



PATIENT

Penny Murray

SPECIES

Canine

BREED

Hound x

SEX

Spayed Female

AGE

5 Years 8 Months

WEIGHT

50.4 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Shohola Veterinary
Hospital

REFERRING VET

Dr. DeMeo

INVOICE

74251

DATE

4/7/26

PRESENTING CLINICAL SIGNS

Patient Dx at prev. hospital w/ renal dysplasia, IBD, hydronephrosis, hypertension. Clinically doing well. Current Meds: Aluminum hydroxide 250mg SID; Benazepril 20mg (1/2 BID); Pred 5mg (1/2 SID) (all for renal dz + IBD); R.C. Multifunction hydrolyzed protein diet.B.P-2021 -started Benazepril. Dx: renal dysplasia, pyelonephritis. Frequent vaginitis + UTI. Hydronephrosis. 2022-Bx report-lymphoplasmacytic IBD

Abnormal PE/Chem/CBC/UA Results: UA: Protein 1+; USG: .1.020; UPC-0.2

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder is moderately distended with anechoic urine. No uroliths are seen. The bladder wall is normal in appearance and thickness. No masses are seen. No papillae seen.

The right kidney presents normal size (5.6 cm) with mildly irregular shape. Mild to moderate loss of corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (5.1 cm) with mildly irregular shape. Mild loss of corticomedullary distinction. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted. Mild left-sided hydronephrosis is present. The left renal pelvic measures 8.6 mm x 4.3 mm.

Adrenal Glands

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 9.3 mm and the caudal pole measures 5.4 mm.

The left adrenal gland is mildly small, measuring 4.3 mm at the cranial pole and 4.3 mm at the caudal pole.

Spleen

The spleen is normal in size, shape, margination and echogenicity. No masses are seen. Normal blood flow.

Liver

The liver presents normal size and shape with smooth lobar margins. The parenchyma has normal echogenicity with normal echotexture. No focal lesions are seen. Intrahepatic bile ducts are normal. Normal vascular pattern.

The gallbladder presents normal size with anechoic contents. Normal gallbladder wall. No evidence of bile duct distention or obstruction.

Gastrointestinal

Diffusely the gastrointestinal tract appears normal. The stomach contains a small amount of partially digested food. No outflow tract obstruction seen. The patient appears to be not completely fasted for this exam.



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Pancreas

The visible pancreas is normal in size with normal echogenic parenchyma and surrounded by normal peri-pancreatic mesentery.

Free Abdomen

There are no enlarged abdominal lymph nodes seen on this exam. No free abdominal fluid is seen.

ULTRASONOGRAPHIC FINDINGS

- Mildly small left adrenal gland – Most likely due to chronic Prednisone administration.
- Loss of corticomedullary distinction in both kidneys and mildly irregular shape – Suggestive of possible chronic kidney disease, most likely related to the patient’s previous diagnosis of renal dysplasia.
- Mild left-sided hydronephrosis – Most likely due to patient’s previous diagnosis of renal dysplasia. Less likely due to pyelonephritis.

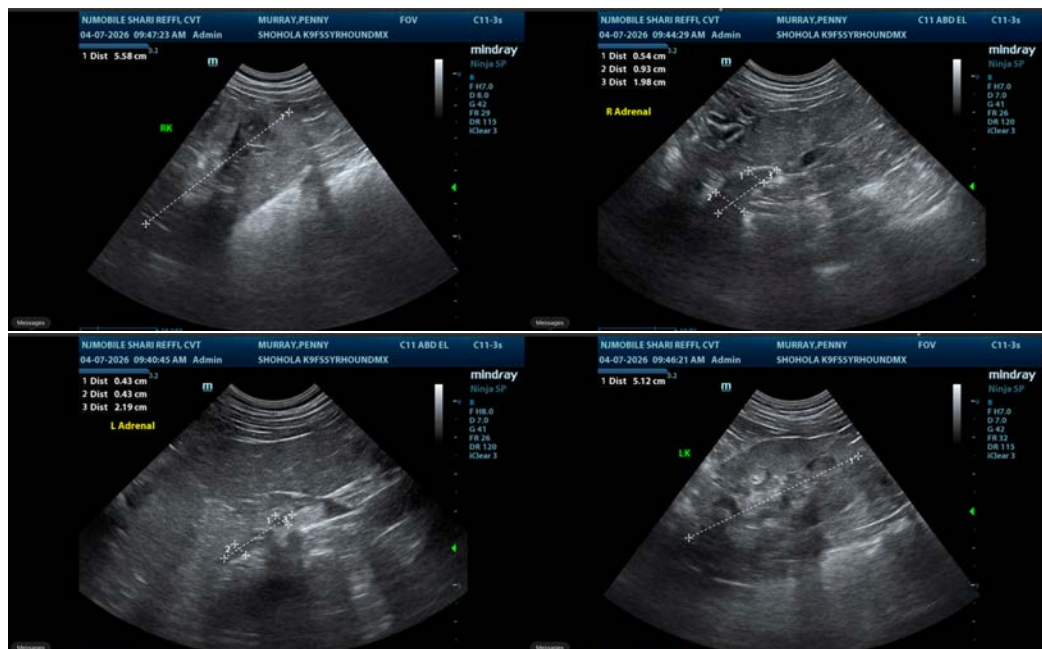
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

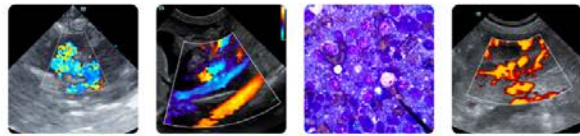
Recommend continued staging, monitoring and managing of the patient per IRIS guidelines. If clinically warranted, recommend urine culture to rule out pyelonephritis.

At this time the patient’s inflammatory bowel disease appears to be in remission based off of this ultrasound. The GI tract appears normal.

No changes to the patient’s reported treatment plan recommended at this time.

Prognosis appears fair for long-term survival.





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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.

Greg Kuhlman, DVM, DACVIM (SAIM)

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