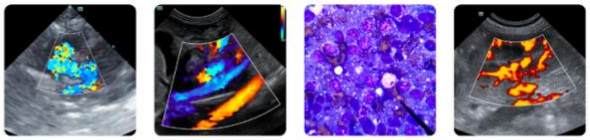

PATIENT

Arty Kirst

SPECIES

Canine

BREED

DSH

SEX

Neutered Male

AGE

15 Years 4 Months

WEIGHT

5.01 kg

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Dr. Jill Rankin

HOSPITAL NAME

Southwood Vet Hospital

REFERRING VET

Dr. Alissa Ballantyne

INVOICE

12381

DATE

11/20/25

PRESENTING CLINICAL SIGNS

The patient presents for an imaging study due to progressive kidney disease that has not responded to initial medical and dietary management. The patient was previously diagnosed with kidney disease and was subsequently started on a renal diet and Aventi complete.

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.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.2 cm in length. The right kidney measured 3.6 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 0.35 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.36 cm width.

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. The spleen measured 0.85 cm width level of the mid spleen.

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 thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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 intestinal walls demonstrated generalized intact mildly thickened wall exhibiting mild altered wall layer ratio with propensity for mildly thickened generalized muscularis layer. Small intestine wall measured 0.31 cm wall width.

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

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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

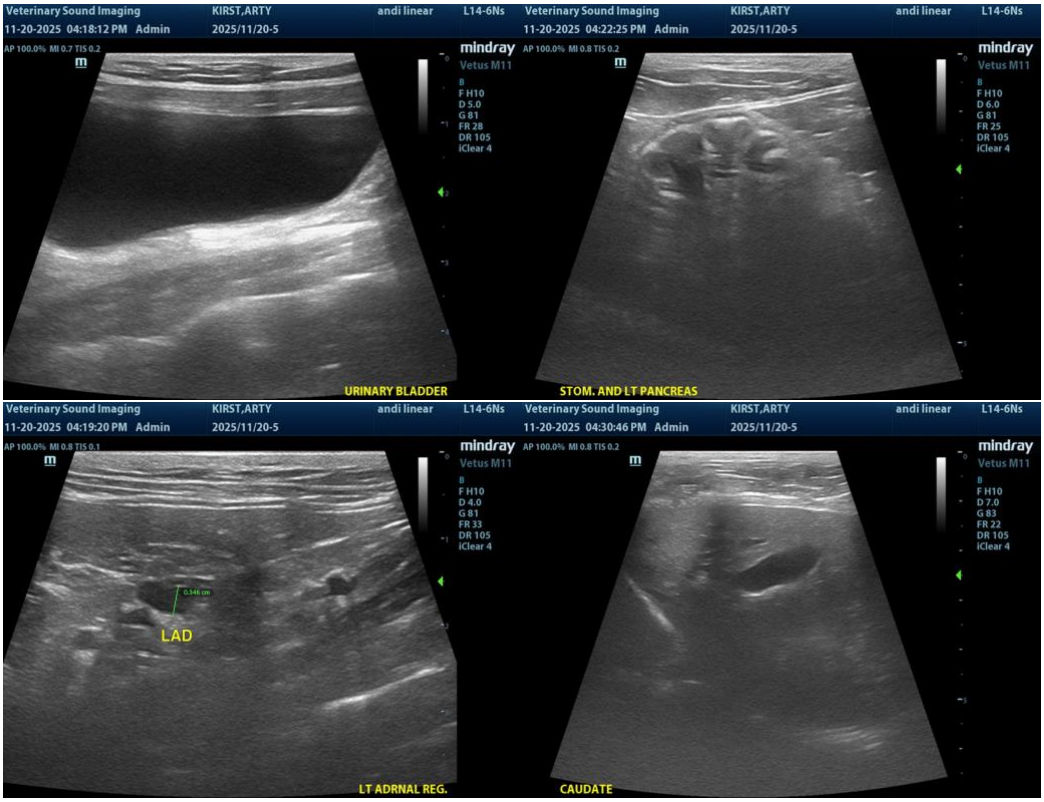
No visualized significant omental lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Mild chronic renal changes.
- Intact mildly thickened small intestine wall.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The kidneys did not overtly appear sonographically end stage yet were consistent with chronic kidney disease. If relatively acute onset azotemia or progressive azotemia, acute on chronic renal insult cannot be excluded. CKD therapy with monitoring of renal parameters, urinalysis and systemic BP would be appropriate. Given no reported gastrointestinal signs or weight loss, the small intestine presentation is nonspecific with possible patient variant yet is suggestive of mild enteropathy such as IBD or less likely emerging to occult intestinal round cell neoplasia such as lymphoma. Monitoring of gastrointestinal signs going forward is recommended. Sonographic reassessment is indicated if evidence of progressive azotemia, development of gastrointestinal signs or weight loss.



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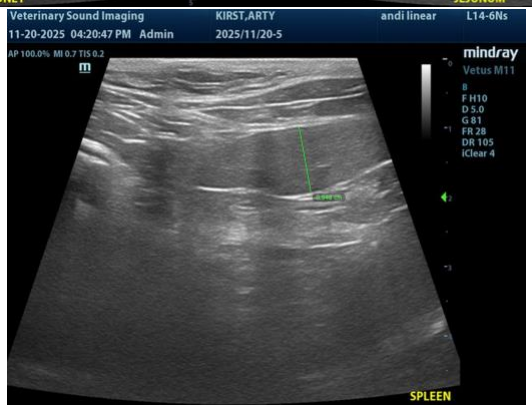

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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