



PATIENT

Kesha Hildebrant
McCormick

SPECIES

Canine

BREED

Boxer

SEX

Intact Female

AGE

1 Year 4 Months

WEIGHT

38 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Chloe Lowe, CVT

HOSPITAL NAME

Nazareth VC

REFERRING VET

Dr. Gusztaw

INVOICE

35949

DATE

5/5/26

PRESENTING CLINICAL SIGNS

History: Elevated kidneys. Recently adopted, pu/pd noted.
Abnormal PE/Chem/CBC/UA Results: UA NSF Cr 1.7, BUN 49, SDMA 19, UPC 0.8

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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

The **left ovary** was uniform, measuring 1.6 cm x 0.64 cm. The **right ovary** was uniform, measuring 1.5 cm x 0.6 cm. The **uterus** was unremarkable, measuring 0.77 cm in width.

The **left kidney** revealed normal size with mild irregular contour. Slightly nebulous corticomedullary definition was noted. The left kidney measured 5.8 cm. The **right kidney** revealed lack of corticomedullary definition and mildly thickened/slightly irregular cortices. The right kidney measured 5.7 cm. Vascularity appeared adequate.

Adrenal Glands

The **left adrenal gland** was subnormal in size. The left adrenal gland measured 1.97 cm x 0.23 cm at the cranial pole and 0.27 cm at the caudal pole.

The **right adrenal gland** was 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 right adrenal gland measured 1.47 cm x 0.44 cm at the caudal pole and 0.6 cm at the cranial 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

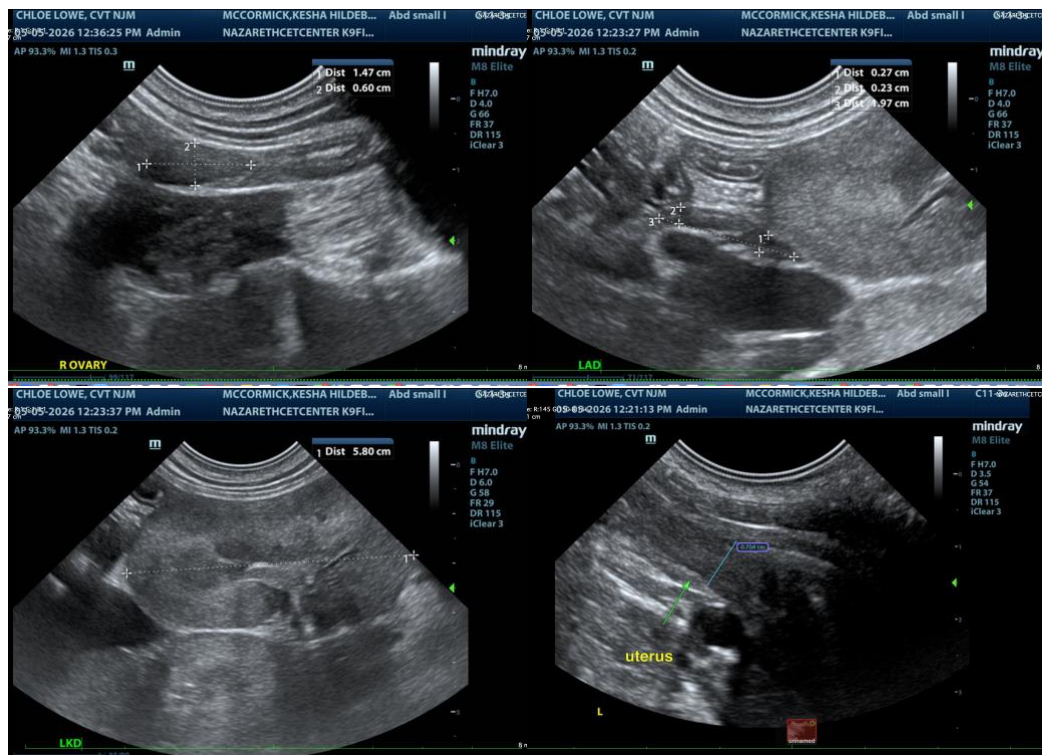
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Nonspecific irregular renal structure, potential for primary renal dysplasia, especially given the breed disposition to these issues.
- Normal reproductive tract
- Small left adrenal gland/normal right adrenal gland

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend screening for occult Addison's in this patient. Eventual renal biopsy may be appropriate for definitive diagnosis, as underlying primary renal dysplasia is a strong potential in this case. Other causes of acute renal insult, such as leptospirosis or Lyme Disease should be considered as well. Renal biopsy is likely in this patient's best interest to assess for any congenital issues. If azotemia can be corrected and ovariohysterectomy is to take place, then renal biopsy could be done at surgery.





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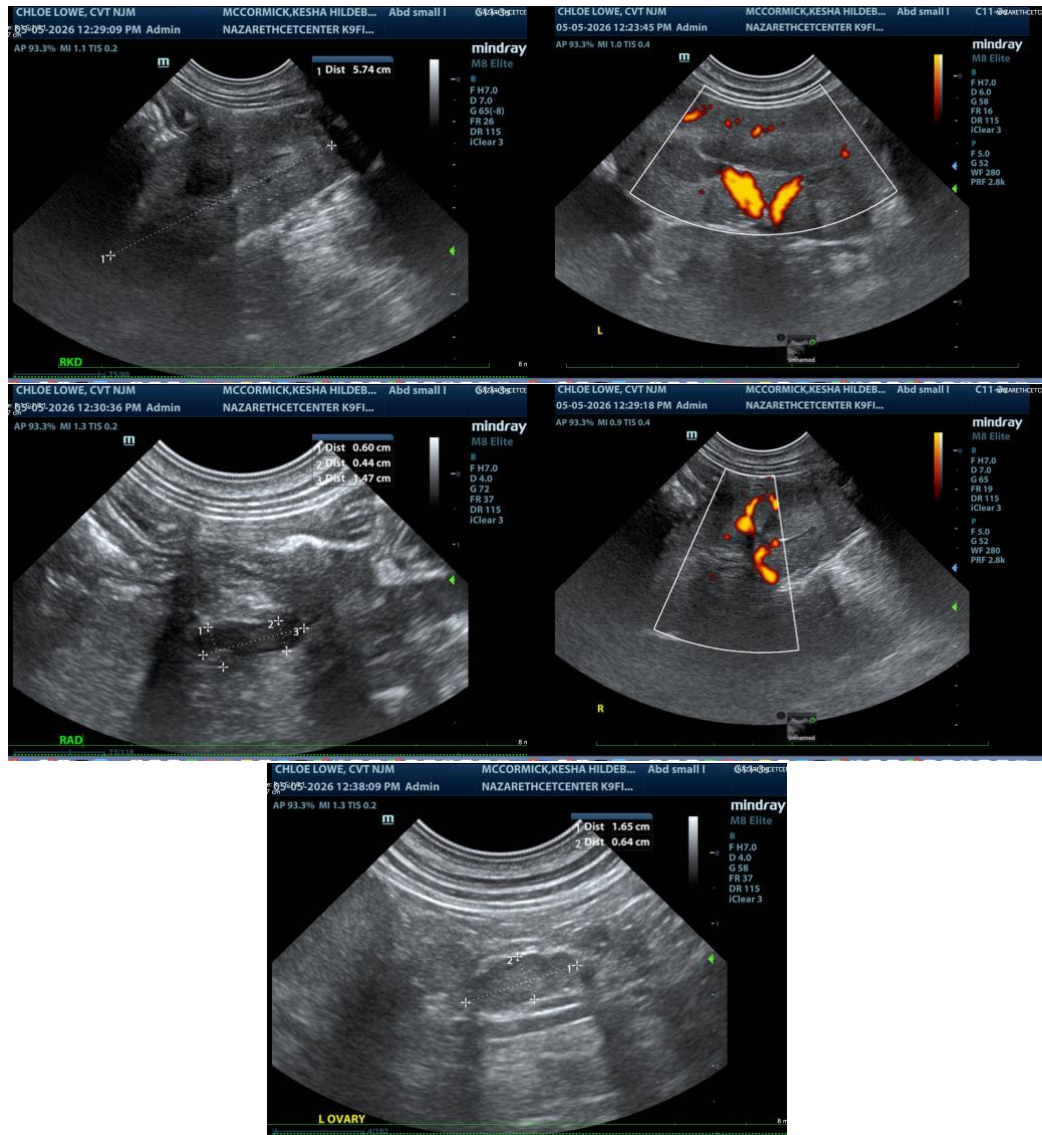
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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