



## PATIENT

Lucy Griffin

## SPECIES

Canine

## BREED

German Shepherd

## SEX

Intact Female

## AGE

6 Months

## WEIGHT

39 lbs

## INTERPRETED BY

Greg Kuhlman, DVM,  
DACVIM (SAIM)

## IMAGING PERFORMED BY

Dr. Elaina Petrone

## HOSPITAL NAME

Long Branch Animal  
Hospital

## REFERRING VET

Dr. Elaina Petrone

## INVOICE

16276

## DATE

05/15/26

## PRESENTING CLINICAL SIGNS

6 month old female intact German Shepherd puppy. Clinically well. Profound azotemia on screening lab work because she has a lean body condition. BUN: 100. Creatinine: 4.8. USG: 1.009 Lepto-negative Lyme-negative No history of toxin, trauma, etc. Concerned for renal dysplasia.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with a marked amount of echogenic non-shadowing debris, most consistent with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can present with echogenic debris. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The left kidney presents markedly irregular in appearance and shape. Marked loss of corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The left kidney measured 5.8 cm in length.

The right kidney presents markedly irregular in appearance and shape. Marked loss of corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The left kidney measured 6.1 cm in length.

### *Adrenal Glands*

The left and right adrenal glands were not clearly visualized on this exam.

### *Spleen*

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

### *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*

The stomach has normal wall layering and thickness. Colon contains normal contents with normal wall thickness. The small bowel is mildly fluid-filled, most likely due to the patient's azotemia causing uremic gastroenteritis.

### *Pancreas*

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

### *Free Abdomen*



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Multiple mildly enlarged abdominal lymph nodes were present, most likely due to age-related cause, unlikely but possibly these nodes may be reactive. If the patient is diagnosed with a lower urinary tract infection, it is highly unlikely these lymph nodes are enlarged due to neoplasia.

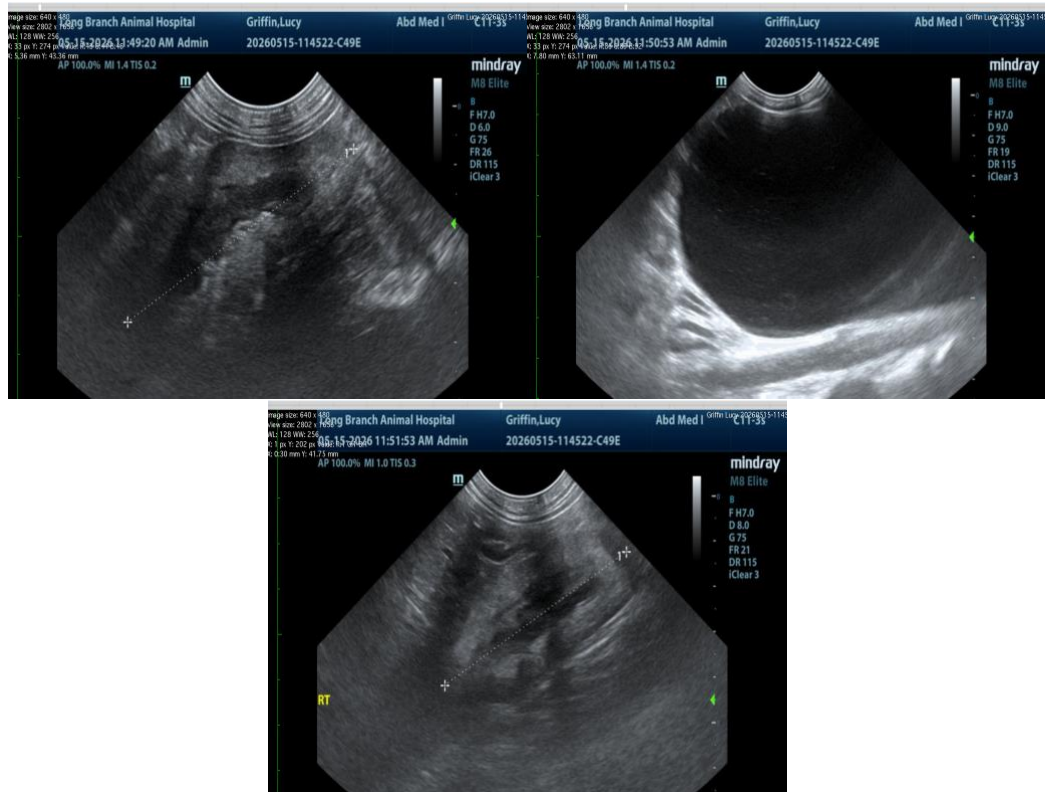
## ULTRASONOGRAPHIC FINDINGS

- Suspect renal dysplasia.
- Urinary bladder debris.
- Fluid filled small bowel.
- Enlarged abdominal lymphadenopathy.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the appearance of both kidneys and the patient's age, it is almost certain that the patient has moderate to severe renal dysplasia and that is the cause of the azotemia. Recommend full staging, monitoring and managing per IRIS guidelines, making sure that patient's blood pressure is monitored, any kind of bacterial urinary tract infection or possible pyelonephritis is ruled out via urine culture if warranted. Unfortunately, given the strong suspicion for renal dysplasia, patient's prognosis for long-term survival is poor to grave.

Recommend treating patient supportively with anti-emetics and prokinetics.



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



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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  
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