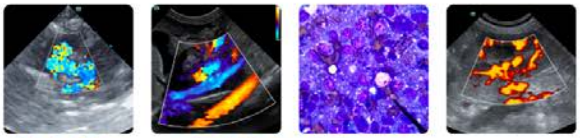


SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Ember Down

SPECIES

Canine

BREED

American Eskimo

SEX

Spayed Female

AGE

14 Years

WEIGHT

37 lbs

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

The Maples Animal Hospital

REFERRING VET

Dr. Kazienko

INVOICE

73124

DATE

2/20/26

PRESENTING CLINICAL SIGNS

Intermittent vomiting x 2.5 wks. No diarrhea. Stopped raw, feeding home cooked now. Vomiting every 2-3 days. Otherwise, is doing well. No increase in drinking or urinating. Elevated kidney enzymes on blood work. Urinalysis shows infection. Based on results recommend ultrasound.

Abnormal PE/Chem/CBC/UA Results: See attached Primary Question to Be Answered in This Exam
Kidney disease? GI issue?

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.

The left kidney presents normal size and structure, with smooth capsule and normal corticomedullary definition and ratio. Medullary structure differed distinctly from that of the cortex. No evidence of pelvic dilation was present. Left kidney measures 4.82 cm.

The right kidney appears to have normal corticomedullary distinction. It is of normal size, shape and position. Resolution is somewhat limited by overlying gas-filled GI tract and intracostal location. Right kidney measures 5.16 cm.

Adrenal Glands

The left adrenal gland was visualized and recognized as having normal shape, size, position and echogenicity for this breed and age. The visible phrenic vasculature was unremarkable. Left measures 2.59 cm in length x 0.84 cm at the caudal pole and 0.66 cm at the cranial pole.

The right adrenal gland was not distinctly visualized. The area of the right adrenal gland and surrounding vasculature were normal.

Spleen

The spleen was normal with age appropriate homogeneous parenchyma and a smooth capsule with normal splenic vasculature with no signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarct changes were noted.

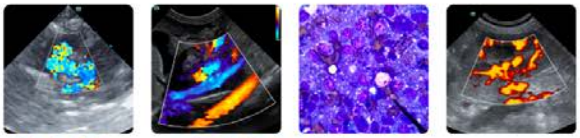
Liver

The liver is subjectively normal in size with normal contours and structure. There is age appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion.

Gall bladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally.

Gastrointestinal

The stomach contains a small volume of fluid and some gas shadowing. It measures at a normal thickness of with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate. No masses or focal lesions were observed.



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The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. There were no focal lesions consistent with obstruction or a mass effect observed.

Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The area of the pancreas was isoechoic to surrounding tissue with no overt inflammation. Pancreatic tissue was not distinctly visualized which is common.

Free Abdomen

No clinically significant lymphadenopathy or abnormalities noted. No free fluid noted.

ULTRASONOGRAPHIC FINDINGS

- Unremarkable abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Kidneys are ultrasonograpically normal. In light of the azotemia, an acute renal insult is likely. Progression of chronic renal disease (not yet ultrasonographically evident), toxin exposure, leptospirosis, bacterial pyelonephritis, other infectious insults, recently resolved ureterolithiasis, among other things are possible.

Given bacteria identified on urinalysis, urine culture of cystocentesis obtained sample is recommended. Additional diagnostics to be considered include urine culture leptospirosis testing, and careful questioning for the possibility of exposure to renal toxins (NSAIDs, grapes/raisins, cream of tartar, tamarind, vitamin D, rodenticide, etc). Doppler blood pressure measurement is recommended to screen for hypertension which can be present in both acute and chronic renal disease and worsens renal function.

Treatment with intravenous fluid therapy, GI support as needed including enteral nutrition and monitoring for improvement or resolution of azotemia every 24-48 hours is recommended. Antibiotics are reasonable while awaiting infectious disease testing.

If azotemia fails to resolve with fluid therapy, permanent renal dysfunction is likely. Management for any patient with chronic renal dysfunction includes renal specific diet (protein and phosphorus limited), encouraging increased water intake with canned food and providing clean, running water source, and management of proteinuria and hypertension with ACE-inhibitor with addition of more anti-hypertensives as required. Monitoring of bloodwork, urinalysis and blood pressure every 3-6 months, or sooner if feeling unwell, is recommended.

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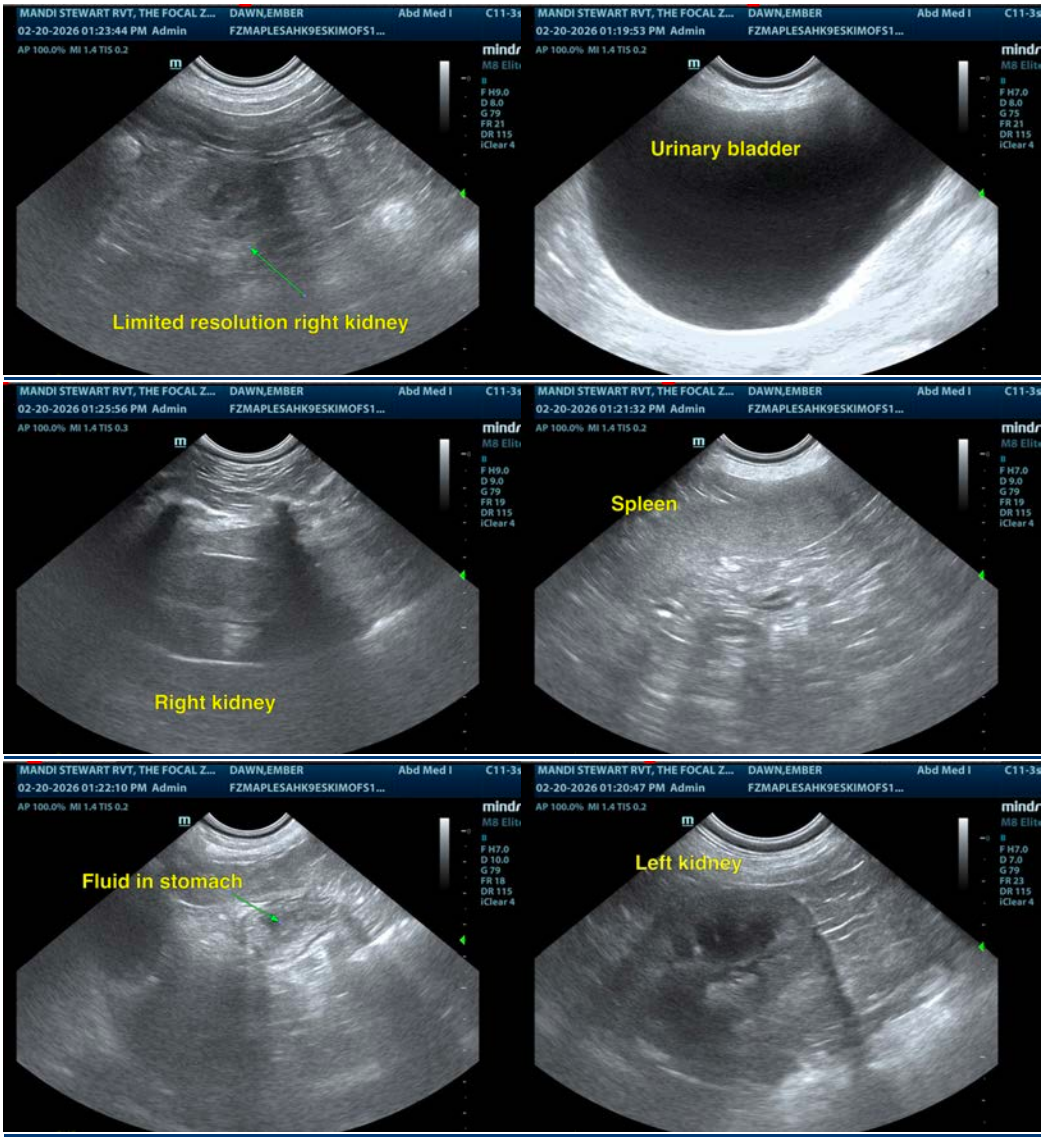

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Dr Brittany Sinclair, BVSc(hons), DACVECC

info@SonoPath.com