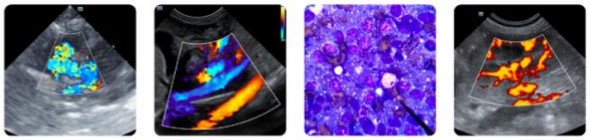

PATIENT

Maggie Baker

SPECIES

Canine

BREED

Labrador Retriever

SEX

Spayed Female

AGE

14 Years 3 Months

WEIGHT

35 pounds

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Amanda Crook

HOSPITAL NAME

River's Edge Pet Medical Center

REFERRING VET

Dr. Anne Todd

INVOICE

12258

DATE

11/13/25

PRESENTING CLINICAL SIGNS

Pt vomiting over past few weeks, decreased appetite, hematochezia. Green ocular discharge

Current Medications: Neopolydex ophthalmic ointment

Abnormal PE/Chem/CBC/UA Results: Laboratory Abnormalities (please indicate if WNL): RBC: 4.4M/ul HCT: 34.4% HGB: 11.5g/dL Lymphopenia 0.837k/ul thrombocytosis: 464k/ul SDMA: 60ug/dl CREA: 4/9mg/dl BUN: 119mg/dl Cystatin B: 1,219ng/ml Hyperphosphatemia: 18.6mg/dl TCO2: 12mmol/l Anion gap: 30mmol/L ALP: 644U/L T4: 0.9ug/dl UA: SG: 1.011 Urine protein 1+ WBCs 20-30HPF Bacteria: Rods >40/HPF no rads at this time

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Nondependent particulate mild 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 kidneys presented subnormal in size and asymmetrical margination with cortical infarcts and cortical cysts. Mild thickened hyperechoic cortex with marked indistinct corticomedullary border demarcation and reduced medullary volume was also present. Subjective minor dystrophic medullary mineral was present. The left kidney measured 4.2 cm in length. The right kidney measured 4.4 cm in length.

Adrenal Glands

The left adrenal gland was mildly enlarged in size, capsule asymmetry and indistinct nonhomogenous nonmineralized cranial left adrenal nodule measuring 1.0 cm x 0.85 cm. The left adrenal gland measured 0.88 cm width at the caudal pole.

The right adrenal gland was not definitively visualized.

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

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 mild nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

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, mild nonshadowing ingesta without signs of 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.

The visualized colon exhibited overtly normal intact visible wall and nondistended in size containing soft fecal matter.

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

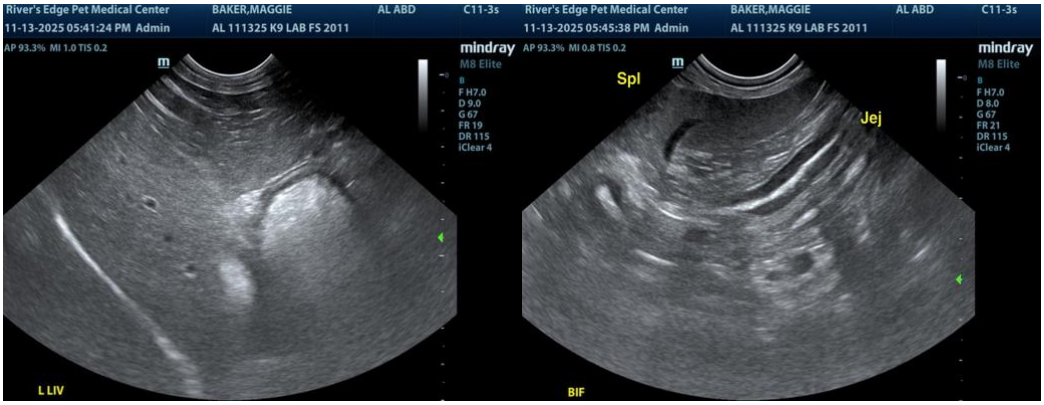
Intermittent probable cystic lymph nodes to mildly complex omental cysts were visualized with an example measuring 1.6 cm in diameter.

ULTRASONOGRAPHIC FINDINGS

- Marked chronic degenerative renal changes exhibiting cortical infarcts and cysts.
- Normal gastrointestinal tract with soft fecal matter in colon.
- Sonographically normal liver with mild nonorganized gallbladder debris (non-mucocele)- consistent with benign/vacuolar hepatopathy criteria.
- Mild urine sediment.
- Intermittent cystic mesenteric lymph nodes or omental cysts- benign.
- Mildly prominent indistinct nodular left adrenal gland- hyperplasia/adenomatous change probable.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The bilateral kidneys are consistent with chronic renal failure in conjunction with degree of azotemia and decreased urine specific gravity. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Serial monitoring of systemic BP for evidence of hypertension in combination with renal presentation and mildly nodular left adrenal gland is recommended. CKD therapy with gastrointestinal support and empirical therapy for mild colitis if recurrent or persistent hematochezia is recommended. Sonographic monitoring of the bilateral kidneys and left adrenal gland if evidence of hypertension or progressive azotemia is recommended.



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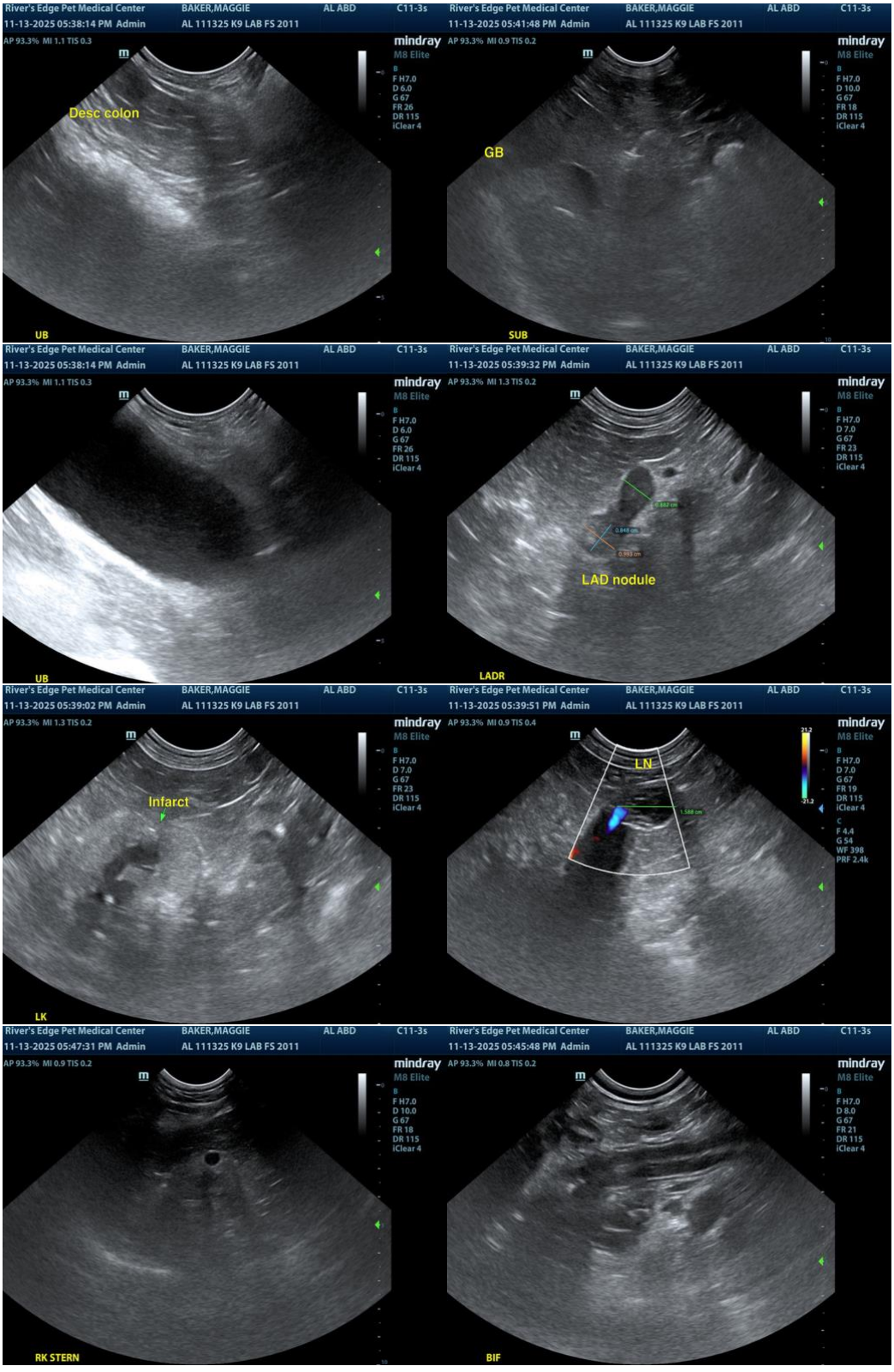

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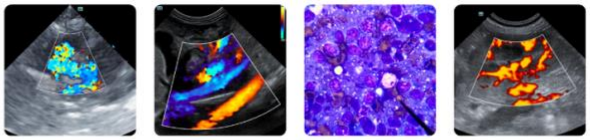

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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