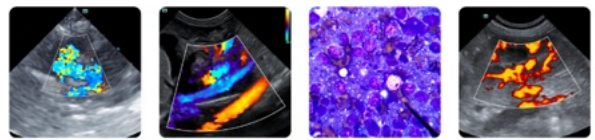




<p>PATIENT</p> <p>Dexter Schropp</p> <p>SPECIES</p> <p>Canine</p> <p>BREED</p> <p>Corgi Mix</p> <p>SEX</p> <p>Neutered male</p> <p>AGE</p> <p>13 years</p> <p>WEIGHT</p> <p>39.4 lbs</p> <p>INTERPRETED BY</p> <p>Kim Radway, DVM, DABVP (Canine/ Feline)</p> <p>IMAGING PERFORMED BY</p> <p>Emma Flott</p> <p>HOSPITAL NAME</p> <p>Portland Veterinary Wellness Center</p> <p>REFERRING VET</p> <p>Dr. Schwartz</p> <p>INVOICE</p> <p>71162</p> <p>DATE</p> <p>2/3/26</p>	<p>PRESENTING CLINICAL SIGNS</p> <ul style="list-style-type: none"> • Weight loss over last 18 months, approximately 5 lb, despite increased food intake • PU/PD with increased urinary accidents in house reported by o • PE - muscle wasting along spine, otherwise wnl CBC - mild leukopenia (5000), mild lymphocytosis (850) Chem - azotemia (SDMA 15, Creatinine 1.6, BUN 44) USG - 1.030 <p>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</p> <p><i>Urinary System</i></p> <p>The urinary bladder, trigone and pelvic urethra presented with normal wall thicknesses with anechoic urine and normal tone. No uroliths or masses were noted in the lumen of the bladder. No evidence of inflammatory or neoplastic changes were noted. The ureters were not visible and considered normal.</p> <p>The kidneys had evidence of age related changes with mild decrease in corticomedullary definition and blunting of the renal pelvic diverticuli. There was no evidence of renal pelvic dilation present and no cysts, masses or nodules. The left kidney was <u>5.11 cm</u> and the right kidney was <u>5.17 cm</u> in length.</p> <p>The residual prostate measured 1.12 cm in width.</p> <p><i>Adrenal Glands</i></p> <p>Both adrenal glands were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were acceptable. The left adrenal gland was <u>1.85 cm by 0.64 cm by 0.69 cm</u> and the right adrenal gland was <u>2.0 cm by 0.55 cm by 0.48 cm</u> in size.</p> <p><i>Spleen</i></p> <p>The spleen presented with a smooth homogeneous parenchyma hyperechoic to liver and kidney. The capsule was smooth and linear in its contour. The splenic vasculature demonstrated normal volume without signs of congestion, significant contraction, or thrombosis.</p> <p><i>Liver</i></p> <p>The liver revealed normal size, contour, and structure. Parenchymal echogenicity was smooth and homogenous in appearance. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented with anechoic contents and a thin hyperechoic wall. The cystic and common bile ducts were normal. No periportal lymphadenopathy was evident.</p>
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Gastrointestinal

The **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. There was a small amount of gas in the lumen of the stomach. No obstructive or overt infiltrative disease was noted. No abnormal lymphatic activity was noted and the abdomen was free of gastrointestinal masses and pathological fluid.

Pancreas

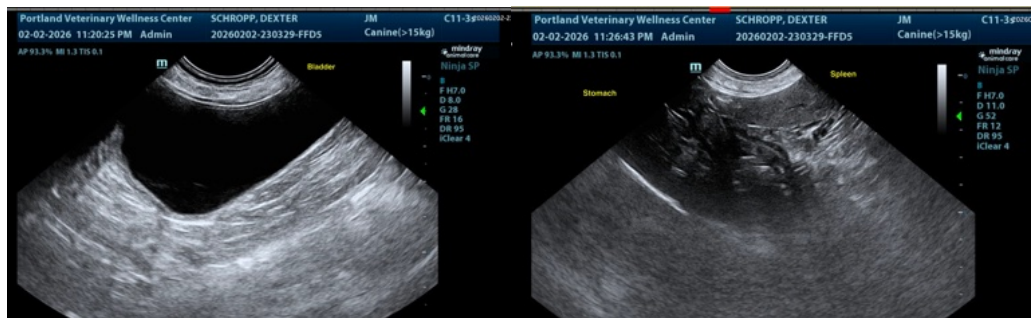
The right and left limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic capsular contour were acceptably normal. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

Chronic degenerative changes in both kidneys.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This patient was found to have chronic degenerative changes in both kidneys which are likely secondary to age related changes. There were no masses, nodules or other abnormalities within the abdomen which would be supportive of a neoplastic process. It is recommended to monitor and support this patient for underlying chronic renal insufficiency. A systemic blood pressure should be obtained to screen for any evidence of hypertension. A cystocentesis urine sample with urine culture to identify any occult urinary tract infections is also recommended in this patient. Begin feeding a renal diet and ensuring this patient is well hydrated is also important.





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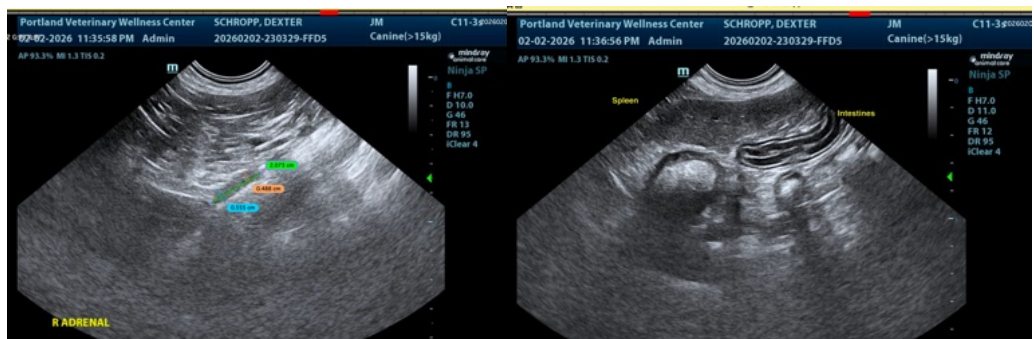
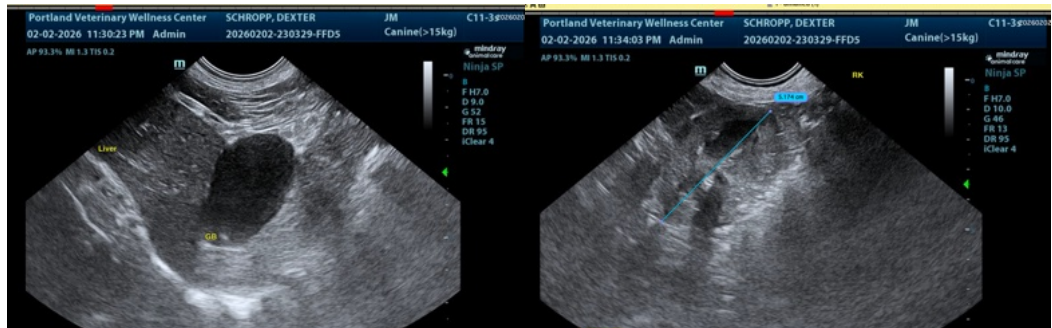
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kim Radway, DVM, DABVP (Canine/ Feline)

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