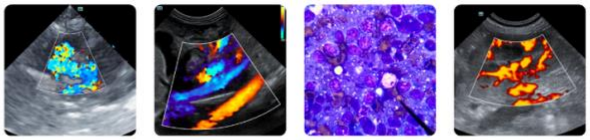

PATIENT

Sadie Howell

SPECIES

Canine

BREED

Yorkie

SEX

Female

AGE

13

WEIGHT

4.6

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal Hospital

REFERRING VET

Dr. Salazar

INVOICE

13024

DATE

01/09/2026

PRESENTING CLINICAL SIGNS

Decreased hunger/thirst lethargic Temp 102.5

Abnormal PE/Chem/CBC/UA Results: WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

The area of the aortic trifurcation was free of pathology.

The right kidney was subnormal in size compared to the left kidney with right kidney asymmetrical margination. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity. Moderate loss of corticomedullary symmetry and definition in the left kidney with moderate to marked indistinct corticomedullary border demarcation in the right kidney. Medullary mineral to potential small renoliths were visualized bilaterally with mild right kidney pyelectasia. The left kidney measured 2.4 cm in length. The right kidney measured 2.1 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 0.51 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 0.40 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

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild parenchymal remodeling. Mild overall increased parenchymal echogenicity. The hepatic and portal vasculature were normal in appearance without signs of congestion. A solitary to intermittent discrete hypoechoic hepatic nodule was present with an example measuring 0.64 cm in diameter.

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained variably echogenic to focally hypoechoic, mild to moderate nonshadowing ingesta without evidence of obstruction to pyloric outflow.

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 pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

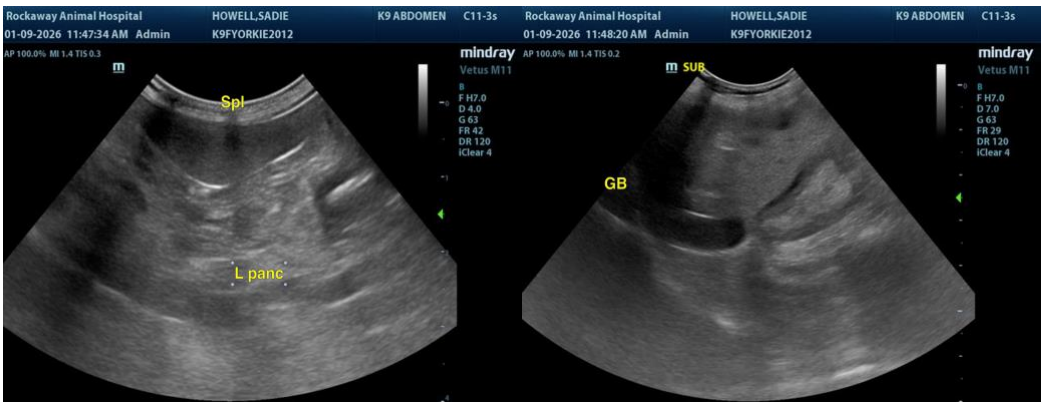
ULTRASONOGRAPHIC FINDINGS

- Bilateral moderate to marked chronic degenerative renal changes exhibiting medullary mineral/renoliths.
- Nonhomogenous echogenic subtle nodular liver.
- Normal gastrointestinal tract with variably echogenic nonshadowing gastric ingesta.
- Normal area of the pancreas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Correlation with most recent meal ingestion recommended. No evidence of mechanical gastrointestinal obstruction or definitive form material yet, if documented NPO, some degree of metabolic gastric ileus or delayed gastric emptying may be possible.

Vacuolar hepatic changes, hyperplasia, hematopoiesis, inflammation, fibrosis, emerging to occult hepatic neoplasia are all potentials. Given lack of reported hepatic enzyme elevations, monitoring for hepatopathy going forward and consideration for screening hepatic FNA cytology (assuming normal clotting status) is suggested. A spec CPL or GI panel to include PLI, TLI, cobalamin, and folate and three view chest radiographs to assess for occult disease as a contributing factor may be considered. Supportive care is recommended with clinical monitoring and sonographic reassessment if progressive clinical signs is recommended.



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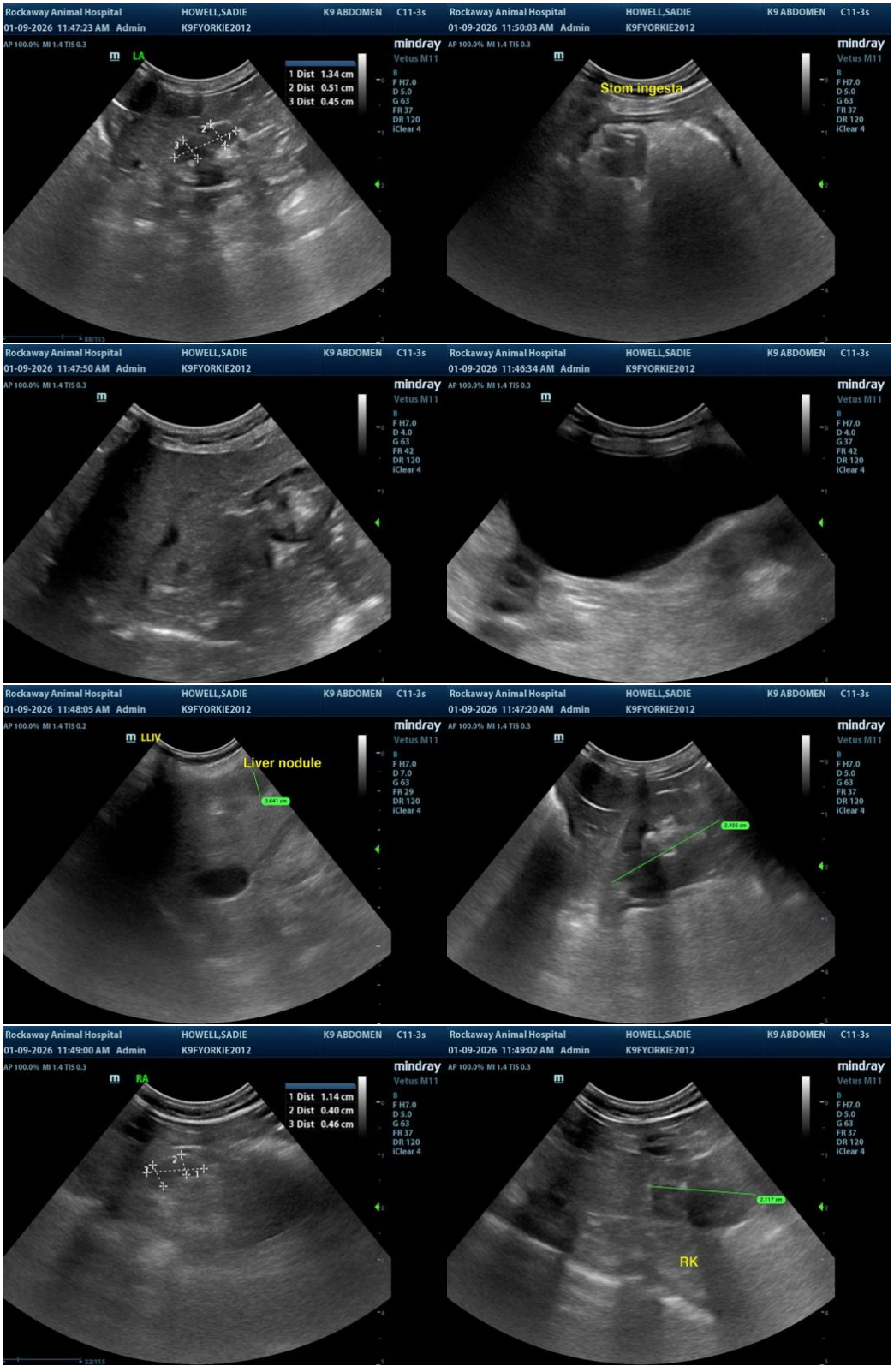

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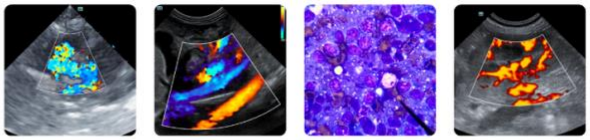

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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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