



PATIENT

Isla Page

SPECIES

Canine

BREED

Yorkie x

SEX

Spayed Female

AGE

14 Years

WEIGHT

13.6 lbs

INTERPRETED BY

Beth Johnson, DVM
 DACVIM

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Animal Hospital of
 Boone

REFERRING VET

Dr. Palmer

INVOICE

74303

DATE

4/8/26

PRESENTING CLINICAL SIGNS

P presented for US to evaluate kidneys due to abnormal bloodwork.
 Abnormal PE/Chem/CBC/UA Results: USG 1.006 SDMA 23, Crea 2.8, BUN 63, ALKP 211, Lipase 295

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately to mildly under distended with primarily anechoic contents and occasional echogenic suspended non-shadowing debris. However, there is also a large amount of mineral/sand debris and several tiny pinpoint cystoliths that appear to be embedded within the wall diffusely. A larger 0.33 cm in diameter cystolith is suspected settled along the dependent wall. The apical urinary bladder wall is diffusely thick, measuring 0.54 cm thick. The mucosa is hyperechoic and irregular. No discrete masses are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Kidneys are bilaterally irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. There is trace pyelectasia in the left kidney. No mineral is observed. The left kidney is large at 6.16 cm. The right kidney is large at 5.52 cm. The bilateral kidney enlargement is secondary to multifocal, too numerous to count cortical cysts throughout both kidneys of varying sizes.

Adrenal Glands

The right adrenal gland is normal in size (0.46 cm at cranial pole and 0.42 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.64 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

Liver is relatively normal in size and contour. Parenchyma is mildly heterogenous and coarse with mild likely age-related parenchymal remodeling noted. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic with some echogenic debris noted. 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.



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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.

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

Pancreas

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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.

SEX

Free Abdomen

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

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There is no apparent pathologic lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

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- Polycystic kidneys – Cysts may be inherited or acquired and may be a subclinical incidental finding or the result of chronic degenerative kidney disease. This finding should be interpreted in combination with breed (inherited polycystic renal disease is more common in some breeds including, but not limited to, Persian cats, cairn terriers and bull terriers), laboratory findings and clinical signs.
- Chronic Cystitis - Urinary bladder wall changes are most consistent with chronic cystitis. Infiltrative neoplasia cannot be ruled out but is considered less likely give the location and diffuse nature of the changes. Mineral/sand debris and small cystoliths, the largest of which measures 0.33 cm in diameter, are present.
- Otherwise, this is a largely unremarkable/structurally normal senior exam with some mild age related pancreatic remodeling and hepatobiliary changes.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A urine culture could be considered if not recently evaluated.

A blood pressure is recommended if not recently evaluated.

An anesthetized voiding urohydropropulsion or bladder flush could be considered to obtain some of the mineral debris for analysis to help further guide future medical preventative measures, as well as potentially off some therapeutic intervention.

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Otherwise, treatment recommendations are to consider beginning management for emerging chronic kidney disease as is clinically warranted. This should include management of proteinuria and/or hypertension, if indicated, supportive/symptomatic medical management of any clinical signs and/or dehydration, management of electrolyte abnormalities if indicated, and ultimately if tolerated potentially a transition in diet.

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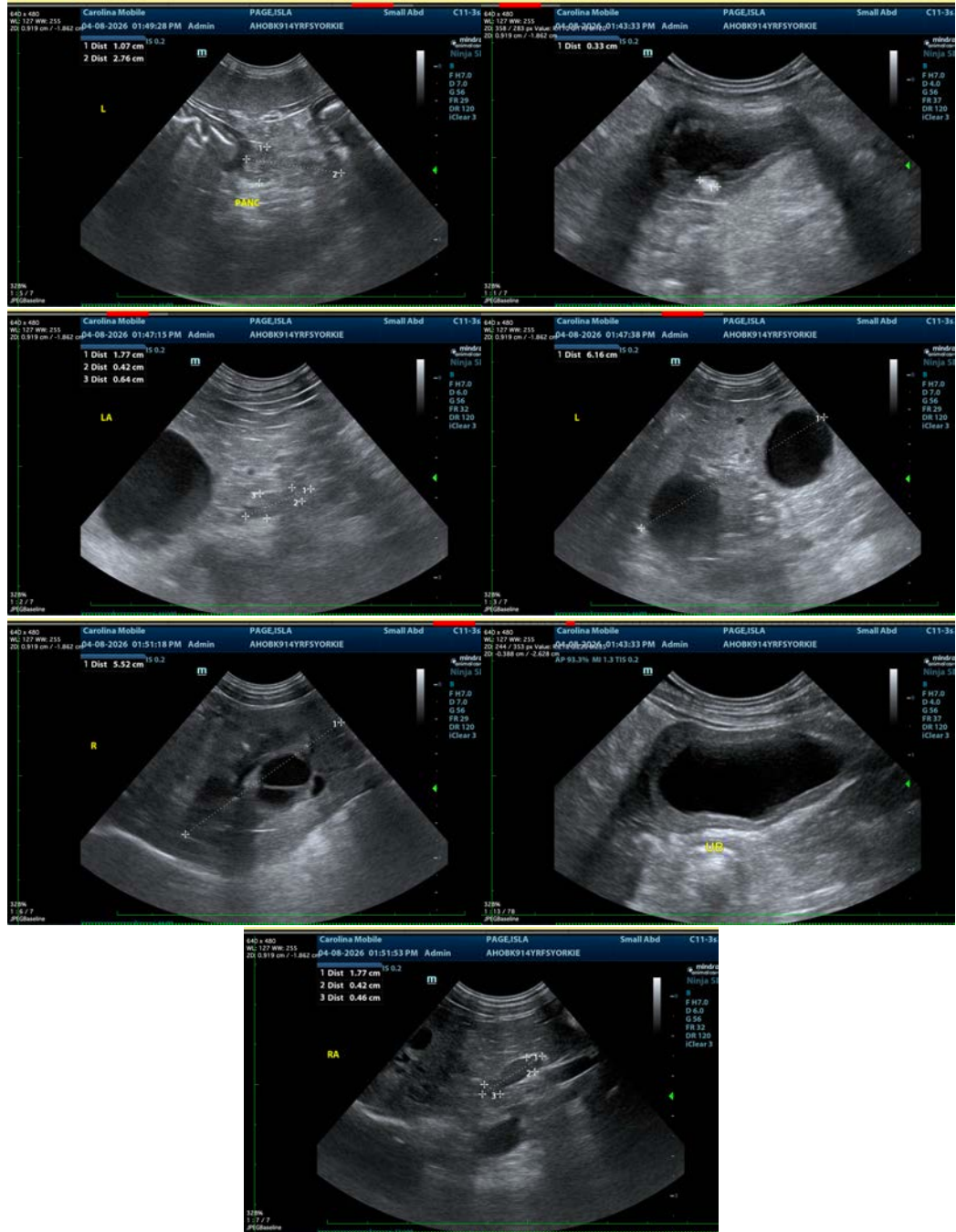
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@sonopath.com

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