HCT 60.44, MCV 80, MCHC 29.8, LYM 0.7, Neuts 14.81

BREED

Mini Poodle

Urinary System

The apex of the urinary bladder is visualized with normal appearing wall and largely anechoic contents. The trigone and intrapelvic urethra are unable to be well visualized in these images largely per the provided history due to dislocated hip wrap obstructing the ability to view the area.

SEX

FS

Right kidney is small in size (3.12 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.

AGE

16yr

The left kidney is small, irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. There is mild pyelectasia noted and no mineral is observed. The left kidney measured 3.02 cm.

WEIGHT

7.2lb

Adrenal Glands

The area of the left adrenal gland is examined without evident pathology, but the adrenal gland is difficult to fully visualize / isolate for measurement. Right adrenal cranial pole unable to be well visualized, the caudal pole normal measuring 0.48 cm.

INTERPRETED BY

Beth Johnson, DVM
 DACVIM

Spleen

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.

IMAGING

PERFORMED BY

Meghan Morse LVT
 CVT

Liver

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.

HOSPITAL NAME

Farview Animal Clinic

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.

REFERRING VET

Dr Mosaad

Gastrointestinal

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. 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.

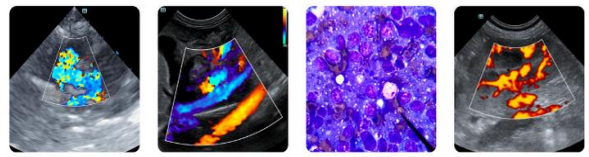
INVOICE

24143

The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). 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.

DATE

03/09/2026



PATIENT

Khloe Sehvoerer

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

Pancreas

The observed pancreas appears appropriately isoechoic to surrounding omental fat. The capsule is mildly irregular in shape. Parenchyma is mildly heterogenous and coarse. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

SPECIES

Canine

Free Abdomen

There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

BREED

Mini Poodle

ULTRASONOGRAPHIC FINDINGS

SEX

FS

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- Mild/ subtle bilateral chronic kidney disease changes with mild pyelectasia noted in the left kidney.
- Moderate 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.
- Mild irregularities are consistent with benign age-related change. Low-grade smoldering chronic pancreatitis cannot be ruled out and should be suspected in the face of appropriate clinical signs.

WEIGHT

7.2lb

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

Beth Johnson, DVM
DACVIM

1. Given patients reported azotemia, if not recently evaluated urinalysis and, if indicated based on urinalysis results, urine culture are recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.
2. A BP is also recommended.
3. A baseline cortisol is recommended. If baseline cortisol is less than 2, a full ACTH stimulation test is recommended to rule out hypoadrenocorticism.
4. Other than supportive/symptomatic medical management of clinical signs, further diagnostic and treatment recommendations are largely dependent on results of the above.

IMAGING

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CVT

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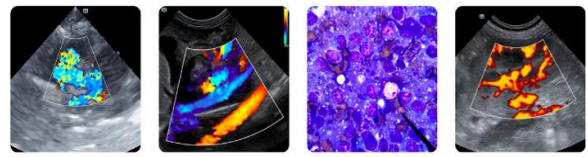
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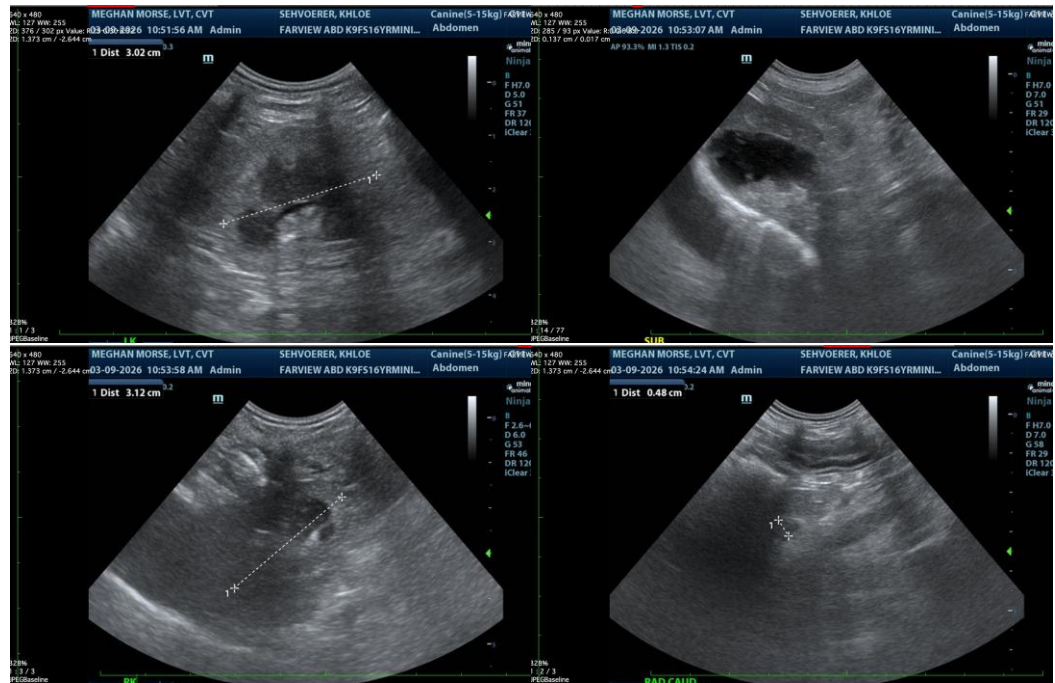
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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