



**PATIENT**

Joey Scarlet

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

MN

**AGE**

4 years

**WEIGHT**

25 kg

**INTERPRETED BY**

Dr Brittany Sinclair,  
 BVSc(hons),  
 DACVECC

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Gagemount AH

**REFERRING VET**

Dr. Irene

**INVOICE**

11443

**DATE**

3/11/2026

**PRESENTING CLINICAL SIGNS**

- Has not been seen here for 2 years but recently came from 2 clinics, comprehensive bloodwork done 4 days ago with severe azotemia, advanced kidney failure, non-regenerative anemia: no appetite, lethargic, as per O, less likely to be exposed to toxins, one vomit 12 days ago.
- tested negative for leptospirosis and Lyme; BP readings elevated (taken 4 days ago), 203/171 (182), 212/183 (193), 230/181 (197).
- PE: very emaciated, depressed, tachycardic, HR - 152/min for a large dog, Heart Murmur 5/6. mm - pale, collapsed abdomen, empty on palpation, no signs of acute pain.
- Current Medications: Given Cerenia 4 days ago, Enalapril.

Abnormal PE/Chem/CBC/UA Results: Labs attached from emerg clinic.

**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.

Portions of the caudal poles of the right and left kidneys are visualized. There is significant overlying gas shadowing GI tract obstructing visualization of parts of the kidney. The visible kidney has minimal corticomedullary distinction with a heterogeneous echotexture. Kidney size could not be determined.

**Adrenal Glands**

Both adrenal glands were visualized and recognized as having normal shape, size, position and echogenicity for this breed and age. The visible phrenic vasculature was unremarkable.

Left adrenal measures 1.5 cm in length, 0.60 cm at the caudal pole and 0.67 cm at the cranial pole. Right adrenal measures 0.7 cm in thickness.

**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**



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The stomach wall is diffusely mildly thickened with maintenance of wall layering. The stomach is moderately distended with fluid.

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 not distinctly visualized.

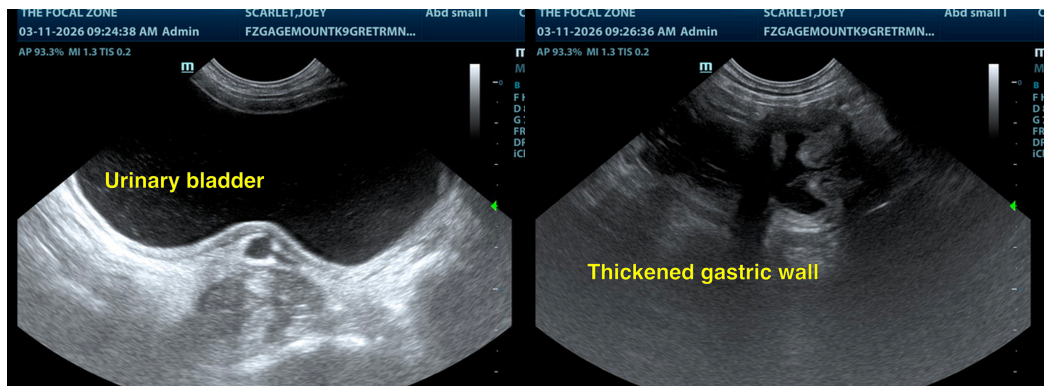
**ULTRASONOGRAPHIC FINDINGS**

- Visible portions of kidneys appear dysplastic.
- Gastric distension with gastric wall thickening.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Renal changes along with age and azotemia are most consistent with congenital renal dysplasia. An early renal insult and severe early onset degenerative changes and remodeling is possible. Ultimately renal biopsy would be required for definitive diagnosis. The prognosis for renal dysplasia depends on the rapidity of progression of azotemia and response to supportive care. Management for any patient is the same as any patient with chronic renal dysfunction and 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 months, or sooner if feeling unwell, is recommended.

The severity of blood work changes and clinical instability of this patient is concerning for end stage renal failure. I'm also concerned there may be gastric hemorrhage from uremic gastric ulceration, given the gastric changes on ultrasound, severity of anemia, and patient's reported clinical status.





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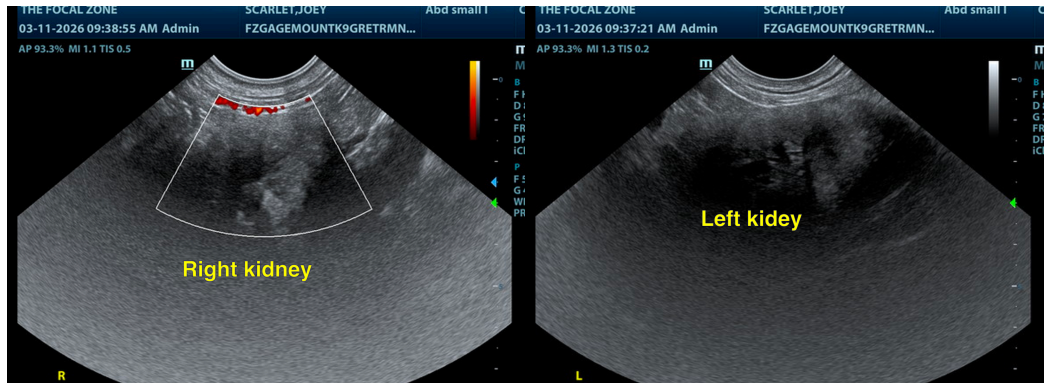
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Dr Brittany Sinclair, BVSc(hons), DACVECC

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