

**PATIENT**

Moose Priotto

SPECIES

Canine

BREED

Lab x

SEX

Neutered Male

AGE

6 Years 1 Month

WEIGHT

25.8 kg

INTERPRETED BYGreg Kuhlman, DVM,
DACVIM (SAIM)**IMAGING
PERFORMED BY**Loetitia Saint-Jacques,
LVT**HOSPITAL NAME**

TMVH

REFERRING VET

Dr. Kuester

INVOICE

75048

DATE

5/7/26

PRESENTING CLINICAL SIGNS

Mild, but persistent elevations in renal values coupled with isosthenuria. Initial labs in 2/2026, no UA at that time. Annual adult wellness panel. CREA 1.6 (0.5-1.6). SDMA 18.5 (<14). Repeated labs 4/2026. Renal Profile CREA 1.5 (0.5-1.6) --> 1.6 (2/2026) SDMA 19.2 (<14) --> 18.5 (2/2026) UA: USG 1.015 No reported clinical signs at home. But recommended diagnostics since px is young, want to r/o congenital abnormality, other. Working diagnosis. Mild azotemia - DDx normal variation, early renal disease, congenital renal disease, other

Abnormal PE/Chem/CBC/UA Results: 4/2026: Renal Profile CREA 1.5 (0.5-1.6) --> 1.6 (2/2026) SDMA 19.2 (<14) --> 18.5 (2/2026) UA: USG 1.015 2/2026: Annual adult wellness CREA 1.6 (0.5-1.6) SDMA 18.5 (<14)

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 mild 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 prostate appears normal measuring 1.2 cm in width.

The right kidney presents normal size (5.46 cm) with mild irregular shape. Moderate loss of corticomedullary distinction. The renal pelvic measures 3.3 mm in width. No ureteral dilation or nephrolithiasis.

The left kidney presents normal size (6.1 cm) with normal shape and architecture. Moderate loss of corticomedullary distinction. Mild renal pelvic dilation present at 4.6 mm in width. No ureteral dilation or nephrolithiasis.

Adrenal Glands

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The right adrenal gland measured 5.6 mm at the caudal pole and 6.3 mm at the cranial pole.

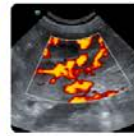
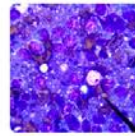
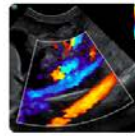
The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The left adrenal gland measures 4.7 mm at the cranial pole and 5.8 mm at the caudal pole.

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.



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

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The stomach is moderately distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. If patient was appropriately fasted, delayed gastric emptying could be considered. Non-shadowing foreign material is considered less likely but cannot be definitively ruled out.

If clinical signs are consistent (vomiting, etc.), recommendations include supportive medical care, 24 hours fasting and re-image.

The small intestines have normal wall layering and thickness. There is a moderate amount of ingesta within the small bowel. Colon contains normal contents with normal wall thickness.

Pancreas

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

Free Abdomen

A prominent medial iliac lymph node is present measuring 5.7 mm x 33.2 mm. A 2nd iliac lymph node on the left side measured 5.9 mm x 19.3 mm.

No free abdominal fluid is seen.

No pericardial effusion or mass lesions seen in the cardiac image provided.

ULTRASONOGRAPHIC FINDINGS

- Urinary bladder debris.
- Moderate loss of corticomedullary distinction in both kidneys and renal pelvic dilation.
- Ingesta within stomach and small intestines.
- Prominent medial iliac lymph nodes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

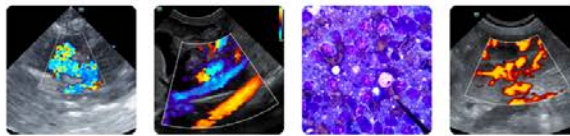
Based on the appearance of both kidneys the patient does appear to have early chronic kidney disease, which correlates with the recent lab work findings, specifically the progressively elevating SDMA. Recommend full staging, monitoring and managing per IRIS guidelines. The renal pelvic dilation may suggest possible pyelonephritis. If not already performed, recommend a urine culture and antibiotic sensitivity. Renal dysplasia is not suspected as a cause for the patient's azotemia.

The prominent medial iliac lymph nodes are most likely reactive, unlikely to be due to neoplasia.

Imaging performed by



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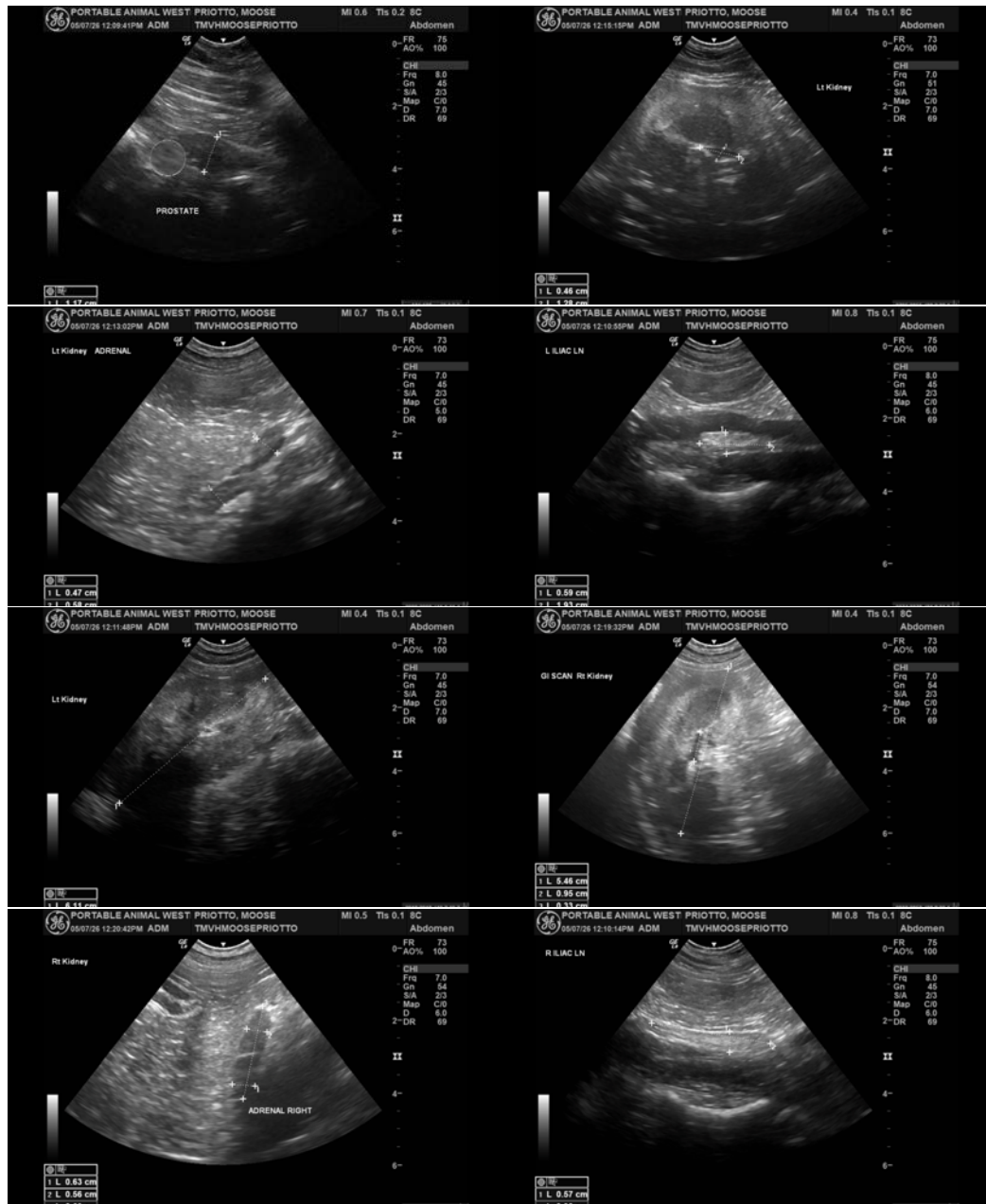
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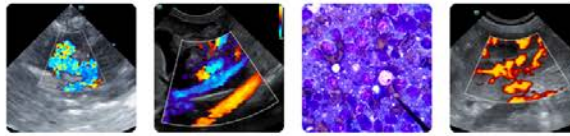
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Greg Kuhlman, DVM, DACVIM (SAIM)

Veterinary Internal Medicine Specialist
info@SonoPath.com