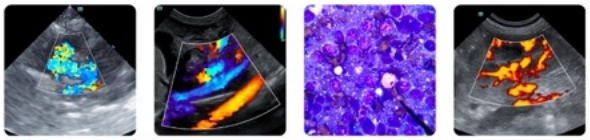

PATIENT

Abby Fioriti

SPECIES

Canine

BREED

Basset Hound

SEX

Female

AGE

6 months

WEIGHT

32 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Julia Bakker, DVM

HOSPITAL NAME

Orange Blossom Veterinary Imaging

REFERRING VET

Dr. Shivers

INVOICE

69690

DATE

12/30/25

PRESENTING CLINICAL SIGNS

History: Patient is PU/PD with IRIS stage 2 azotemia. Her last urine culture was negative for growth.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction and appeared normal. No uroliths or sediment were visualized and anechoic urine was present. Minor right ureteral dilation was noted, yet appeared to enter into the ureteral papilla correctly. No ureteral bypass was noted in the urethra. The left ureter appeared to enter just prior to the cystourethral junction.

The **left kidney** was subnormal in size with thickened and irregular with abnormal renal pelvic dilation and structure. The left kidney measured 4.22 cm.

The **right kidney** revealed pyelectasia with loss of corticomedullary definition. Nodular, heterogenous, hyperechoic renal cortex was noted. The right kidney measured 6.0 cm.

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 2.17 x 0.38 cm at the cranial pole and 0.48 cm at the caudal pole. The right adrenal gland measured 1.86 x 0.39 cm at the cranial pole and 0.65 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.

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

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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.

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.

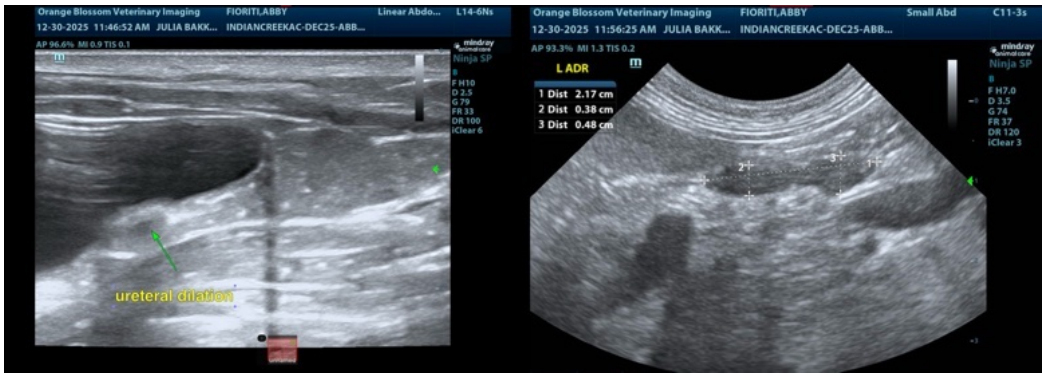
ULTRASONOGRAPHIC FINDINGS

Minor ureteral dilation.

Primary renal dysplasia pattern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Renal biopsy is necessary for confirmation of renal dysplasia. However, prognosis long term is poor. There is a minor potential for toxin or infectious insult with secondary degenerative changes. However, the structure of the kidneys would suggest primary dysplasia with potential abnormal ureteral papilla formation or function given the ureteral dilation. The breeding line should be evaluated for similar changes.



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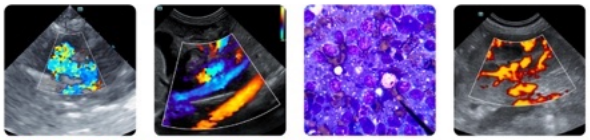

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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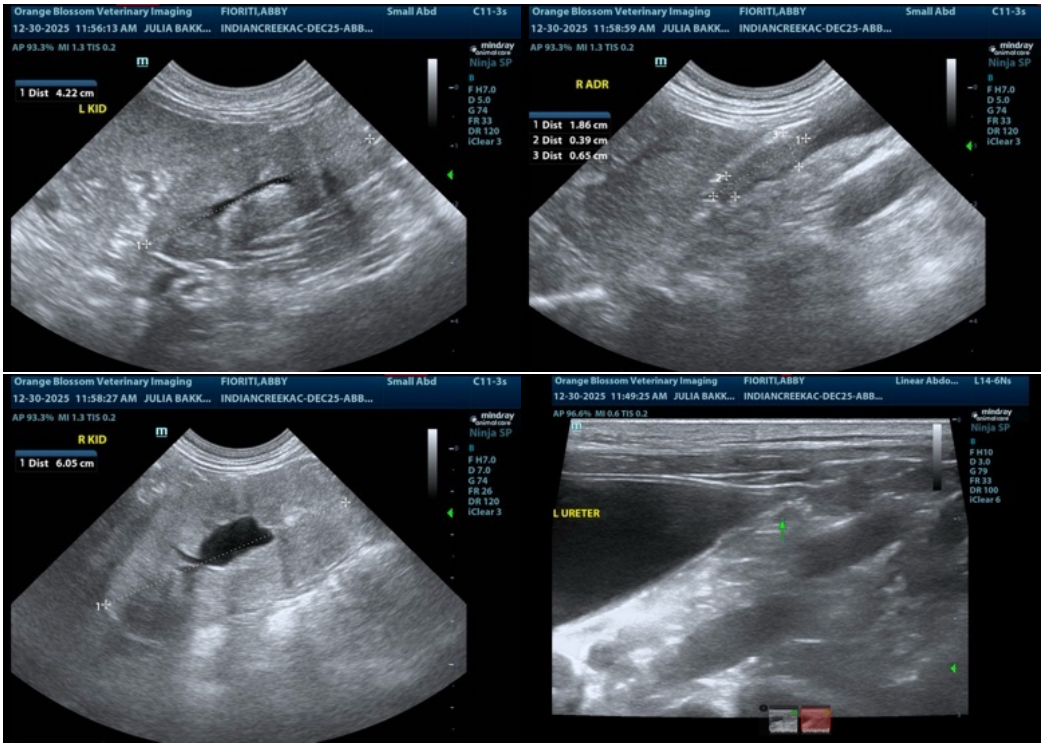

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

info@SonoPath.com