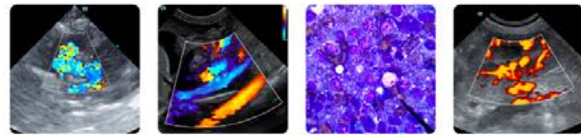




**PATIENT**

Olivia Jeffryes

**SPECIES**

Canine

**BREED**

Border Collie

**SEX**

Spayed Female

**AGE**

11 Years

**WEIGHT**

34 lbs

**INTERPRETED BY**

Greg Kuhlman, DVM, DACVIM (SAIM)

**IMAGING PERFORMED BY**

Meghan Morse, LVT, CVT

**HOSPITAL NAME**

New Bridge Veterinary Practice

**REFERRING VET**

Dr. Glennon

**INVOICE**

74360

**DATE**

4/9/26

## PRESENTING CLINICAL SIGNS

Increased Creatinine (1.7), PU/PD, lethargic. Increase in urinary accidents. Current meds: Amoxi (given @ emergency clinic last week).

Abnormal PE/Chem/CBC/UA Results: BUN 35, Creat 1.7 U/A: WNL USG 1.014 (1st catch)

## 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.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted. Left kidney measured 5.1 cm. Right kidney measured 5.3 cm.

### *Adrenal Glands*

The right adrenal gland was mildly enlarged, measuring 8.1 mm at the caudal pole and 10.9 mm at the cranial pole. The phrenic vasculature is unremarkable.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 7.1 mm and the caudal pole measures 6.1 mm.

### *Spleen*

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

### *Liver*

Liver is relatively normal in size and contour. Parenchyma is mildly heterogenous and coarse with mild likely age-related parenchymal remodeling noted. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

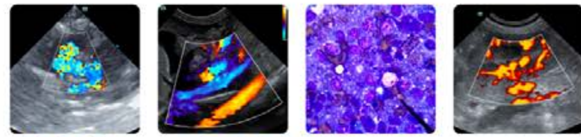
Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

### *Gastrointestinal*

The stomach wall diffusely appears normal in thickness and layering. The stomach contains a mild to moderate amount of partially digested food material. No obstructive lesion seen. The intestines have normal wall layering and thickness. The small bowel is mildly fluid filled. Colon contains normal contents with normal wall thickness. No mechanical obstruction seen.

### *Pancreas*

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





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### *Free Abdomen*

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

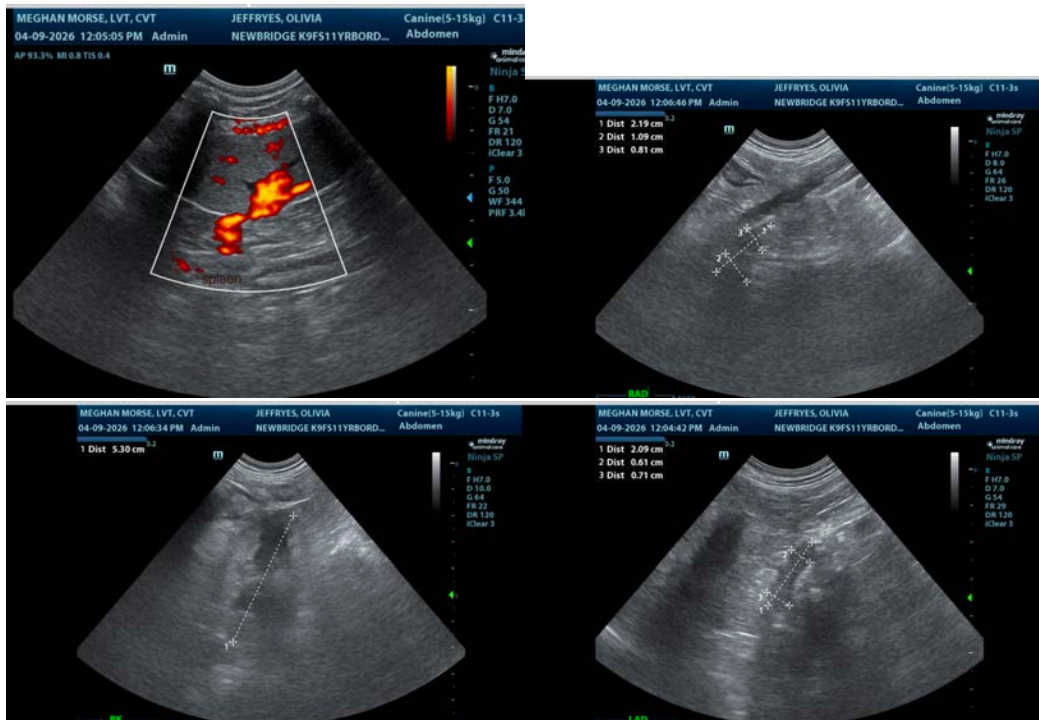
## ULTRASONOGRAPHIC FINDINGS

- Suspect chronic kidney disease.
- Mildly enlarged right adrenal gland.
- Age related hepatic changes and gallbladder debris.
- Fluid and food filled GI tract – possibly due to ileus.

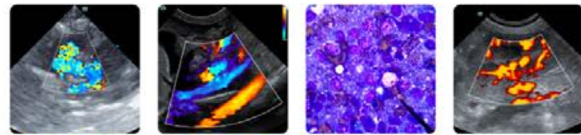
## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the appearance of the patient's kidneys, the reported azotemia with PU/PD, suspect the patient's clinical signs may be due to chronic kidney disease, although this would need to be confirmed. Recommend full staging, monitoring and managing patient per IRIS guidelines. This workup would include a blood pressure, and if not already performed recommend a urine culture to rule out the possibility of a urinary tract infection or pyelonephritis. Even if UA does not show bacteria or inflammation, given the dilute urine, a bacterial urinary tract disease may still be present.

If the patient was appropriately fasted, the patient may have gastritis, possibly due to patient's azotemia. Recommend treating supportively. Consider rechecking stomach via ultrasound in 24-48 hours after starting supportive care for possible functional gastritis. If food material remains, recommend longer fast to rule out the possibility of non-shadowing obstructive gastric foreign material present. This is not highly suspected. I suspect the patient most likely is either not completely fasted for the exam or has some gastric ileus.



New Jersey Mobile
FUELED BY SONOPATH VETERINARY ULTRASOUND



Clinical Sonography & Telecytology
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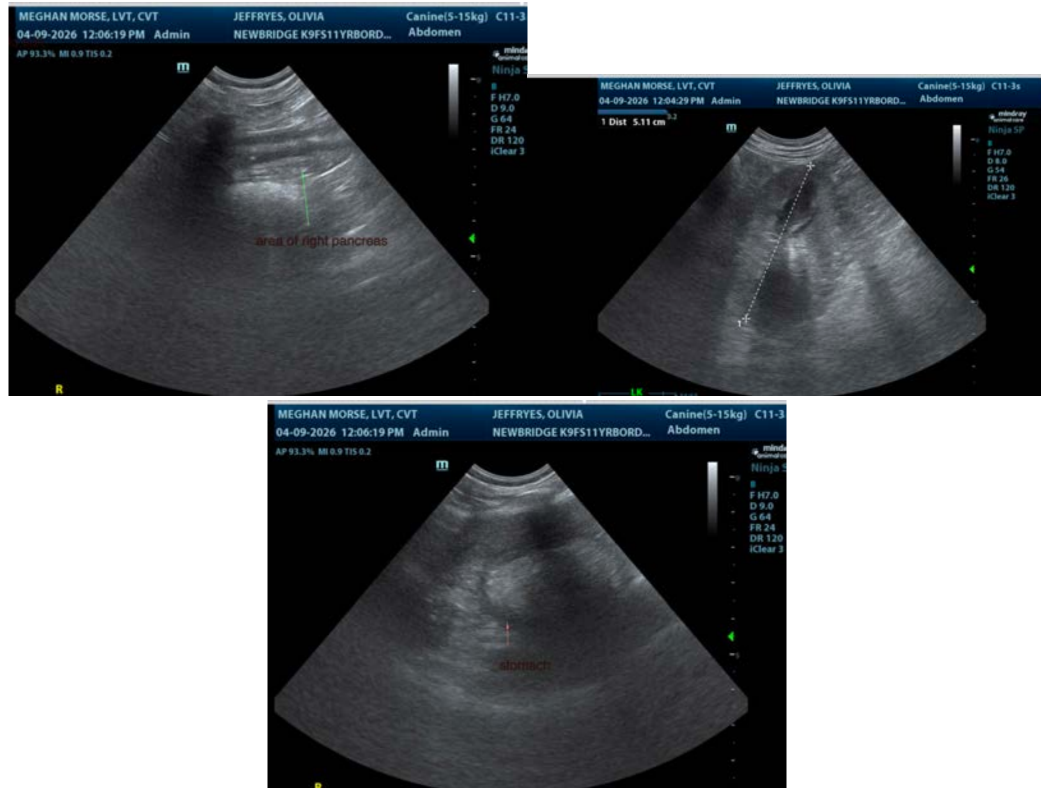


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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)

Veterinary Internal Medicine Specialist
info@SonoPath.com