



PATIENT

Oreo Connerty

SPECIES

Canine

BREED

Shih Tzu x Poodle

SEX

Spayed Female

AGE

16

WEIGHT

13.2

INTERPRETED BY

Eric Lindquist, DMV,
DABVP (CFM), Cert.
IVUS

IMAGING PERFORMED BY

Dr. Brianna Gaines

HOSPITAL NAME

Healthy Pets
Veterinary Care

REFERRING VET

Dr. Brianna Gaines

INVOICE

71799

DATE

11/14/25

PRESENTING CLINICAL SIGNS

P has a history of CKD stage 2 and newly elevated liver enzymes. O reports that she is difficult to feed lately and seems pickier.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra were normal. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Corticomedullary mineralization and microcystic cortical changes noted. The left kidney measured 3.7 cm. The right kidney measured 3.6 cm.

Adrenal Glands

The **left adrenal gland** is slightly swollen yet measurably normal, and mildly irregular, measuring 0.60 cm at the cranial pole and 0.43 cm at the caudal pole.

The **right adrenal gland** presented normal size and contour, measuring 0.70 cm at the cranial pole and 0.33 cm at the caudal pole.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented minor calculi up to 4.0 mm and dependent debris.

Gastrointestinal

The **gastrointestinal tract** revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to malassimilation of nutrients if any weight loss is present. No obvious neoplastic patterns were noted and luminal content as unremarkable. Minor ingesta noted in the stomach.



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Pancreas

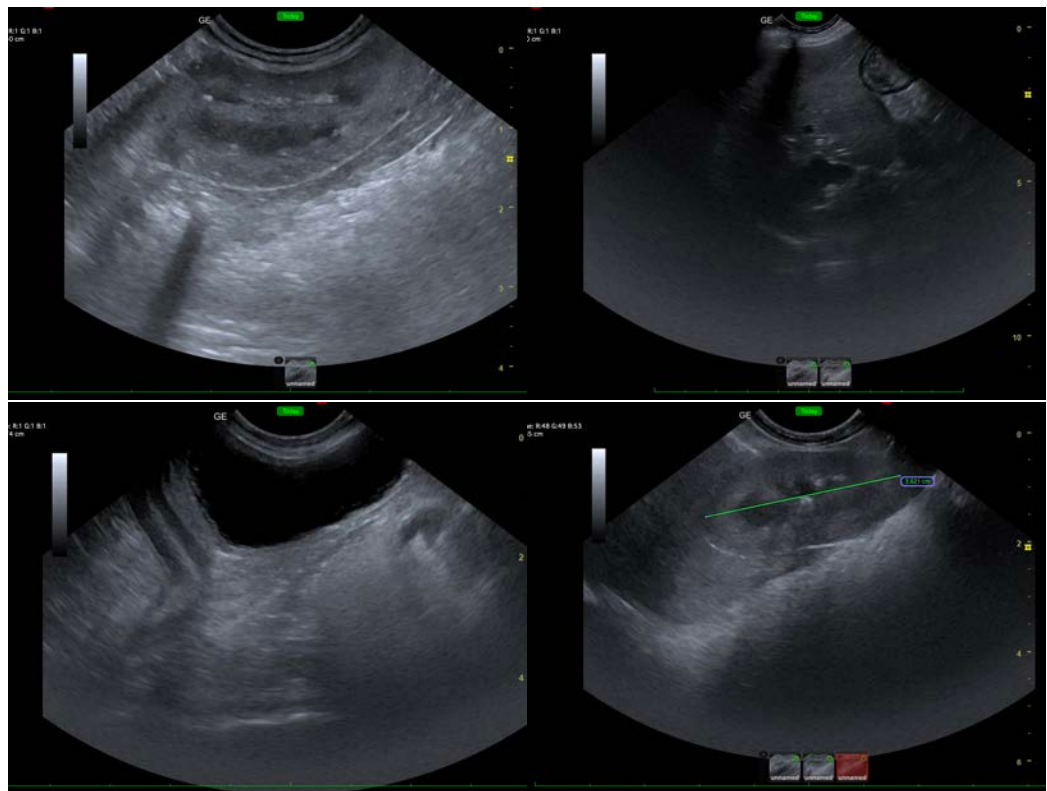
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Moderate degenerative renal changes with nephrolithiasis, non-obstructive.
- Age related urinary bladder changes.
- Minor intestinal thickening/chronic GI changes.
- Slightly swollen, mildly irregular left adrenal gland.
- Age related hepatic changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of significant disease. However, the kidneys do appear near end stage from a subjective standpoint. GI protectant protocol warranted. Low-grade gastritis likely, given the stasis.





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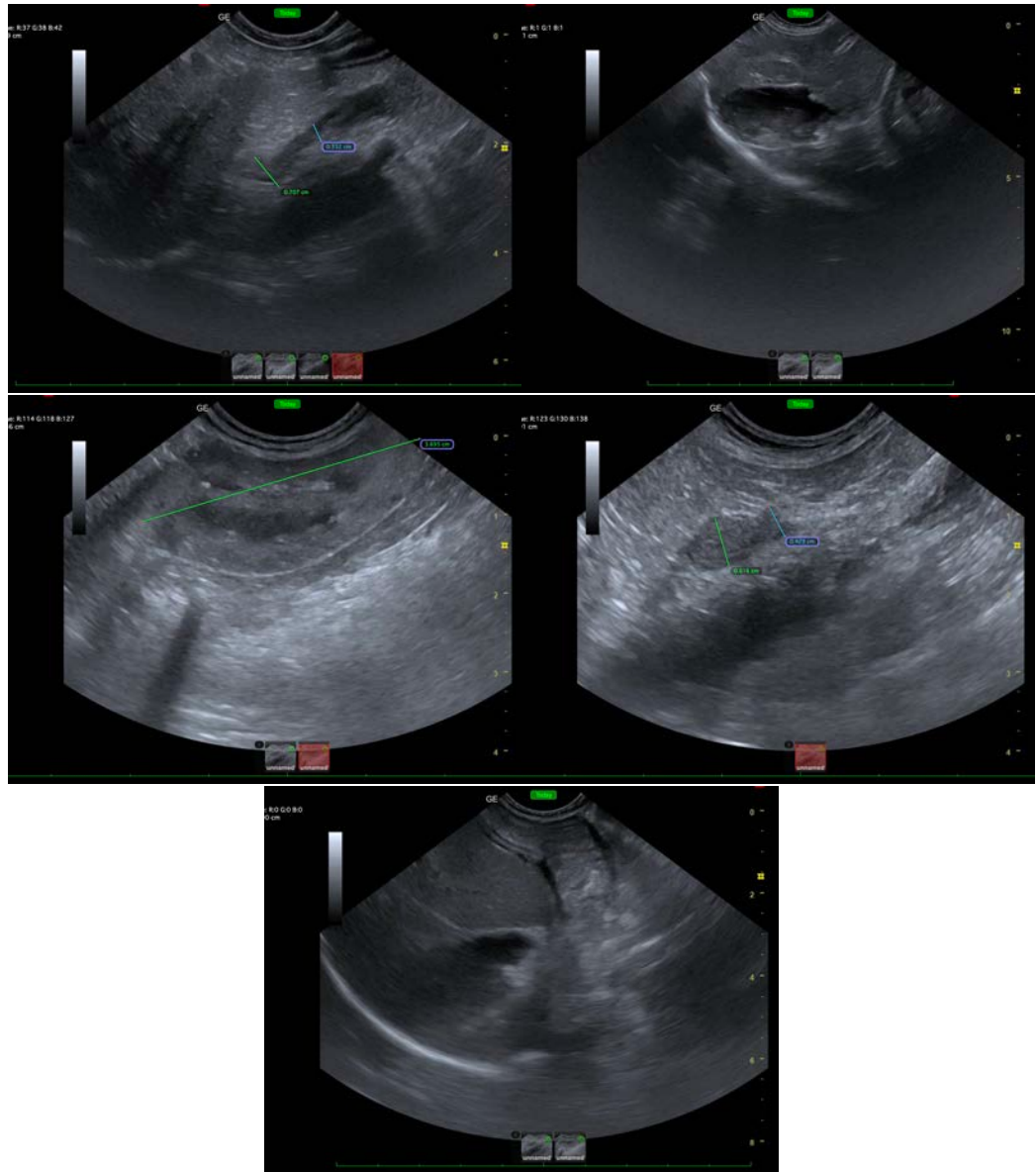
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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