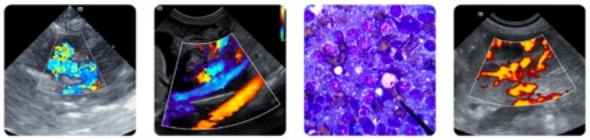


PATIENT

Moose Amolsch

SPECIES

Canine

BREED

Labrador Mix

SEX

Neutered male

AGE

7 years

WEIGHT

62.8 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Meaghan Godwin

HOSPITAL NAME

Wellesley AH

REFERRING VET

Dr. Godwin

INVOICE

77736

DATE

5/19/26

PRESENTING CLINICAL SIGNS

History: History of two UTIs (5/6/2026) and (10/24/2025)
Stage 1-2/4 Iris stage CKD
Eating drinking doing well per owner.
Abnormal PE/Chem/CBC/UA Results: 5/6/2026 lab work: Creatinine 1.7 (0.5-1.5) USG: 1.025 Rods present in urine Urine culture: Klebsiella sp. - >100,000 CFU per ml Otherwise unremarkable

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** wall was slightly thickened. There was no evidence of calculi or polypoid changes. 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. Slight pyelectasia was noted in the kidney with echogenic debris. The pyelectasia measured 0.44 cm in the left kidney and 0.3 cm in the right kidney. The left kidney measured 5.9 cm. The right kidney measured 5.86 cm.

Adrenal Glands

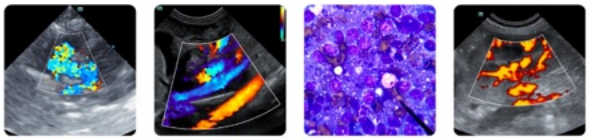
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.47 cm. The right adrenal gland measured 0.57 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 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



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lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with post prandial presentation. 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. 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

Bilateral renal pyelectasia.

Otherwise, unremarkable lower urinary tract.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Embedded infection in the kidneys is suspected given the patient's history. 4-6 antibiotic therapy is warranted in this patient to clear potential infection within the kidney pelvises. The kidneys do not appear to have end stage disease from a subjective structural standpoint. Alternatively, IV fluid protocol with IV antibiotics could be considered to further penetrate and maximize concentrations in the urinary tract. Ceftiofur may be an option given the size and the optimal action in the urinary tract if Klebsiella is susceptible to Ceftiofur on culture and sensitivity. Ceftiofur s.i.d. in the evenings over a 4 week period could be utilized. I recommended treatment for at least 1 week beyond negative sediment and negative culture.

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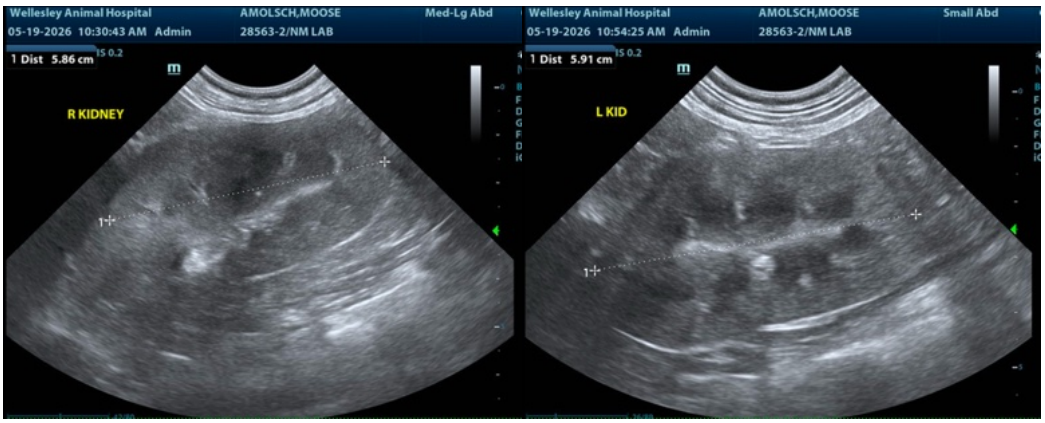

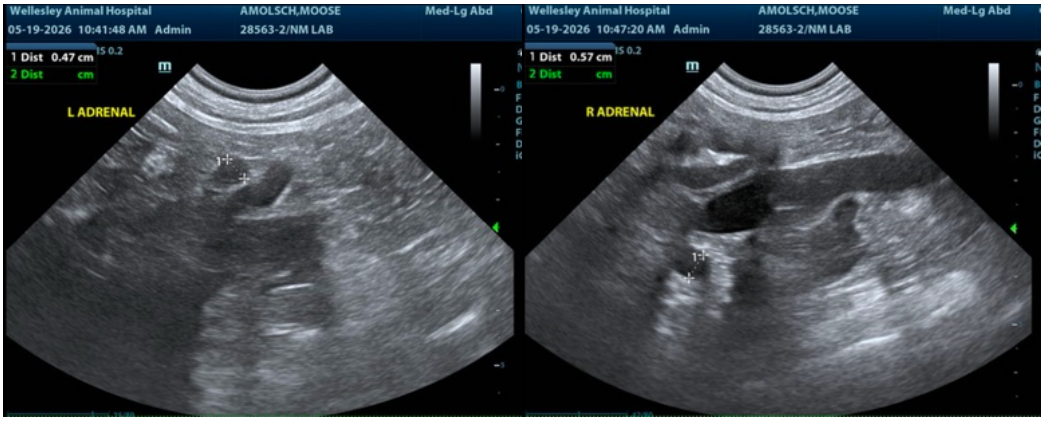

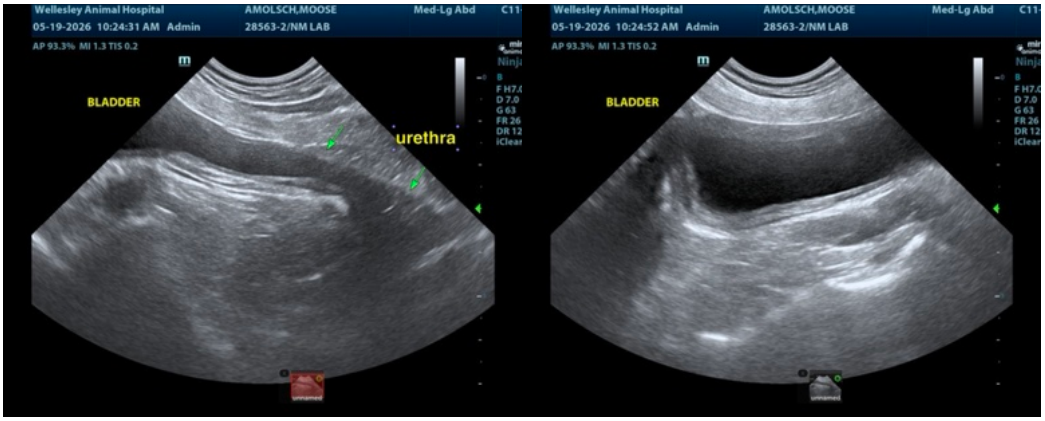

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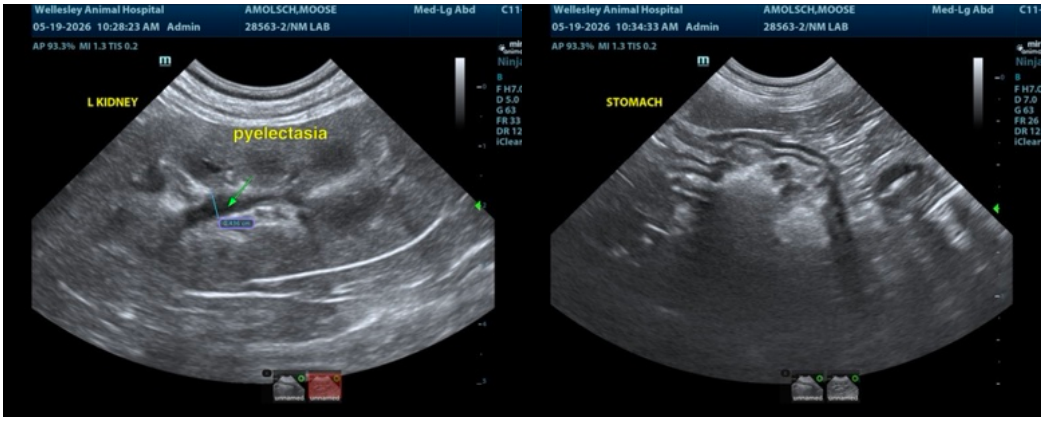

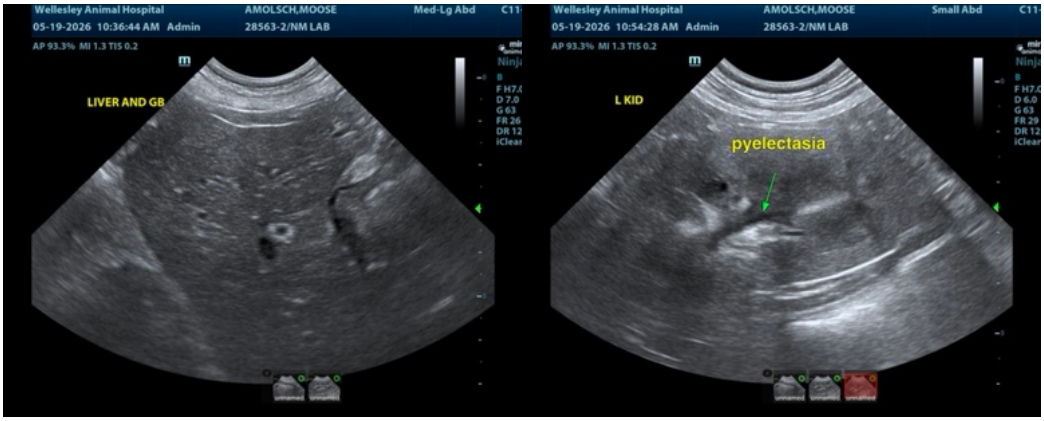

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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