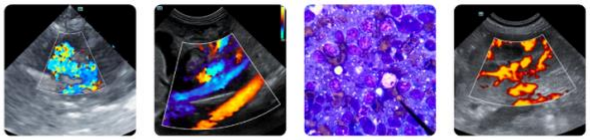

PATIENT

Bandit Olexa Reitmeyer

SPECIES

Canine

BREED

Mixed Breed

SEX

Neutered Male

AGE

13 Years

WEIGHT

6.59 kg

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Lindsay Powell CVT

HOSPITAL NAME

Hershey Animal Emergency Center

REFERRING VET

Dr. Brittany Lang

INVOICE

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01/06/2026

PRESENTING CLINICAL SIGNS

Decreased appetite and vomiting on and off since Friday. PE: Oral Cavity: Mucous membranes pink/moist, CRT <2s, significant dental disease and halitosis, sublingual clear Cardiovascular: No arrhythmias, pulses strong/synchronous, gr IV-V/VI bilateral murmur Respiratory: Increased bronchovesicular sounds in all 4 quadrants, no crackles/wheezes, normal RR/RE Musculoskeletal: Ambulatory x 4 limbs, no lameness, PROM x 4 limbs WNL, over-conditioned, bilateral luxating patellas.

Abnormal PE/Chem/CBC/UA Results: @ rDVM: CBC: MCHC 38.2 (H) Platelecrit 0.60 (H) Chem: SDMA 32 (H) BUN >130 (H) Creat unable to read Phosphorus >16.1 (H) Na 142 (L) Chloride 99 (L) ALT 343 (H) ALP 1,911 (H) GGT 57 (H) Urinalysis (via cystocentesis): USG 1.011, PRO 30, WBC <1/HPF, RBC <1/HPF Lepto snap test: negative @ HAEC: BP: 11p- 151/101(119) PCV/TS: 45%/7.6 clear EPOC: pO2 72.0 (H) cSO291.9 (H) pCO2 21.9 (L) Bicarb 9.5 (L) TCO2 9.0 (L) pH 7.242 (L) BE,ECF -17.9 (L) Na 132 (L) iCal 0.95 (L) BUN >120 (H) Creat 8.31 (H) Glu 175 (H)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild primarily dependent particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

The area of the aortic trifurcation was free of pathology.

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

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Moderate to significant indistinct corticomedullary border demarcation was also present. The renal medullary volume was subjectively reduced. Focal areas of dystrophic medullary mineral and multiple small cortical cysts were present with mild pyelectasia. The left kidney measured 4.2 cm in length. The right kidney measured 4.3 cm in length.

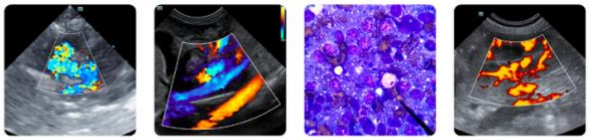
Adrenal Glands

The left adrenal gland was mildly swollen. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.75 cm width in the caudal pole.

The right adrenal gland was mildly enlarged in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The right adrenal gland measured 0.56 cm width in 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



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thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver & Gallbladder

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with mild to moderate nonorganized biliary sludge. The common bile duct was not visualized.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

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

- Bilateral chronic nephropathy exhibiting cortical cysts, mild pyelectasia and medullary mineral.
- Borderline/mild bilateral adrenomegaly.
- Hepatopathy- subjective benign.
- Nonorganized gallbladder debris (non-mucocele).
- Sonographically unremarkable gastrointestinal tract/pancreas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The bilateral kidneys are most consistent with chronic renal disease, nephropathy or renal failure with potential for acute on chronic renal insult is thought less likely. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Renal and gastrointestinal support with empirical therapy for secondary or likely metabolic gastroenteritis with clinical monitoring of renal parameters, urinalysis and body weight is recommended. A guarded prognosis is indicated given the degree of azotemia and renal sonographic presentation.

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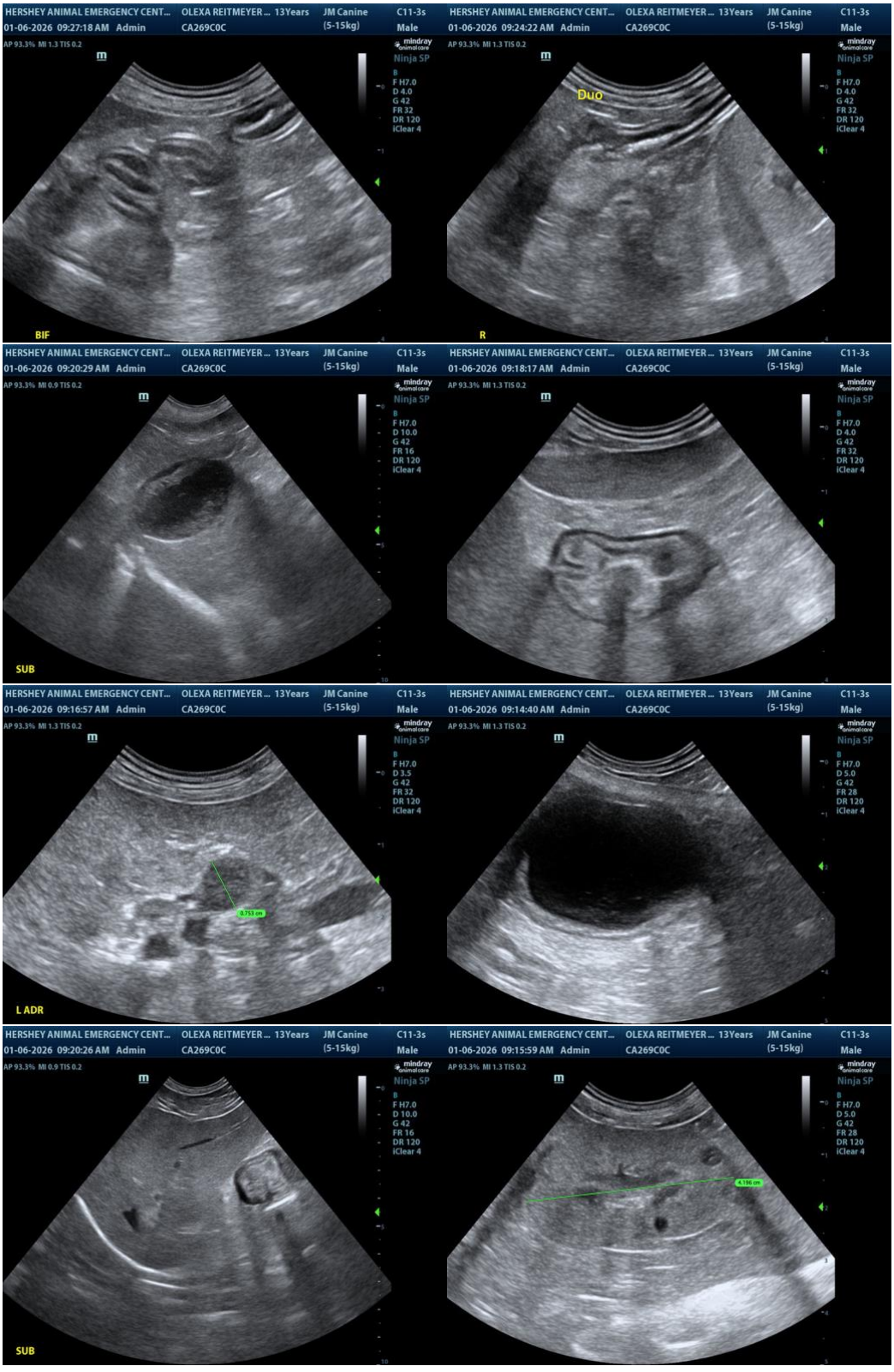

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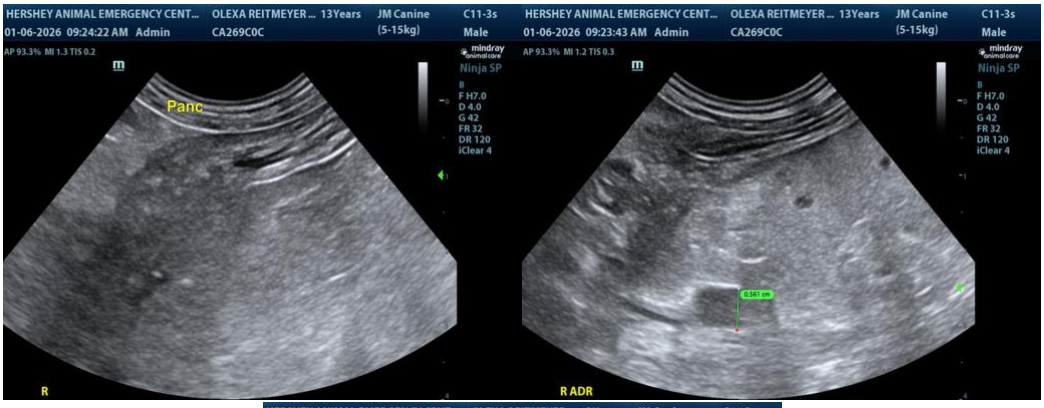

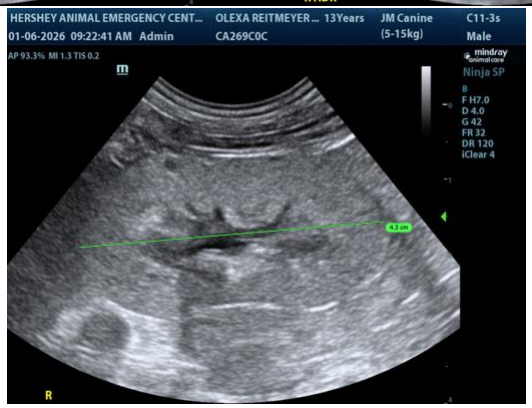

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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