



**PATIENT**

Pickles Renshaw

**SPECIES**

Canine

**BREED**

Corgi

**SEX**

Intact Male

**AGE**

7 Years

**WEIGHT**

12.8 kg

**INTERPRETED BY**

Beth Johnson, DVM  
 DACVIM

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Lynden Animal Clinic

**REFERRING VET**

Dr. D'hot

**INVOICE**

75154

**DATE**

5/14/26

**PRESENTING CLINICAL SIGNS**

Asymptomatic stage 3-4 CKD. Current Medications: Fortekor (Benazepril) 5mg Tablet

Abnormal PE/Chem/CBC/UA Results: Urine SPG 1.010 Urine pH 5.5 Urine protein 2+ (1 g/L) Urine WBC 20-30/HPF Urine protein: Creatinine Ratio 1.5 Creatinine 612 Urea (BUN) 35.9 Phosphorus 3.36 Amylase 2002 RBC 4.93 Hematocrit 0.31 Hemoglobin 113

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Prostate is symmetrically enlarged (3.6 cm wide in the sagittal view) with smooth margins that are well differentiated from surrounding tissue. Normal bilobed shape is maintained. Parenchyma is diffusely hyperechoic. Several small anechoic cysts are noted. No mineral is noted.

Kidneys are bilaterally irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. There is no pyelectasia noted and no mineral is observed. Left kidney is small-normal at 4.98 cm. Right kidney is small at 4.29 cm.

**Adrenal Glands**

The right adrenal gland is normal in size (1.3 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 (0.53 cm at cranial pole and 0.52 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.



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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 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.

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**Free Abdomen**

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

There is no apparent pathologic lymphadenopathy noted in these images.

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**PRIMARY FINDINGS**

- Significant chronic kidney disease changes bilaterally.

**SECONDARY FINDINGS**

- Benign Prostatic Hyperplasia with cysts – Prostatic findings are most consistent with Benign Prostatic Hyperplasia (BPH) and concurrent benign prostatic cysts. Active prostatitis cannot be ruled out. Infiltrative neoplasia cannot be ruled out but is considered less likely.

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DACVIM

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**IMAGING PERFORMED BY**

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A blood pressure is recommended if not recently evaluated.

A urine culture could be considered.

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In the meantime, continuing or beginning medical management for chronic kidney disease is recommended, including supportive/symptomatic medical management of any clinical signs, fluid therapy if hydration status needs to be addressed, management of proteinuria and/or hypertension if indicated, management of electrolyte abnormalities, anemia, other sequelae as indicated, and if tolerated transition to a kidney friendly diet could be considered.

**REFERRING VET**

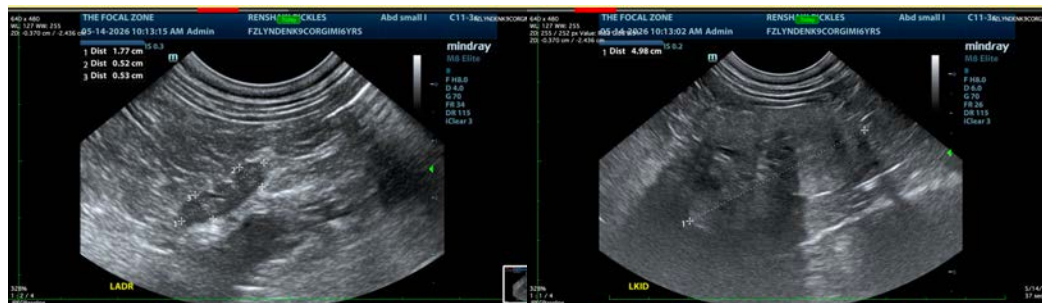
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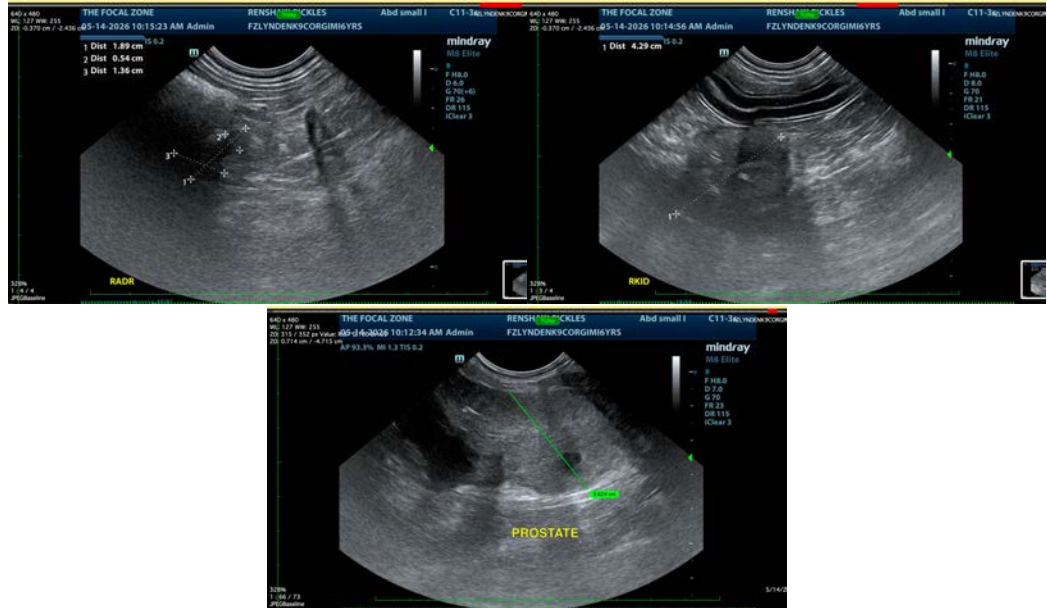
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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**  
 info@sonopath.com