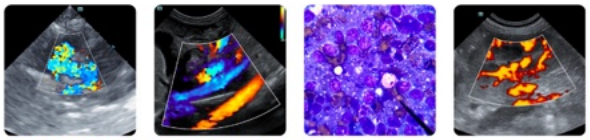


PATIENT

Jessie Curry

SPECIES

Canine

BREED

Miniature Schnauzer

SEX

Spayed female

AGE

15 years

WEIGHT

8.8 kg

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Axenoff

HOSPITAL NAME

Wilvet South

REFERRING VET

Dr. Axenoff

INVOICE

69093

DATE

11/27/25

PRESENTING CLINICAL SIGNS

History: Patient presented to another urgent care facility on 11/25 for concerns of incontinence, polyuria, polydipsia, acting confused, and decreased appetite. Owners were informed on 11/26 that the patient appeared to be in end-stage renal failure based on lab data; these records were not available at the time of visit at our facility. A routine urinalysis performed one week prior at rDVM revealed a UPC of 0.3, USG of 1.018, and urine pH of 5.5. The remainder of the urinalysis was unremarkable. No blood work was run at this visit. In-house diagnostic workup today revealed the following: - EPOC: BUN 102 (high), Creatinine 5.0 (high), Glucose 139 (high), pH 7.412 (normal), Sodium 145 (normal), Potassium 4.8 (normal), Chloride 116 (normal), Calcium 1.3 (normal), Lactate 1.45 (normal), Hematocrit 45% (normal). - Chem 17: Creatinine 5.7 (high), BUN 117 (high), ALT 168 (high), ALP 335 (high), BUN/Creatinine ratio 21, Phosphorus 6.7 (normal), Total calcium 11.4 (normal), Albumin 3.4 (normal). - Urinalysis (cystocentesis): USG 1.016 (low), pH 5.0 (low), trace urine protein, negative glucose. The remainder of the urinalysis was unremarkable.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

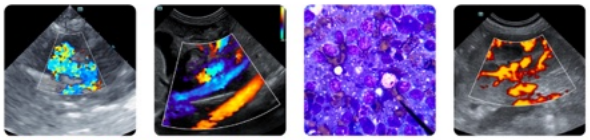
The **left kidney** was subnormal in size with pyelectasia and echogenic cortical remodeling. The left kidney measured 3.84 cm with pyelectasia measuring 0.85 cm. The right kidney revealed areas of mineralization and pyelectasia. The right kidney measured 5.2 cm with pyelectasia that measured 1.2 x 0.38 cm. Blood flow to the kidneys appeared adequate.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.55 cm. The right adrnela gland measured 0.78 cm at the cranial pole and 0.55 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 was noted.



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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 was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele, yet sludge appears to be mildly excessive. No adjunctive inflammation was noted.

Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with post prandial presentation. The gastric wall was mildly thickened with echogenic remodeling. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

ULTRASONOGRAPHIC FINDINGS

Acute on chronic renal failure with gastric mucosal hypertrophy, potential chronic gastritis contributing to the clinical status.

Subjectively the kidneys appear 50-60% compromised.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of mucocele formation, however, Ursodiol therapy could be justified. Complicating causes of renal failure such as toxin insult, UTI, hypertension or other pre-renal disease. Passage of calculi is also possible. Urine culture and sensitivity, blood pressure measurements and 72-hour IV fluid protocol and reassessment of the clinical status is indicated.

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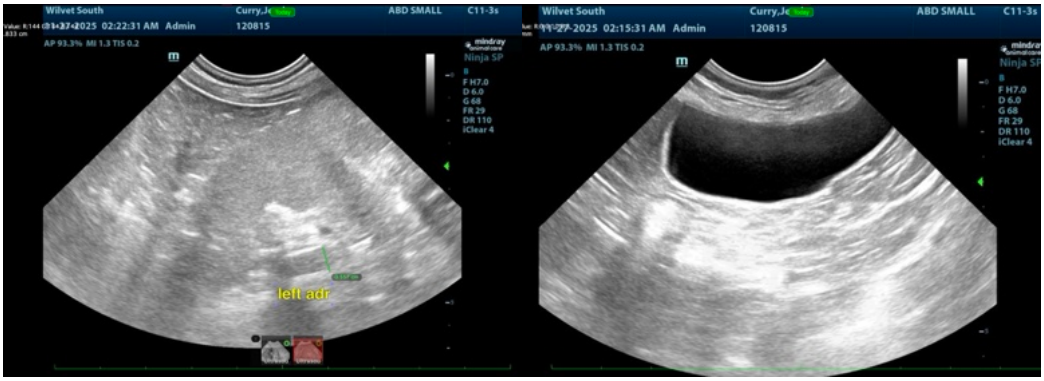

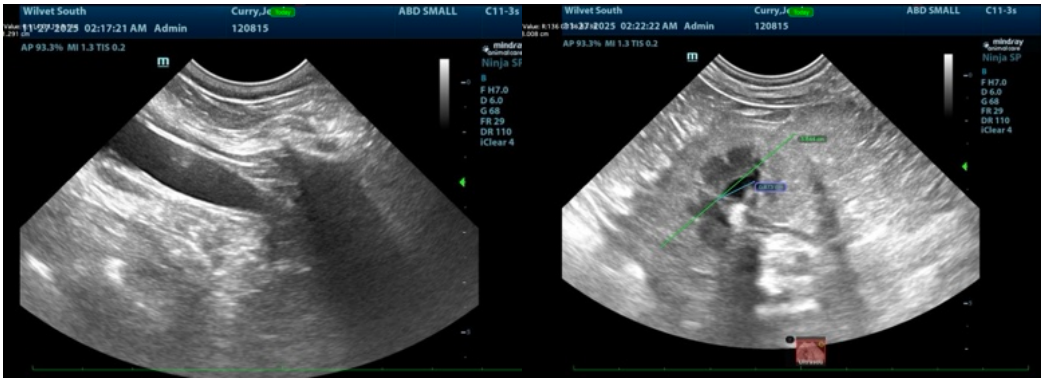

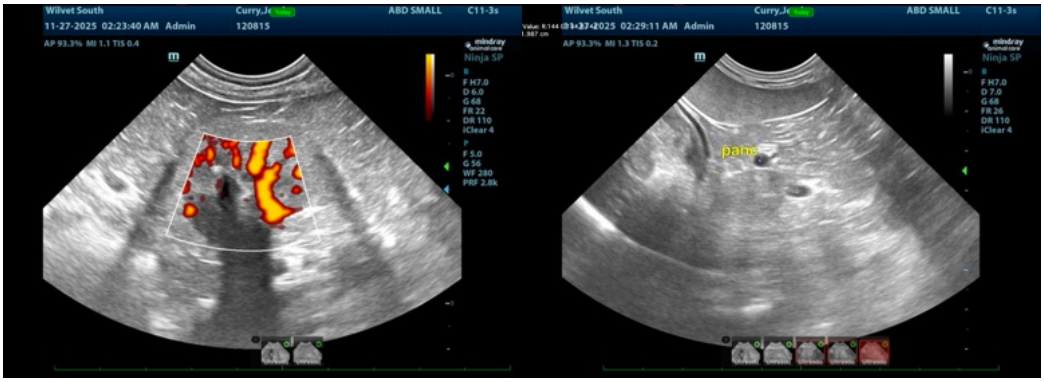

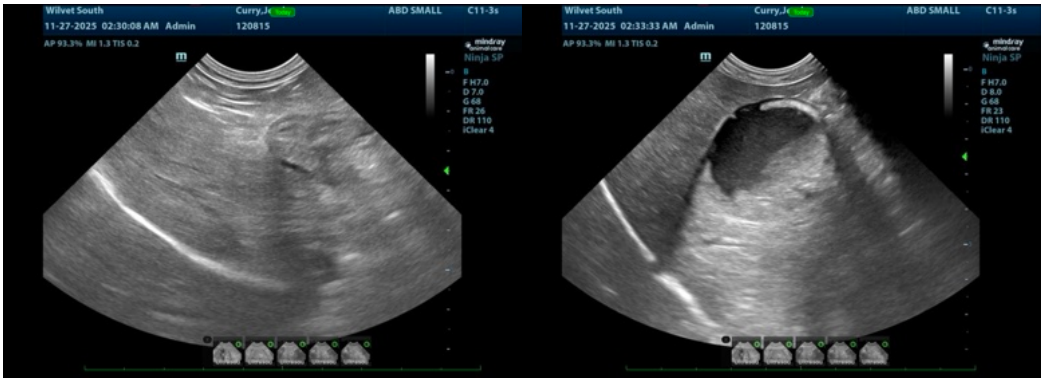

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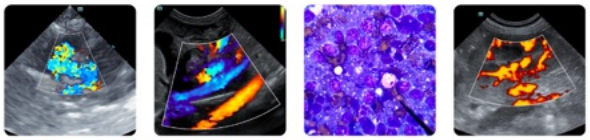

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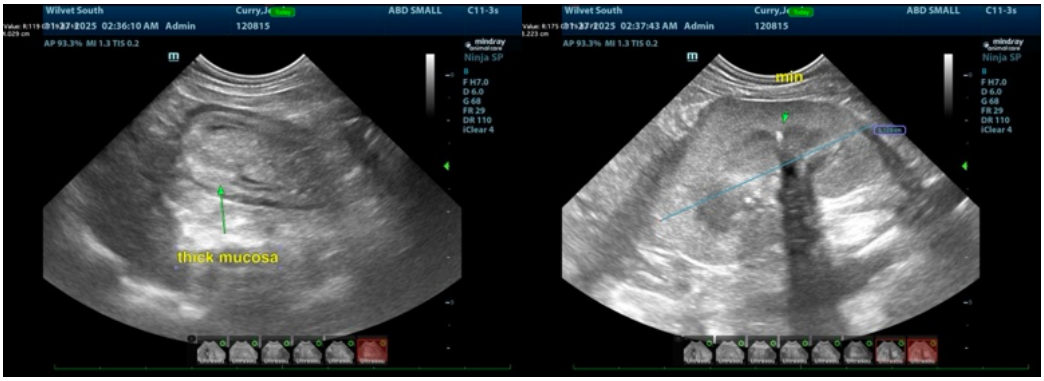

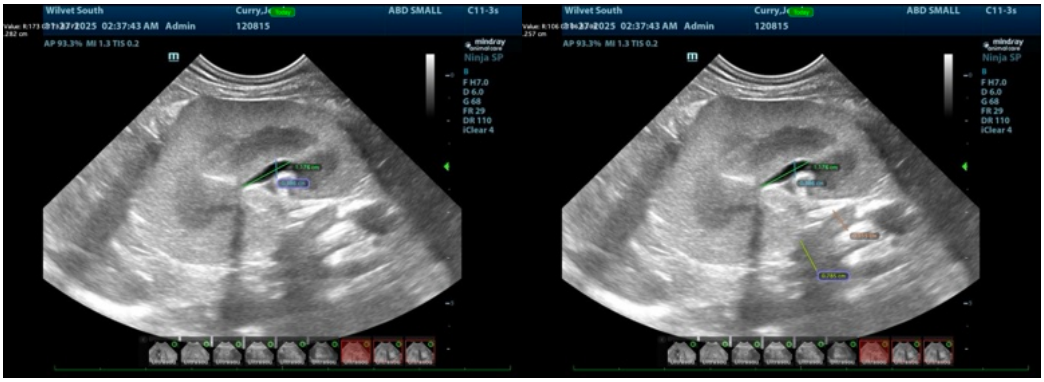

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com