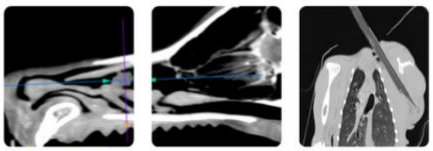


SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Maeve Cruikshank

SPECIES

Canine

BREED

Shep X

SEX

Spayed Female

AGE

4 Years

WEIGHT

24 kg

INTERPRETED BY

Brittany Sinclair DVM, DACVECC

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

St. George VH

REFERRING VET

Dr. Henin

INVOICE

36444

DATE

3/30/26

PRESENTING CLINICAL SIGNS

High kidney values, has been on kidney diet and kidney supplements for 4 months without real improvement

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 is visible and is generally of normal size, shape, and position. Corticomedullary definition is reduced, and there is some irregularity between the cortex and medullary margin. The left kidney measured 4.99 cm in length.

The caudal pole of the right kidney is visible, and is similar in appearance, echogenicity and structure to the left kidney. Full visualization of the right kidney was hindered by overlying GI tract and likely patient conformation.

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. The left adrenal gland measured 2.06 cm in length and 0.46 cm at the caudal pole and 0.53 cm at the cranial pole.

The right adrenal gland was visualized on still image only. It appears to have normal shape, size, position and echogenicity for this breed and age though this could not be confirmed on cine loops. The right adrenal gland measured 1.46 cm in length and 0.38 cm at the caudal pole and 0.55 cm at the cranial pole.

Spleen

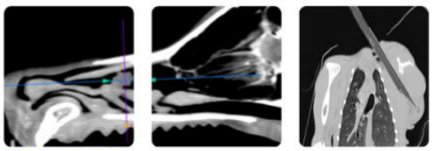
The spleen was normal with age-appropriate homogeneous parenchyma and a smooth capsule with normal splenic vasculature with no signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarct changes were noted.

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 contains gas shadowing obstructing full visualization of contents with no overt distention. 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.

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.

The ileocecal junction was not visualized. 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.

Lymph Nodes

No clinically significant lymphadenopathy or abnormalities noted.

Free Abdomen

No masses or free fluid were noted.

ULTRASONOGRAPHIC FINDINGS

- Significant renal degenerative changes given patient's age

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is significant decrease in corticomedullary definition in both kidneys and irregularity in the corticomedullary margin. This is concerning for possible renal dysplasia. An early onset renal insult and early progression of severe degenerative changes and remodeling remains a possibility. 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.

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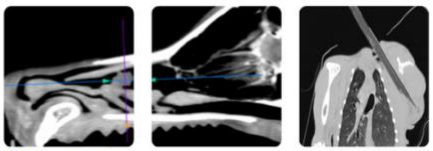

Teleradiology
Educational Teleconsultation Services™

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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