

PATIENT

Ember Mazerolle

SPECIES

Canine

BREED

Labrador

SEX

Spayed female

AGE

1 years

WEIGHT

28.7 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Graham AH

REFERRING VET

Dr. Nixon

INVOICE

68507

DATE

11/10/25

PRESENTING CLINICAL SIGNS

History: Findings: - First presented for pre-anesthetic bw prior to spay procedure on June 12, 2025 and incidental finding of mildly elevated UREA and creatinine. No abnormal clinical signs. - UA June 13th: normal, low usg but might not have been first morning sample - UA June 27: showed pyuria, bacteriuria (rods and cocci), hematuria, ecoli grown on culture, cystatin B (397 H) - UA July 18th: mild hematuria with no growth on culture - Aug 23 culture: no growth - Sep 20th bw: mildly elevated urea (10 mmol/L) - Oct 21 UA: wnl - Oct 21: mildly increased urea (16.5) and creatinine (191) without evidence of UTI since previous bw - Oct 22 culture no growth. - Oct 28 cystatin B (167) - still elevated but decreased from initial value - Treated with Amoxiclav, baytril, cefaseptin and onsiore Current Medications Zeniquin 100 mg PO q24.
 Abnormal PE/Chem/CBC/UA Results: Values See above (elevated creatinine, urea, cystatin B). Hx of UTI (hematuria, pyuria, bacteriuria). Primary Question to Be Answered in This Exam Goal is to evaluate both kidneys to determine if there is possible congenital malformation vs pyelonephritis and to investigate ongoing elevated creatinine and urea.

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.

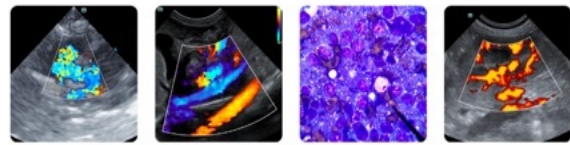
The **kidneys** in this patient presented irregular contour. Slight pyelectasia was noted. Blood flow appeared adequate, yet cortical vascular patterns were irregular. The right kidney had cortical collapse. The left kidney measured 7.0 cm. The right kidney measured 6.83 cm.

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 2.25 x 0.6 cm at the caudal pole and 0.5 cm at the cranial pole. The right adrenal gland measured 1.0 cm at the cranial pole and 0.7 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.



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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

A minor amount of non-shadowing, non-obstructive ingesta was noted in the stomach. 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

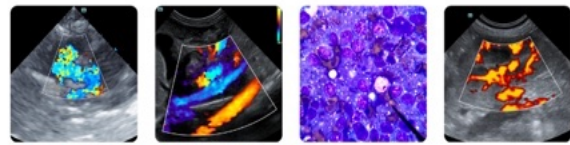
- Irregular kidneys with disrupted structure, moderate. Changes are consistent with primary renal dysplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Renal biopsy would be necessary for further definition. Other complicating causes such as Leptospirosis, toxin exposure and occult Addison's should all be considered. Management for the complicating UTI is warranted as well over a 4-6 week period. The infection may be harbored in the renal pelvises. 72-hour IV fluid support, injectable antibiotics based on culture results, blood pressure measurements and diet change are all indicated to assess the ability to stabilize this patient. Subjectively the level of renal dysplasia is moderate, which would be confirmed by surgical biopsy.

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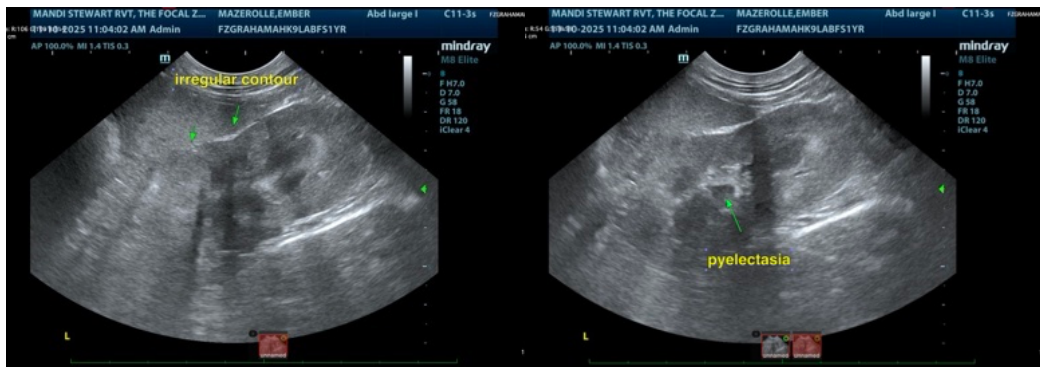
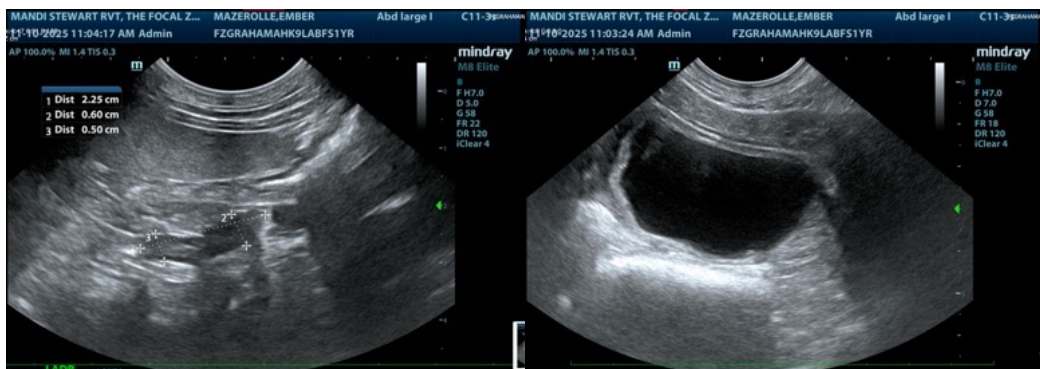
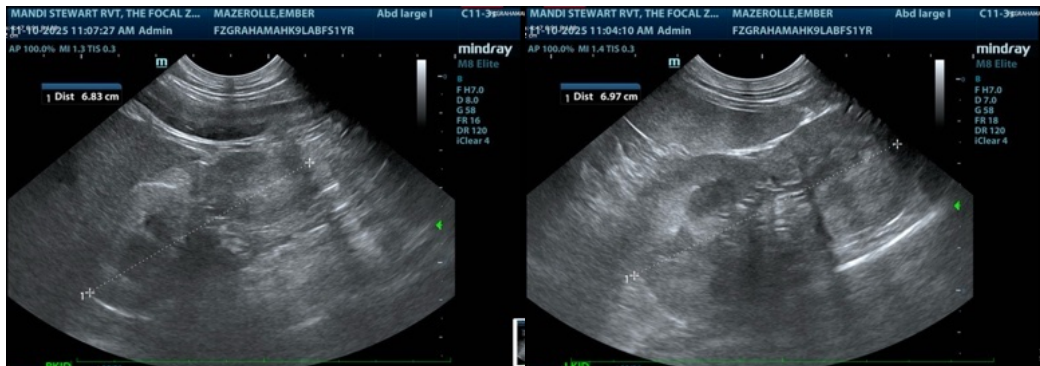
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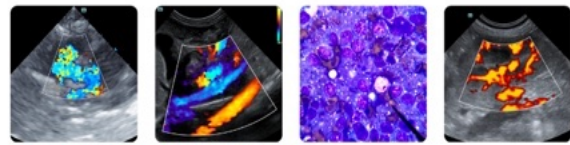
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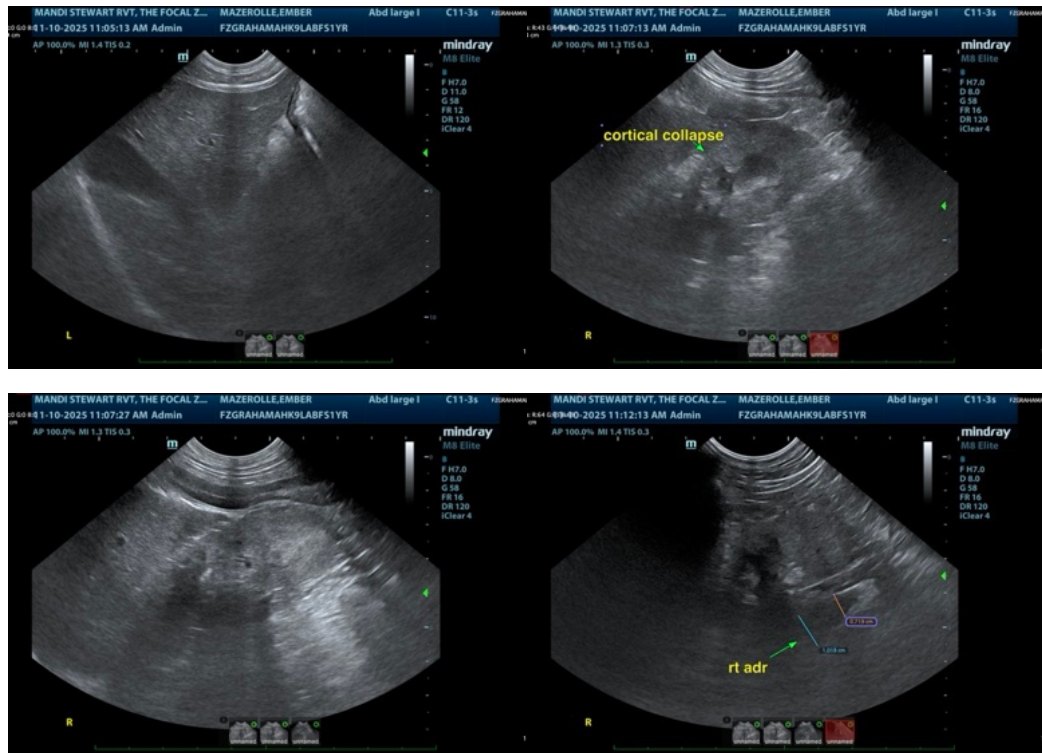
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com

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