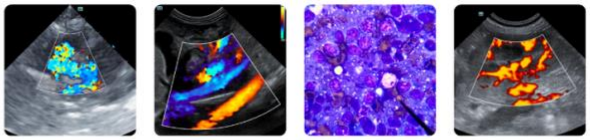

PATIENT

Hercules Champlin

SPECIES

Canine

BREED

English Bulldog

SEX

Neutered Male

AGE

9 Years

WEIGHT

61.4 pounds

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small animal Internal Medicine)

IMAGING PERFORMED BY

Christina CVT

HOSPITAL NAME

Animal Health Veterinary Clinic

REFERRING VET

Dr. Readdy

INVOICE

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01/15/26

PRESENTING CLINICAL SIGNS

P presented 1/13/25 for lethargy and vomiting up a bag of ramen , radiographs unremarkable, Cerenia injection given and bloodwork sent out - Bloodwork revealed acute onset renal disease - P has a history of foreign body ingestion over the years - P as admitted 1/14 and started on IV fluids, Cerenia and Famotidine

Abnormal PE/Chem/CBC/UA Results: 11/25/25 - Creat - 2.6, BUN - 30, Albumin - 2.6, ALK P - 181 (Rest of bloodwork all WNL) 1/13/26 - Phos - 16.7, SDMA - 83, Creat - 12.3, BUN - 166, Albumin - 2.5, HCT - 35%, HGB - 11.2, RBC - 4.7

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2.0 cm) appear normal. In the dependent portion of the urinary bladder, there is a large amount of dependent CND/mineralized debris.

The prostate is normal in size (1.04 cm) and shape for this neutered male dog. The parenchyma is homogenous, and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal size (5.59 cm) with slightly irregular shape. Overall echogenicity is normal with decreased corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is occasional cortical cysts noted. There is a large irregular shadowing structure visualized in the medullary region of the kidney most consistent with a grouping of shadowing nephroliths (measuring 2.33 cm in sagittal view). Renal vasculature is normal. Pyelectasia is evident measuring 0.42 cm.

The right kidney has a normal size (5.04 cm) with slightly irregular shape. Overall echogenicity is normal with decreased corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is occasional cortical cysts noted. There is a large irregular shadowing structure visualized in the medullary region of the kidney most consistent with a grouping of shadowing nephroliths (measuring 2.88 cm in sagittal view). Renal vasculature is normal.

Adrenal Glands

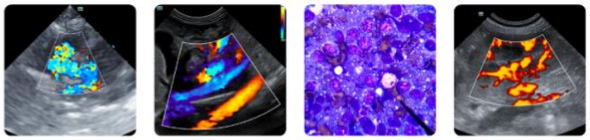
The left adrenal gland is normal in size measuring 0.62 cm at the cranial pole and 0.59 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The area of the right adrenal gland is normal.

Spleen

The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized. The spleen measured 1.44 cm.

Liver



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The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gallbladder wall generally appears of normal thickness with a smooth mucosal surface in the apical region of the gallbladder. There are numerous small polypoid-like irregularities.

Gastrointestinal

The stomach contains large shadowing ingesta. It measures at a normal thickness of <0.7 cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. Shadowing ingesta interferes with full evaluation of the stomach. In some areas of the cranial abdomen, a definitive obstruction is not visualized.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis: mucosa layer ratio. The duodenum measured as normal (between 0.3 - 0.5 cm in wall thickness) and the jejunum measured as normal (0.33 cm) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The area of the pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Bilateral partially obstructive nephroliths with sandy mineralized debris visualized in the urinary bladder.
- Age-related cortical changes visualized associated with both kidneys- findings are consistent with chronic renal disease.
- Large shadowing ingesta visualized within the gastric lumen. Correlate with feeding history. Findings could be consistent with nonobtrusive ingesta and gastric ileus. A partial outflow tract obstruction cannot be ruled out.
- Polypoid change in the apical region of the gallbladder.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There are bilateral cortical changes to both kidneys consistent with chronic renal disease. Additionally, the medullary region of both kidneys is occupied by a large grouping of hard shadowing nephroliths. A definitive obstruction is not visualized, but a partial obstruction is suspected (particularly on the left).

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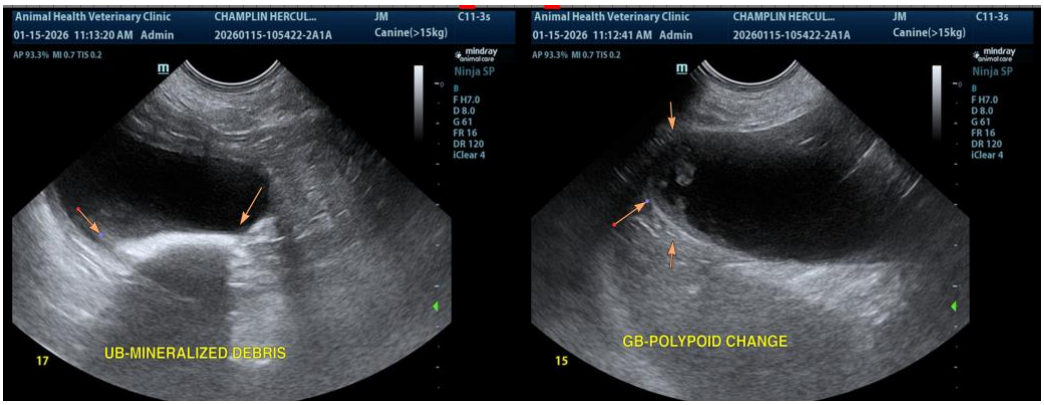
Additionally, there is dependent mineralized sandy debris visualized in the urinary bladder. Recommend a free catch urine sample or even a catheterized sample with bladder agitation in hopes of identifying the type of mineralization present to better determine if dissolution is a possibility. Additionally, recommend a urine culture. Correlate these findings with radiographic findings. If no stones are evident, urate stones may be suspected.

Based on the appearance of the kidneys, chronic renal disease is suspected and an acute on chronic crisis based on the recent dietary indiscretion. Recommend treatment for acute renal failure with diuresis, quantitation of urine output, assessment of blood pressure, supportive/symptomatic treatment, etc., in hopes that this patient can return to a baseline.

There's a large amount of shadowing ingesta visualized within the gastric lumen. A definitive obstruction is not visualized. This could represent ileus, a recent meal, etc. Recommend continued fasting and treatment for gastroenteritis with reassessment of the stomach with radiographs +/- ultrasound to assess if the stomach appears to be emptying over time. If an obstruction is strongly suspected, upper GI endoscopy could be considered.



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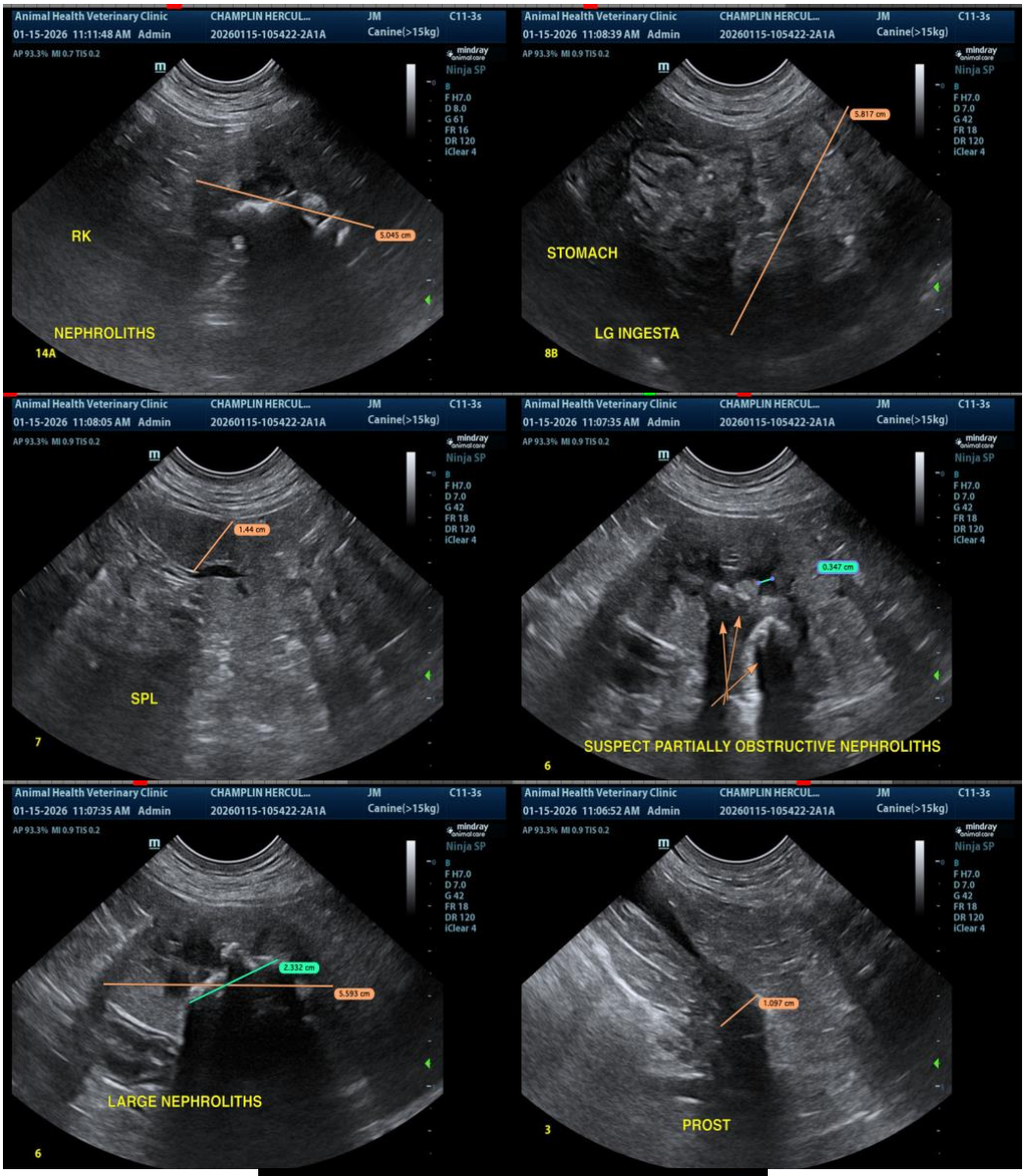

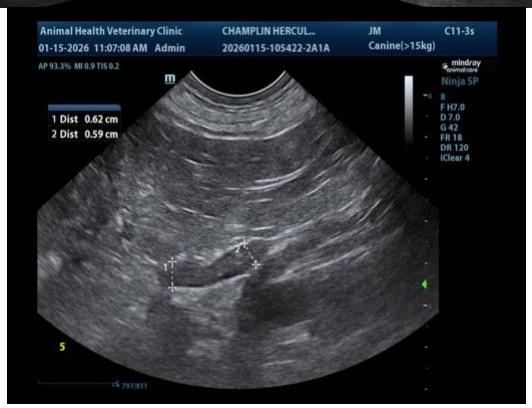

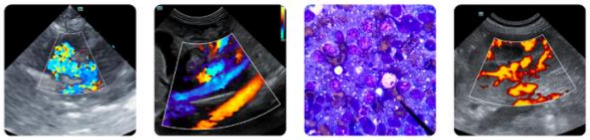

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small animal Internal Medicine)

info@sonopath.com