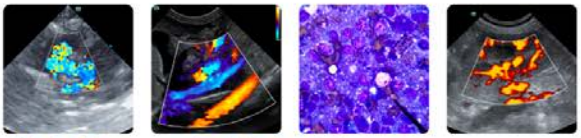

PATIENT

Baby Xing

SPECIES

Canine

BREED

Golden Retriever

SEX

Spayed Female

AGE

5 Years 2 Months

WEIGHT

82 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Vincent Ravancho, CVT

HOSPITAL NAME

North Jersey Animal Hospital

REFERRING VET

Dr. Chiu

INVOICE

72694

DATE

12/18/25

PRESENTING CLINICAL SIGNS

Hypertension, CKD, Proteinuric Clinical Findings: Lyme Dz, CKD Current meds: SQF, Epakitin Abnormal PE/Chem/CBC/UA Results: HCT: 28.4 CREAT 5.4 BUN 150 Ph: 10.5 Ca 12.5 Alb 2.6 UPC: 3.2 USG: 1.013 BCS: 6/9

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 were noted. Ureteral papillae were normal.

The **kidneys** presented severe hyperechoic cortical remodeling, pyelectasia, and loss of corticomedullary definition. Mildly subnormal size. The left kidney measured 5.76 cm. The right kidney measured 6.95 cm. Strong concern for primary renal dysplasia with secondary interstitial nephrosis pattern.

Adrenal Glands

The **right adrenal gland** was mildly enlarged. The right adrenal gland measured 3.0 cm x 1.5 cm at the cranial pole and 0.58 cm at the caudal pole.

The **left adrenal gland** was normal in size, measuring 0.60 cm.

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 submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. 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.

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Pancreas

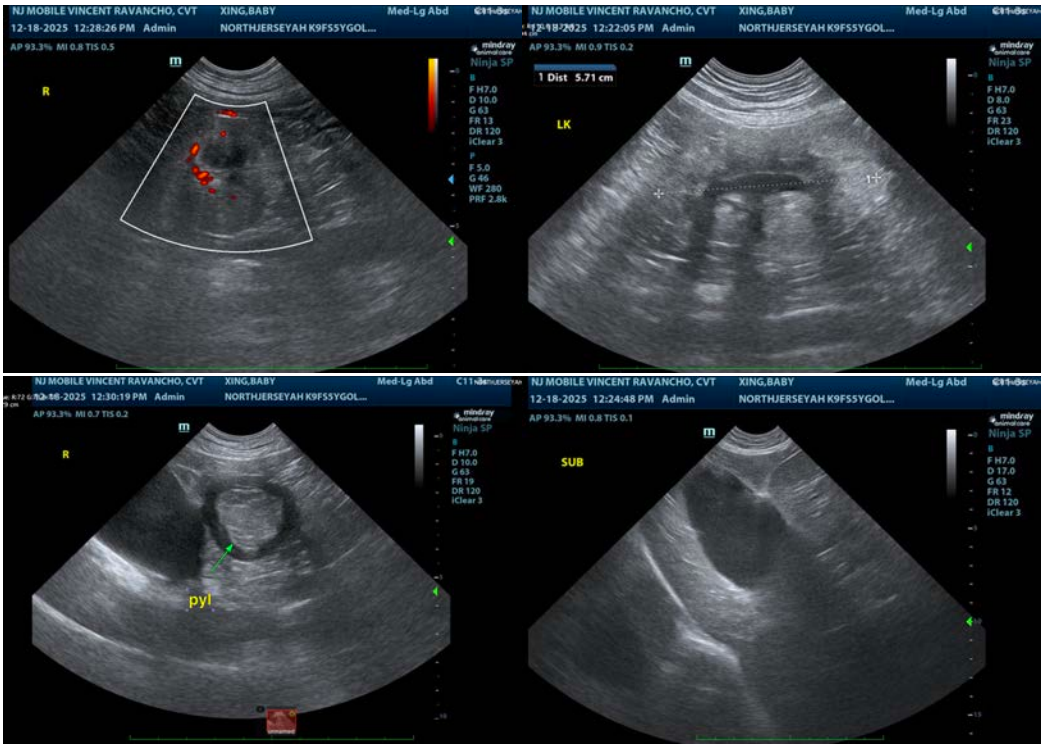
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Mildly subnormal kidney size with severe remodeling and pyelectasia.
- Mildly enlarged right adrenal gland.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Leptospirosis titers indicated to assess for any influence. However, the degenerative changes are subjectively end stage for this patient. Urine culture, blood pressures, 72-hour IV fluid protocol all indicated and reassessment of the clinical status. However, prognosis is very guarded. Power doppler assessment was subnormal.



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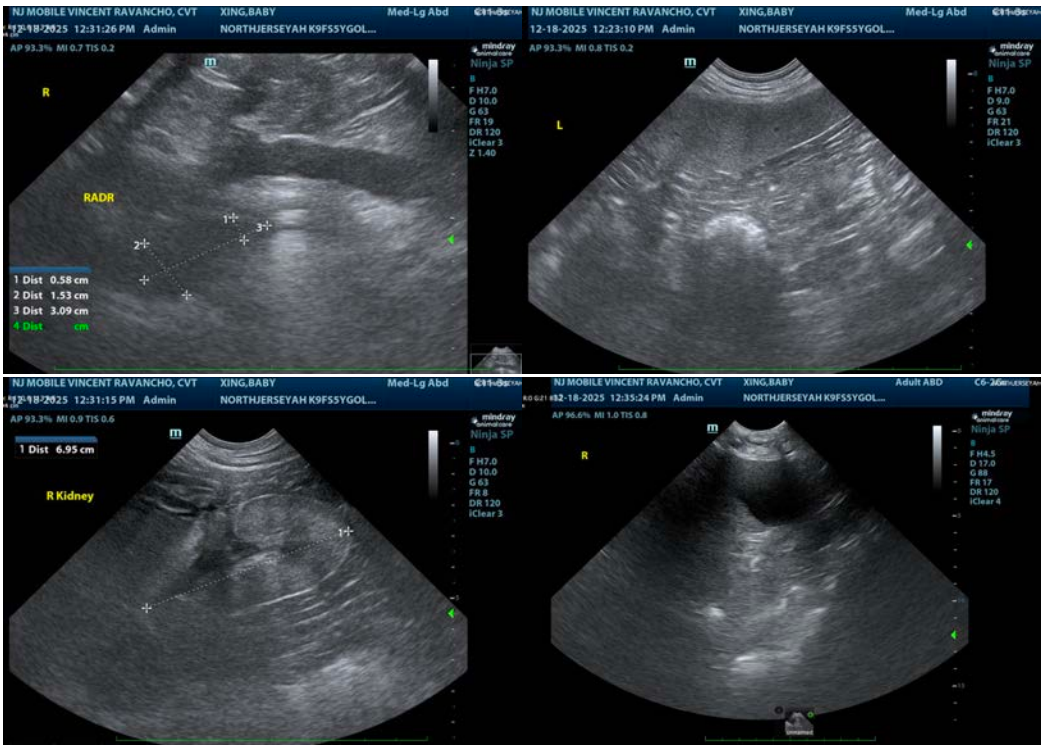

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,
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info@SonoPath.com