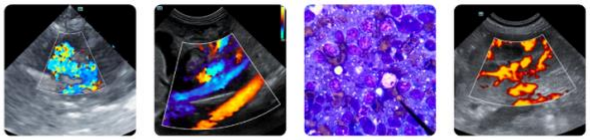


PATIENT

Bo Taggart

SPECIES

Canine

BREED

Mixed

SEX

Neutered Male

AGE

8 Years

WEIGHT

56 pounds

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Jasmine Palacios

HOSPITAL NAME

River's Edge Pet Medical Center

REFERRING VET

Dr. Anne Todd

INVOICE

13240

DATE

01/17/26

PRESENTING CLINICAL SIGNS

Pt only eating high value treats, vomiting everything (including water) for 2 weeks. Pt did eat part of a beef bone around Christmas.

Abnormal PE/Chem/CBC/UA Results: See attached labs: -Lymphopenia (0.66k/ul) -Azotemia CREA 10.6 BUN 98mg/dL -Hyperphosphatemia 15.6mg/dl See attached rads: Unable to see stones on radiographs

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder presented uniformly thickened urinary bladder wall isoechoic to the adjacent normal urinary bladder wall. The luminal margin of the thickened urinary bladder wall was mildly asymmetrical in contour. Mineralization or echogenic foci within the thickened areas of urinary bladder wall was not present. The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal tone. Anechoic urine was present in the lumen with minor urine sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of urinary bladder tumors.

The area of the residual prostate appeared normal and free of pathology.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio and loss of corticomedullary border demarcation was present. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. A hyperechoic to mineralized corticomedullary band, consistent with a medullary rim sign, was present. This is a nonspecific finding seen in both normal and abnormal kidneys. It may be associated interstitial renal disease, hypercalcemia, tubular necrosis, lymphoma, and Leptospirosis. However, it is a nonspecific finding. No overt pyelectasia or evidence of left/right retroperitoneal inflammation was visualized. The left kidney measured 6.9 cm in length. The right kidney measured 7.1 cm in length.

Adrenal Glands

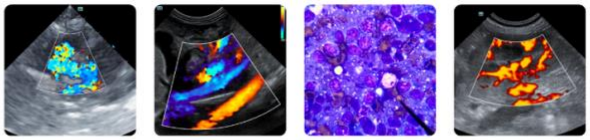
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.71 cm width at the caudal pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.62 cm width at the caudal pole.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver & Gallbladder



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The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended in size with nonedematous wall. Dependent lumen hypoechoic to mildly shadowing debris/sand along with nondependent mineralized debris with emerging choleolith visualized. The common bile duct was not visualized.

Gastrointestinal

The stomach presented mild to moderate wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The stomach contained mild echogenic fluid and a small amount of nonshadowing chyme/ingesta.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Mild cystitis pattern with mild urine sediment.
- Bilateral chronic nephropathy exhibiting hyperechoic to mineralized nonspecific medullary rim.
- Hypomotile gastritis pattern with empty small intestine.
- Mineralized gallbladder debris to emerging nonobstructive choleolith.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of visible gastrointestinal foreign material or mechanical obstructive pattern indicating metabolic to hypomotile gastritis. Underlying primary renal disease and uremic gastritis favored. Further assessment may include urinary workup including urine culture/sensitivity, baseline UPC level +/- leptospirosis titers/PCR. Hospitalization with renal and gastrointestinal support with clinical monitoring for further prognosis is indicated with high concern for acute on chronic renal failure or possible renal insult. Sonographic monitoring or reassessment is recommended if persistent or progressive gastric ileus, gastrointestinal signs or azotemia.

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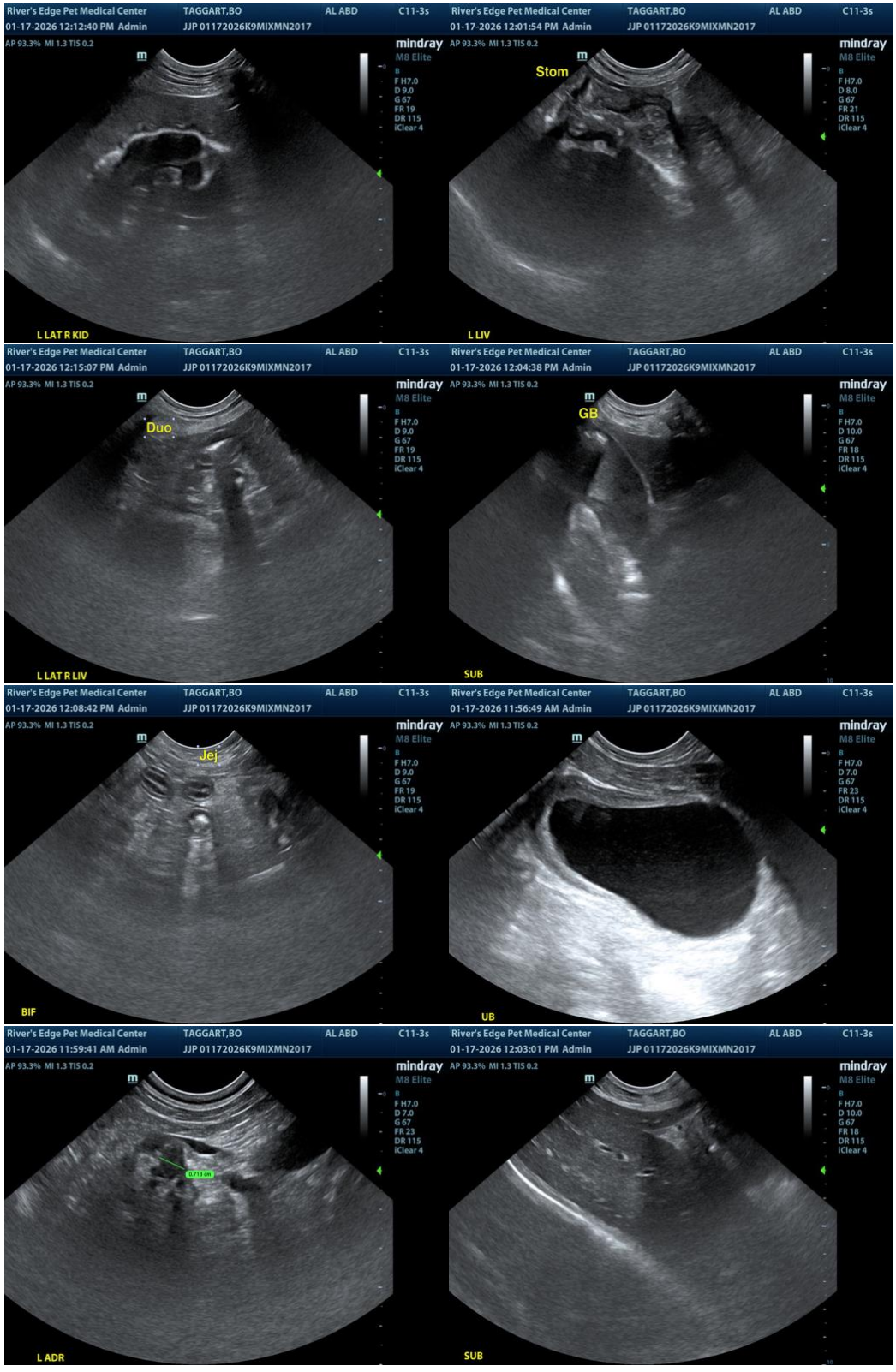

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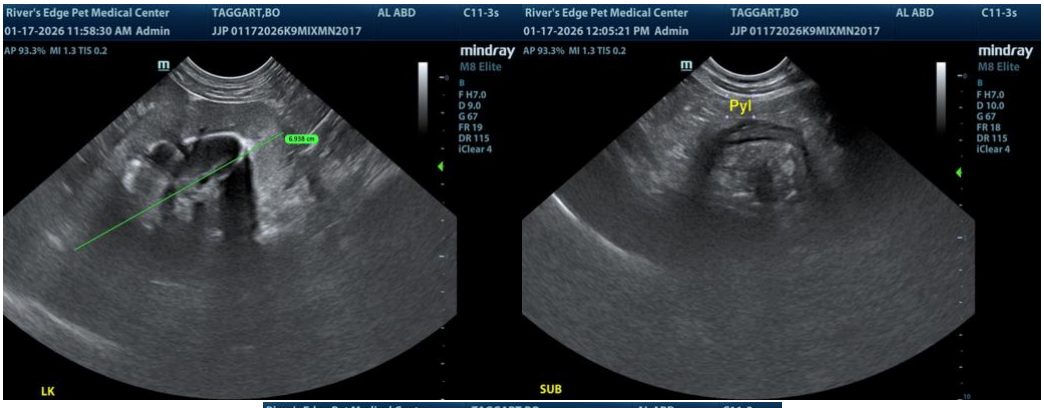

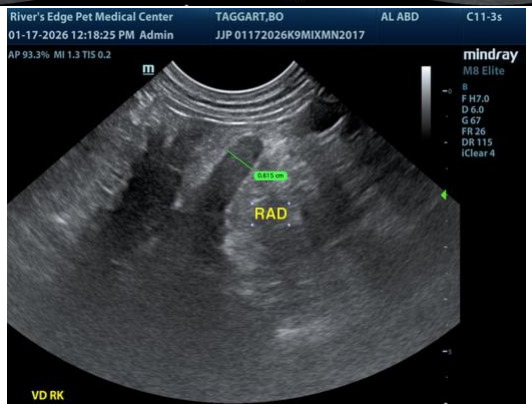

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com