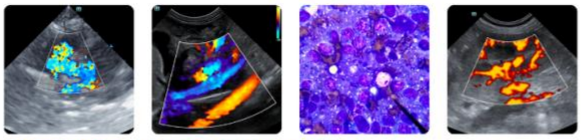


DATE

12/19/25

PATIENT

Gizmo Cote

SPECIES

Canine

BREED

Old English Sheepdog

SEX

Intact Male

AGE

1/13/25

WEIGHT

81.3 pounds

INTERPRETED BY

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

HOSPITAL NAME

Chadwell Animal Hospital

REFERRING VET

Dr. Mengers

INVOICE

12771

PRESENTING CLINICAL SIGNS

Patient History: Presented 12/12/25 for abd distension prior to neuter. Pu/pd w/ foamy urine per O. On PE, unilateral abd cryptorchid, one small scrotal testicle present, abdominal distension w/ mild ascites. Roundworms visible in provided stool sample. BW showed mild azotemia, hyperphosphatemia, and hypercalcemia.

Current Medications: Drontal 136mg - 1.5 tab PO once.
Labwork Results: Labwork submitted and reported as--hct 43% (low normal), creat 1.9, BUN 54, phos 7.4, Ca 12.2, Na 155.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Patient sedated with Torbugesic.
Stat Report: Not requested.
Imaging Performed by: Andi Parkinson, BS, RDMS.

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 with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The visualized areas of prostate and surrounding tissue appear normal. Unfortunately, the prostate is not fully visualized likely due to its intrapelvic location. Correlate with rectal exam findings.

The left kidney has a normal shape and size (7.29 cm). Overall echogenicity is increased with decreased 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 pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (7.37 cm). Overall echogenicity is increased with decreased 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 pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal/borderline flat measuring 0.83 cm at the cranial pole and 0.39 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 0.57 cm at the cranial pole and 0.67 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, 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 2.95 cm width.

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. The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. 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. 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. The duodenum measured as normal (between 0.3 - 0.5 cm in wall thickness) and the jejunum measured as normal (0.29 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 (pancreas/region 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 a significant 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. A prominent mesenteric lymph node is visualized measuring 0.79 cm x 0.86 cm.

Other

A left cryptorchid testicle is visualized on the left side of the colon measuring 2.03 cm x 1.83 cm. A normal right scrotal testicle is visualized measuring 1.41 cm x 2.27 cm.

ULTRASONOGRAPHIC FINDINGS

- Hyperechoic kidneys with decreased corticomedullary distinction- findings are most consistent with chronic renal disease in this young patient. Congenital dysplasia would be a significant concern.
- Left abdominal cryptorchid testicle with a normal right scrotal testicle.

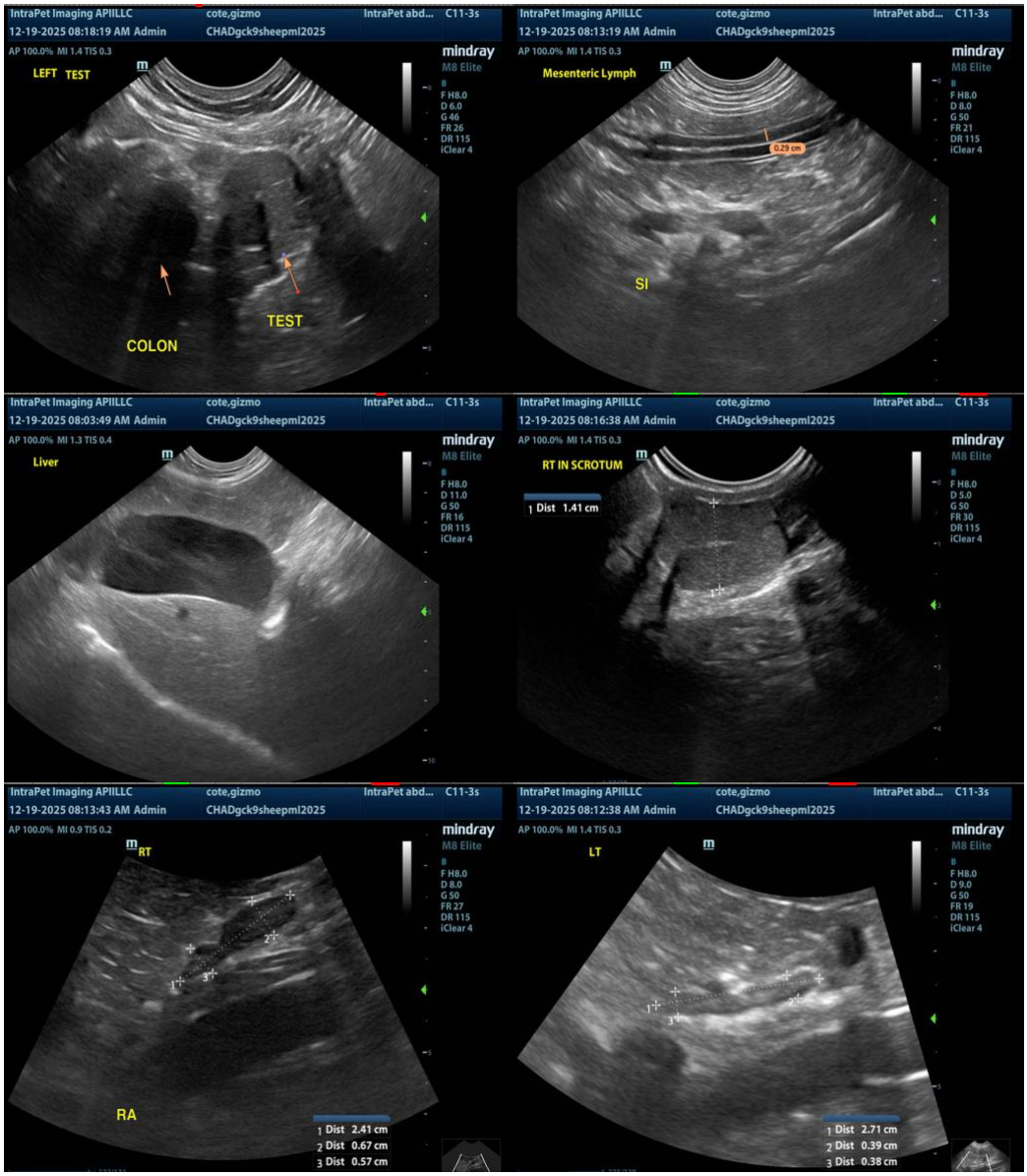
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

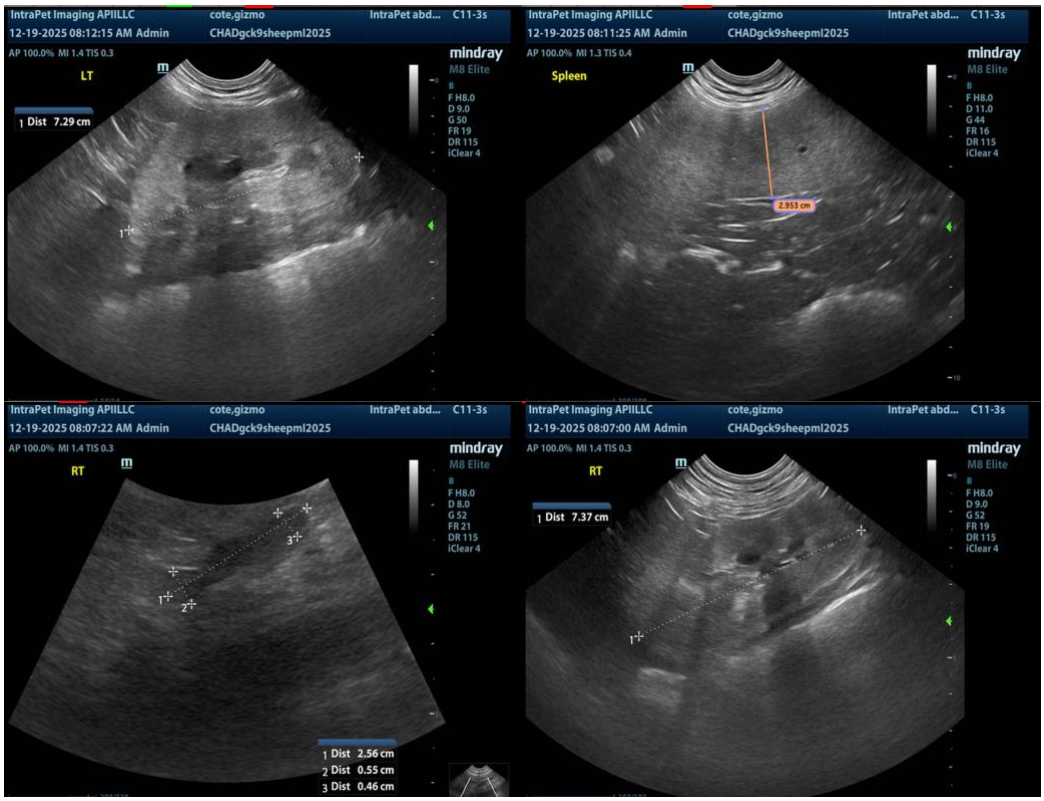
The left testicle is visualized in the abdomen on the left side of the colon.

Both kidneys have changes most consistent with chronic renal disease in this young dog. These changes

would be most consistent with renal dysplasia or early renal damage. Consider a blood pressure, urinalysis, culture and urine protein: creatinine ratio as a baseline. Also consider a baseline cortisol to rule out Addison's disease.

IV fluids should be run prior to enduring anesthesia for neutering.





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)

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