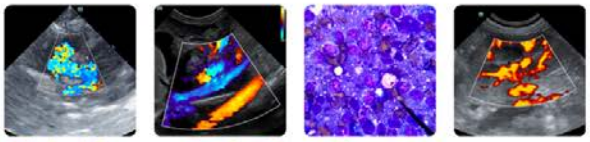


PATIENT

Ike Ausenbaugh

SPECIES

Canine

BREED

Poodle x

SEX

Neutered Male

AGE

5 Years

WEIGHT

60.6

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr. Sandra Jimenez

HOSPITAL NAME

Bramer Animal Hospital

REFERRING VET

Dr. Sandra Jimenez

INVOICE

75647

DATE

6/3/26

PRESENTING CLINICAL SIGNS

2-4 week ago incident of seizure like activity after swim at the beach where urination observed on bed. Originally presented May 26 after 2 day history of inappetence and intermittent urinary accidents, neurologic abnormalities observed with cranial nerves. Blood and urine test revealed kidney dysfunction with a urinary tract infection, treated with Clavacillin and Entyce with no improvement. Younger children are present at home that will occasionally drop human food and candy on the ground and Ike has in the past consumed this food. 6lb weight loss observed recently compared to Nov 2025 weight.

Abnormal PE/Chem/CBC/UA Results: 5/26/26: facial asymmetry with left pinna dropped and OS ptosis CBC/Chem/T4:Monocytes 0.748 K/uL (0.145-0.73), SDMA 24ug/dL (0-14), creatinine 2.7mg/dL (0.5-1.5), BUN 48mg/dL (9-31), Calcium 13.9 mg/dL (8.4-11.8), Globulin 4.1g/dL (2.4-4) Urinalysis (cysto): USG 1.009, cloudy, marked cocci >40/HPF Leptospirosis PCR: neg 5/27/26: Clavacillin 375mg 1 tab PO BID, q7d Entyce 60lb dose SID q3-5d- no change in appetite noticed 5/28/26: no improvement, urinary accidents present, inappetence SQ LRS 200ml EOD for 5 doses Cerenia 10mg/ml : 2.7ml SQ Cerenia 60mg PO SID to go home 5/29- 6/3 inappetence, intermittent urinary accidents still present 6/3/26: CBC/Chem/T4, UA (cysto)- full results pending, USG 1.030 no abnormalities with cranial nerves (resolution of neurologic deficit from 5/26/26)

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

The right kidney is normal is size (6.5 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.

The left kidney is normal is size (5.3 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.

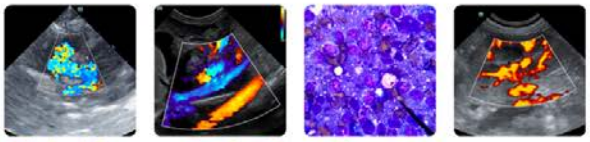
Adrenal Glands

The right adrenal gland is small (flattened contour), measuring 0.50 cm at the cranial pole and 0.46 cm at the caudal pole. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The area of the left adrenal gland is examined, but the adrenal gland is unable to be well visualized.

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.



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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.

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

- Flat right adrenal gland – This can be a normal patient variant and/or a sign of exogenous cortisol administration. If exogenous steroids are not being administered, hypoadrenocorticism (either relative or absolute) should be considered. The left adrenal gland is unable to be well visualized, so I suspect it may be small or flat as well.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

As is reportedly already pending, especially given the improvement in urine specific gravity, a recheck general metabolic health screen is recommended.

A baseline cortisol is recommended. If baseline cortisol is less than 2, a full ACTH stimulation test is recommended to rule out hypoadrenocorticism.

In the meantime, if not already evaluated, a blood pressure is recommended.

If patient remains hypercalcemic and is not Addisonian, a malignancy panel (PTH, PTHrP, iCa) to Michigan State College of Veterinary Medicine is recommended for further investigation of the reported hypercalcemia.

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Pending results of above, other differentials for the reported recent incidents include toxin potentially affecting the nervous system and kidneys, potentially sodium derangements given the reported history of beach access prior to the incident, other infectious disease, etc. Other than supportive/symptomatic medical management of clinical signs, additional therapeutic and diagnostic recommendations are largely dependent on results of above.

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