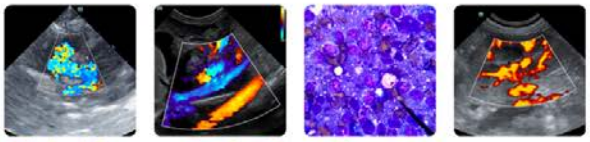


PATIENT

Opal Winner

SPECIES

Canine

BREED

Lab x

SEX

Spayed Female

AGE

8 Years 7 Months

WEIGHT

52.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sarah Green

HOSPITAL NAME

Healing Spirit Animal Wellness

REFERRING VET

Dr. Sarah Green

INVOICE

72520

DATE

1/28/26

PRESENTING CLINICAL SIGNS

Presented yesterday with a history of anorexia, trembling and right thoracic limb lameness. Decreased appetite noticed for the prior 2 months, no change in water consumption observed. No known exposure to toxins.

Abnormal PE/Chem/CBC/UA Results: Afebrile, subdued and trembling. No cause for lameness found on exam or radiographs. CBC showed mild anemia (HCT=34.5%), thrombocytopenia (50K), chemistry: azotemia (BUN=112 mg/dL, creatinine=5.5 mg/dL), P=18.3, Na, K and Na:K ratio WNL UA: ugs=1.013, protein=100 mg/dL, UP:C>2.0, culture pending, Lepto Ab negative

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 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney has a normal shape and size (6.87 cm) with pyelectasia at 0.59 cm. Overall echogenicity is slightly hyperechoic with mildly reduced corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (6.91 cm) with pyelectasia at 0.37 cm. Overall echogenicity is slightly hyperechoic with mildly reduced corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is “plump”, measuring 0.79 cm at the cranial pole and 1.04 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.

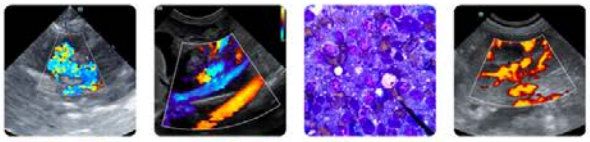
The right adrenal gland is normal in size measuring 0.68 cm at the cranial pole and 0.73 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (2.18 cm), 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.

Liver

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.



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The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a moderate to large amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains mild gas and shadowing ingesta. It measures at a normal thickness of 0.51 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. No masses or focal lesions were observed.

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. Duodenum wall measures 0.46 cm. Jejunum wall measures 0.34 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

- Mildly reduced corticomedullary distinction in both kidneys with bilateral pyelectasia – Pyelectasia of the kidney(s)could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.

- Moderate/large amount of gallbladder debris – The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting but seems unlikely to be causing a current issue. Recommend continued monitoring.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Subjectively the kidneys have mildly reduced corticomedullary distinction. This could be consistent with age related changes, chronic renal disease, etc. There is no evidence of swelling or inflammation, which could indicate acute renal disease. There is some pyelectasia. Recommend urinalysis and culture. No evidence of an obstructive pattern is visualized.

Recommend diuresis in the case of a possible acute on chronic crisis despite no evidence of active inflammation. Correlate with a blood pressure and urine protein to creatinine ratio (not sure if the urine protein to creatinine ratio is >2 or if an actual number is obtained). Consider a baseline cortisol (seems unlikely, but to cover all bases). If numbers are stable and a triggering factor is not identified, consider treatment for chronic renal disease.

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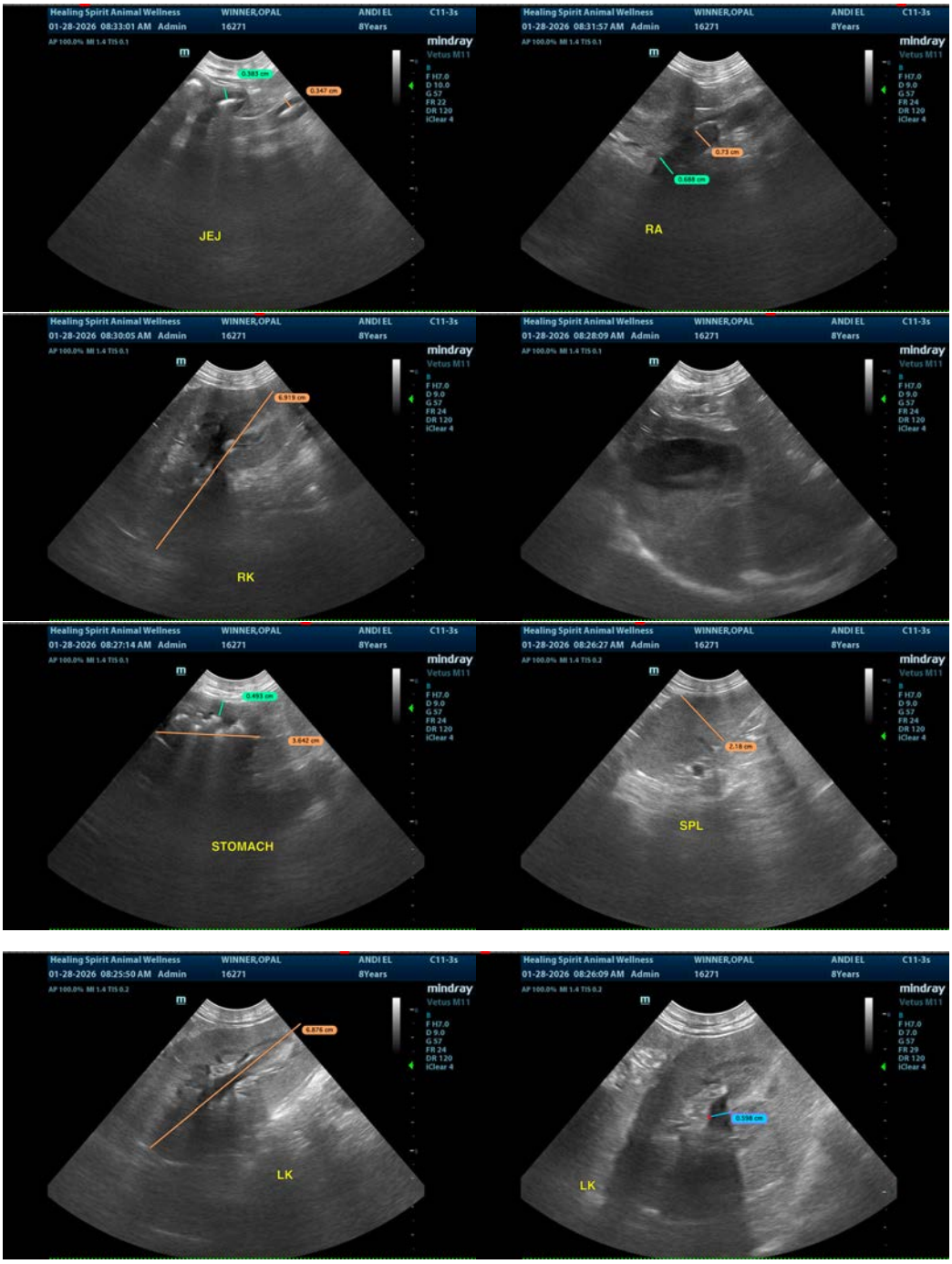
The left adrenal gland is borderline large with no significant mass effect noted. Recommend continued monitoring for any significant changes in size or shape.



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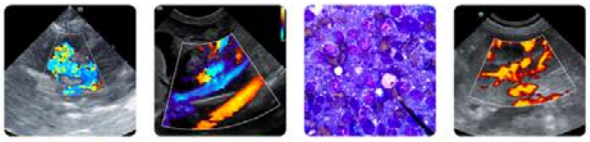

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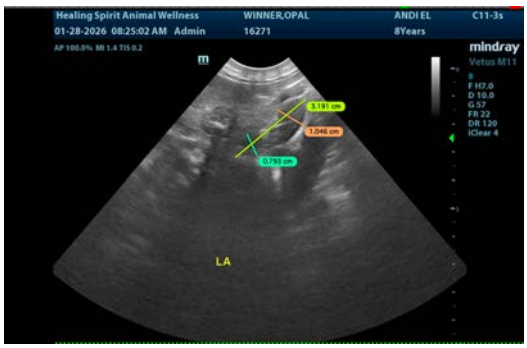

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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