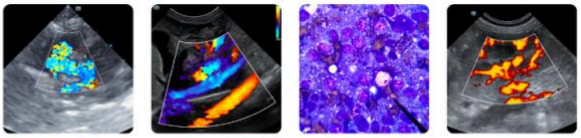

PATIENT

Sky Gotto

SPECIES

Canine

BREED

Toy Poodle

SEX

Spayed Female

AGE

3 Years

WEIGHT

8.1 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi CVT

HOSPITAL NAME

Harmony AH

REFERRING VET

Dr. Epple

INVOICE

12813

DATE

12/23/25

PRESENTING CLINICAL SIGNS

AKI-acute onset. Pet staying w/trainer, found unresponsive. Moribund, 4dx neg, resting cortisol neg, lepto pending. Current meds: Ofloxacin tid; Ampi 0.33ml tid; Famotidine Sid; Metoclopramide CRI

Abnormal PE/Chem/CBC/UA Results:Bun >130; creat (too high to read); Phos >16.1; Na 169; Chlor 134; Alt 147; Alp 261; Cholesterol 350; Amyl 2,177; Lipase 1927; Hct 64.4; Retics 20.7; UA: cysto blood 250; protein 100; non active sed.; USG: 1.014

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** in this patient revealed significant dysplastic structure with thickened irregular cortices and lack of corticomedullary structure and definition. Power doppler assessment revealed irregular contour to the renal vasculature with disrupted architecture and poor perfusion. The left kidney measured 3.9 cm in length. The right kidney measured 3.53 cm in length.

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 width at the cranial pole and 0.48 cm width at the caudal pole. The right adrenal gland measured 1.56 cm x 0.62 cm width at the cranial pole and 0.49 cm width 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 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

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demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

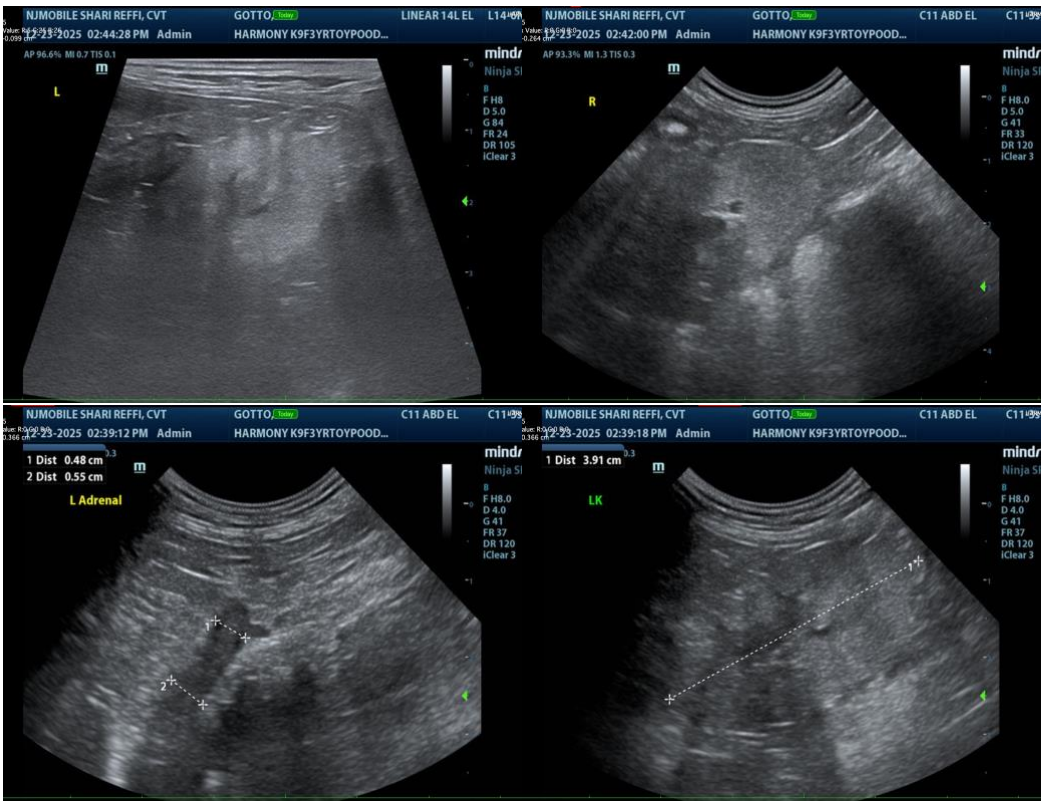
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Suspect primary renal dysplasia with secondary degenerative changes- end stage renal disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Prognosis is poor. Renal biopsy would be necessary for further definition. Acute on chronic insult is suspected. Leptospirosis titers could also be considered, however, the structure would be most suggestive of primary dysplasia with secondary degenerative changes and end stage renal disease.



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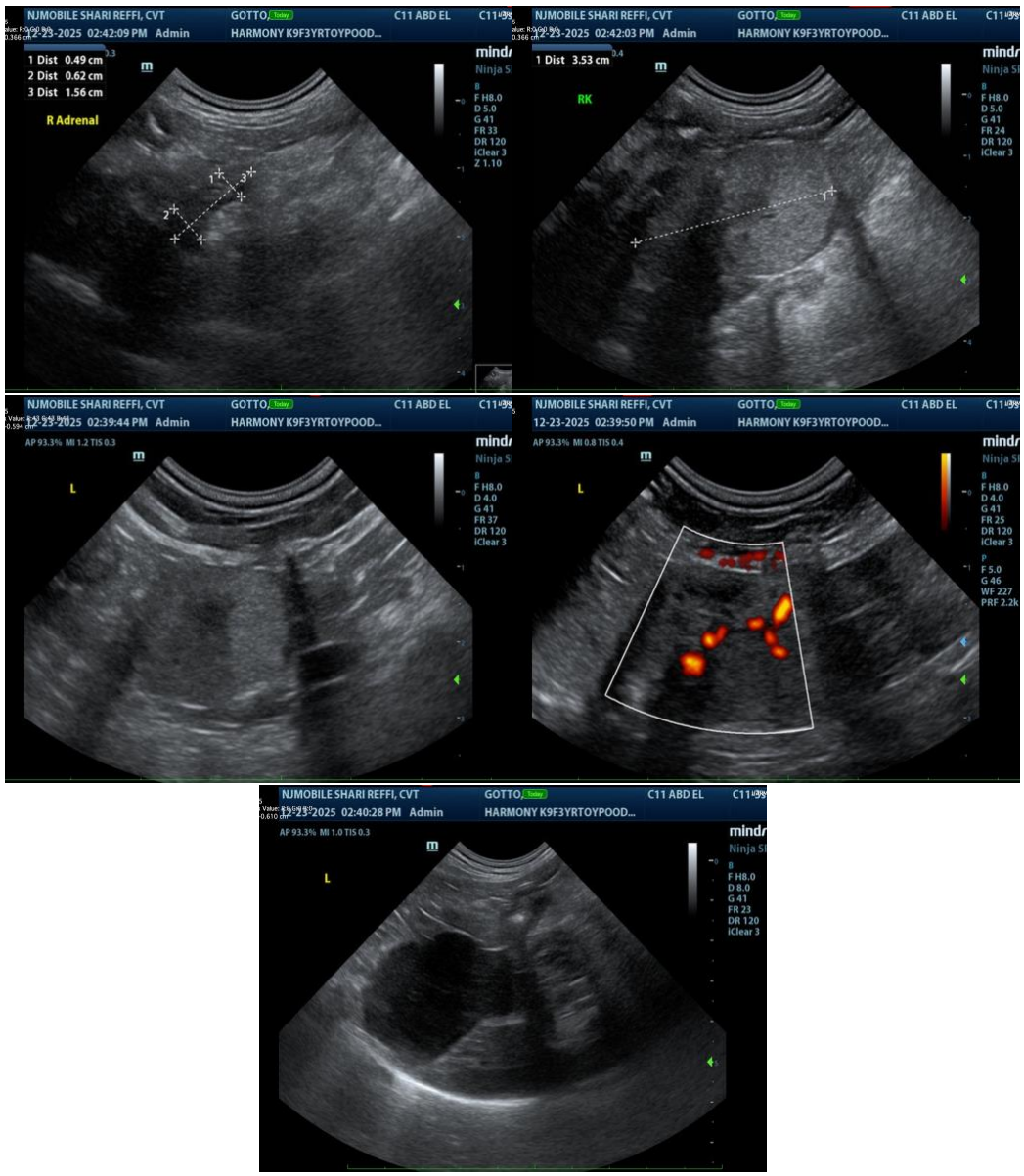


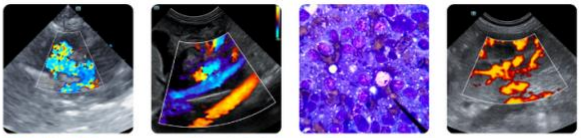
The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Owner, Founder -- SonoPath.com

info@SonoPath.com



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