



PATIENT

Nellie Kratzer

SPECIES

Canine

BREED

Golden Retriever

SEX

FS

AGE

6 years

WEIGHT

71 lbs

INTERPRETED BY

Karen Ebersole, DVM,
DABVP (Canine and
Feline)

IMAGING PERFORMED BY

Amanda Hockenbrock

HOSPITAL NAME

Lewisburg Veterinary
Hospital

REFERRING VET

Dr. Lindsay
Huepenbecker

INVOICE

11312

DATE

2/13/2026

PRESENTING CLINICAL SIGNS

- Chronic history of weight loss. Poor appetite. Has cystitis, on TMS.
- Diagnosed with kidney failure on bloodwork this morning (pre-anesthetic bloodwork for bone biopsy).

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder was normal in size and shape. The bladder wall was normal in thickness for the volume of urine present. The trigone and visible urethra were normal in appearance. The urine was anechoic with no visible sediment or uroliths.

The iliac trifurcation was normal in structure and volume. There was normal vascular perfusion with no evidence of thrombus formation on doppler exam. There was no visible lymphadenopathy.

Both kidneys were normal in size with a mildly irregular capsule contour. There was a moderate increase in cortical echogenicity. The corticomedullary junction was mildly indistinct. There were variably sized, non-obstructive medullary mineralization present without pelvic dilation.

The left kidney measured 6.3 cm in length. The right kidney measured 6.9 cm in length.

Adrenal Glands

Both adrenal glands were normal in size and shape, with a smooth capsule contour. The parenchyma displayed normal echogenicity. There was no evidence of capsular expansion or pericapsular inflammation. There were no nodules or masses visible. Left adrenal measures 0.51 cm at the caudal pole and 0.40 cm at the cranial pole. Right adrenal measures 0.52 cm at the caudal pole and 0.96 cm at the cranial pole.

Spleen

The spleen was normal in size and shape, with a smooth capsule contour. The parenchyma was finely textured and homogeneous. The vasculature showed good vascularity with power doppler.

Liver

The liver was normal in size and shape, with a smooth capsule contour. The hepatic parenchyma displayed normal echotexture and portal markings. The hepatic vasculature was normal in volume and structure.

The gallbladder was normal size and shape, with echogenic, non-mineralized biliary sludge. The wall was normal thickness with no visible inflammation. The cystic duct and common bile ducts were normal in size with no evidence of obstruction.

Gastrointestinal

The visualized stomach was possibly mildly thickened with a prominence of the mucosal layer. The stomach wall measured up to 1.3 cm in width. The stomach was difficult to visualize partly due to being under the rib cage. The stomach lumen appeared empty. There may have been mild perigastric mesenteric inflammation present in the submitted views. The small intestine displayed normal



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curvilinear patterns throughout. Subjectively normal wall thickness and layering was maintained. The visible colon wall was normal in thickness and layering.

Pancreas

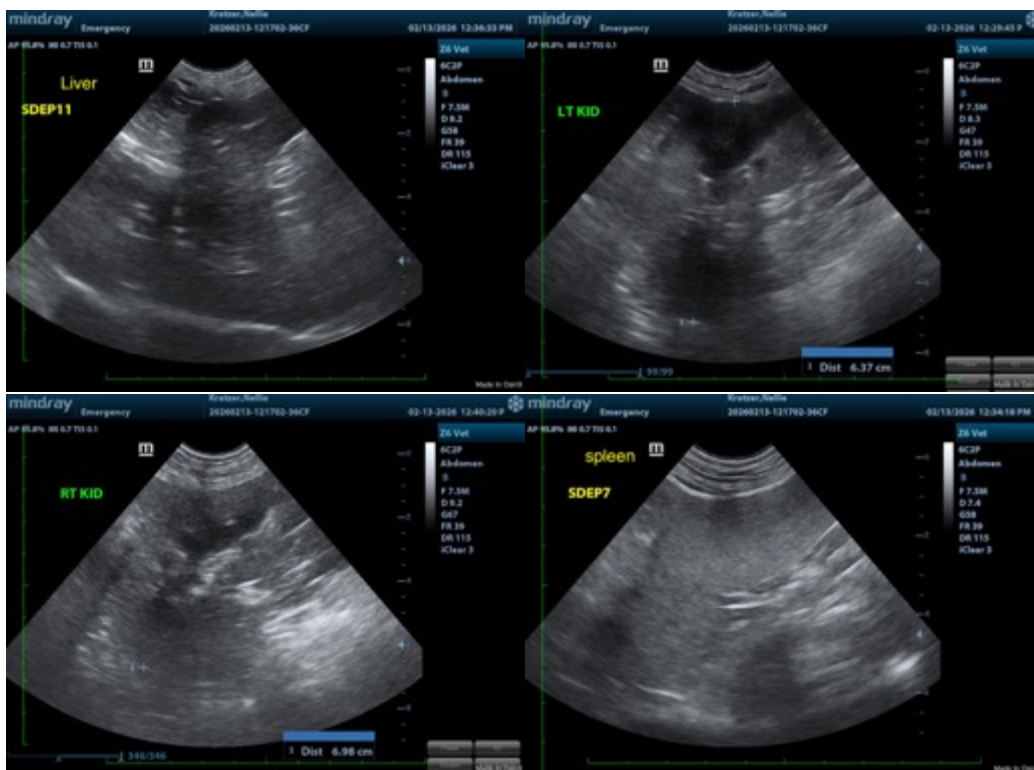
The left limb, body and right limb of the pancreas were visualized and found to be normal in size and shape. The pancreatic capsule was smooth, without deviation or expansion. The parenchyma was isoechoic to the surrounding mesentery. The pancreatic duct was normal in size and appearance. There was no evidence of discrete masses or inflammation.

ULTRASONOGRAPHIC FINDINGS

- Gastritis.
- Renal aging changes and/or consistent with chronic renal disease, mild to moderate.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gastritis is likely related to the renal failure (uremic gastritis). The renal changes visualized appear mild to moderate, but the degree of renal dysfunction is best assessed by the bloodwork/UA findings. This presentation is most consistent with either CKD and/or acute insult on CKD.





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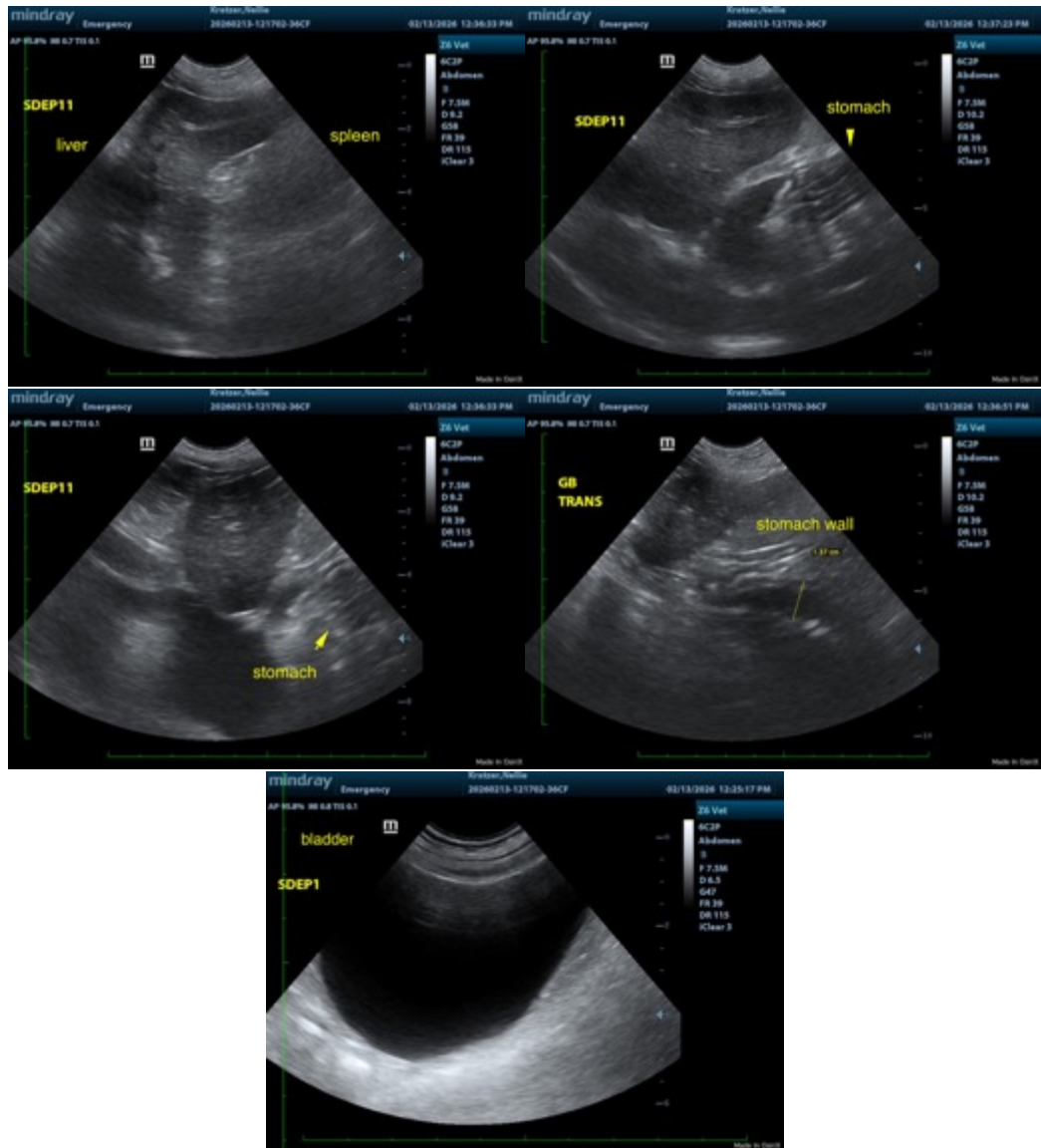
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Karen Ebersole, DVM, DABVP (Canine and Feline practice)
info@SonoPath.com