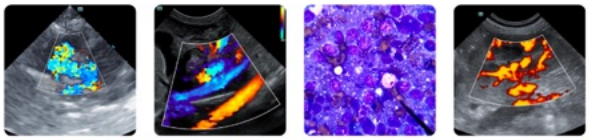


PATIENT

Leo Kerr

SPECIES

Canine

BREED

Mixed

SEX

Neutered male

AGE

3 years

WEIGHT

76 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Varujan Belekdanian

HOSPITAL NAME

Overpeck Creek AH

REFERRING VET

Dr. Belekdanian

INVOICE

69746

DATE

12/31/25

PRESENTING CLINICAL SIGNS

History: Leo is a 3 year old NM Leopard Dog Mix presented for progressive lethargy and loss of appetite. Leo also had an episode of dribbling urine. Recent lab work revealed that his established renal disease is getting worse. Until yesterday, he was on a nutritionist guided diet for his kidneys due to chicken allergy, and Telmisartan, just shy of 1mg/kg PO SID for mild hypertension. He is now being switched to Royal Canin Renal Support and Hydrolyzed Protein, and his Telmisartan was decreased to about .5mg/kg PO SID. He is up to date on Lepto, but per lab recommendation, a PCR and Quantitive Antibody test is pending. Abbreviated ultrasound of the urinary tract. Ultrasound was done by doctor not on patient's case (Dr. Belekdanian). Original doctor working on case is Dr. Edgar.
Abnormal PE/Chem/CBC/UA Results: About a month ago his azotemia was as follows: BUN (48), Creat (2), SDMA (22). As of 12/29, his azotemia was as follows: BUN (245), Creat (4), SDMA (40).

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. 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 **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex. The capsules were acceptably uniform without significant irregularities. The right kidney measured 6.1 cm and the left kidney measured 6.6 cm with slight pyelectasia.

Adrenal Glands

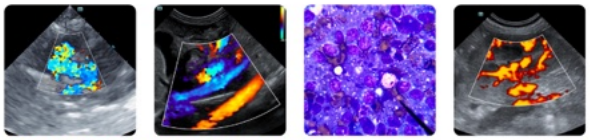
The **adrenal glands** were not overtly visualized. However, the regions of the adrenal glands appeared unremarkable.

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



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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.

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

Structurally unremarkable abdomen.

Slight left renal pyelectasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The adrenal glands are not visible and may be owing to underlying Addisonian state. Causes of acute azotemia in light of normal kidneys may be suggestive for Addison's. Baseline cortisol or ACTH stimulation is indicated. Leptospirosis titers, urine culture and blood pressure measurements are indicated. Toxin exposure should also be considered.

Internal medicine consult can be utilized through Sonopath.com. You can select the internal medicine drop down at http://spa.sonopath.com/.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. https://sonopath.com/resources/sonopath-services/internal-medicine-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