



PATIENT

Itty Bit Treadwell

SPECIES

Canine

BREED

German Shepherd

SEX

FI

AGE

2yr

WEIGHT

26.3

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

Dr. Kelly Schwanebeck

HOSPITAL NAME

Animal Emergency
Deland

REFERRING VET

Dr. Kelly Schwanebeck

INVOICE 22998

DATE
11/22/2025

PRESENTING CLINICAL SIGNS

Itty Bit is a 2 YO FI German Shepherd who was presented for vomiting and weakness. Her symptoms have been going on for five days. She has had a decreased to absent appetite. She has been very lethargic as well. She is typically a picky eater and thin, but she is not typically this thin. She has lost weight in the past week. She spends a lot of time outside so uncertain whether she could have ingested anything she should not have. She is not up to date on vaccinations.

Abnormal PE/Chem/CBC/UA Results: Parvo: negative CBC: neut 12.63K, HCT 21.4%, RBC 3.04, retic 7.3 Chem: BUN >140 (diluted to 205.1), crea 11.2, phos >15.0 (diluted to 27.9), alb 2.4, glob 4.0, BG 129, chol 373, ALT 143, tBili 0.7 EPOC: pCO2 25.9, HCO3 13.4, pH 7.322, Na+ 133, K+ 5.1, Ca++ 1.11, BUN >120, crea 12.24, HCT 17% CPLi: abnormal Fecal: NOS

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

Adequate size and asymmetrical margination were present in the kidneys. Mildly thickened cortex exhibiting non-uniform hyperechoic cortex echogenicity and reduced medullary volume was present. Indistinct corticomedullary border demarcation. Mild pyelectasia was present bilaterally. The left kidney measured 6.6 cm in length. The right kidney measured 6.9 cm in length.

The area of the aortic trifurcation was free of pathology.

The area of the uterus and bilateral ovaries appeared normal and free of pathology

Adrenal Glands

The left adrenal gland was indistinctly visualized with possible borderline subnormal size measuring 0.38 cm. 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/Gallbladder

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. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and mild non-organized debris. 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 minor retained anechoic fluid with no 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 mechanical/metabolic ileus, obstruction or foreign material.

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

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Bilateral renal dysplasia / chronic nonspecific nephritis pattern with pyelectasia
- Sonographically normal liver - consistent with mild benign hepatopathy.
- Non-organized gallbladder debris (non-mucocele)
- Sonographically normal gastrointestinal tract
- Subjective subnormal left adrenal gland, non-visualized right adrenal gland.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A full urinary workup including UA, C/S and UPC level for renal staging is recommended. A leptospirosis titer/PCR may be considered if clinically indicated or if potential exposure/endemic to the area. A GI panel and screening cortisol level to rule out non-renal or occult disease as a contributing factor is warranted.



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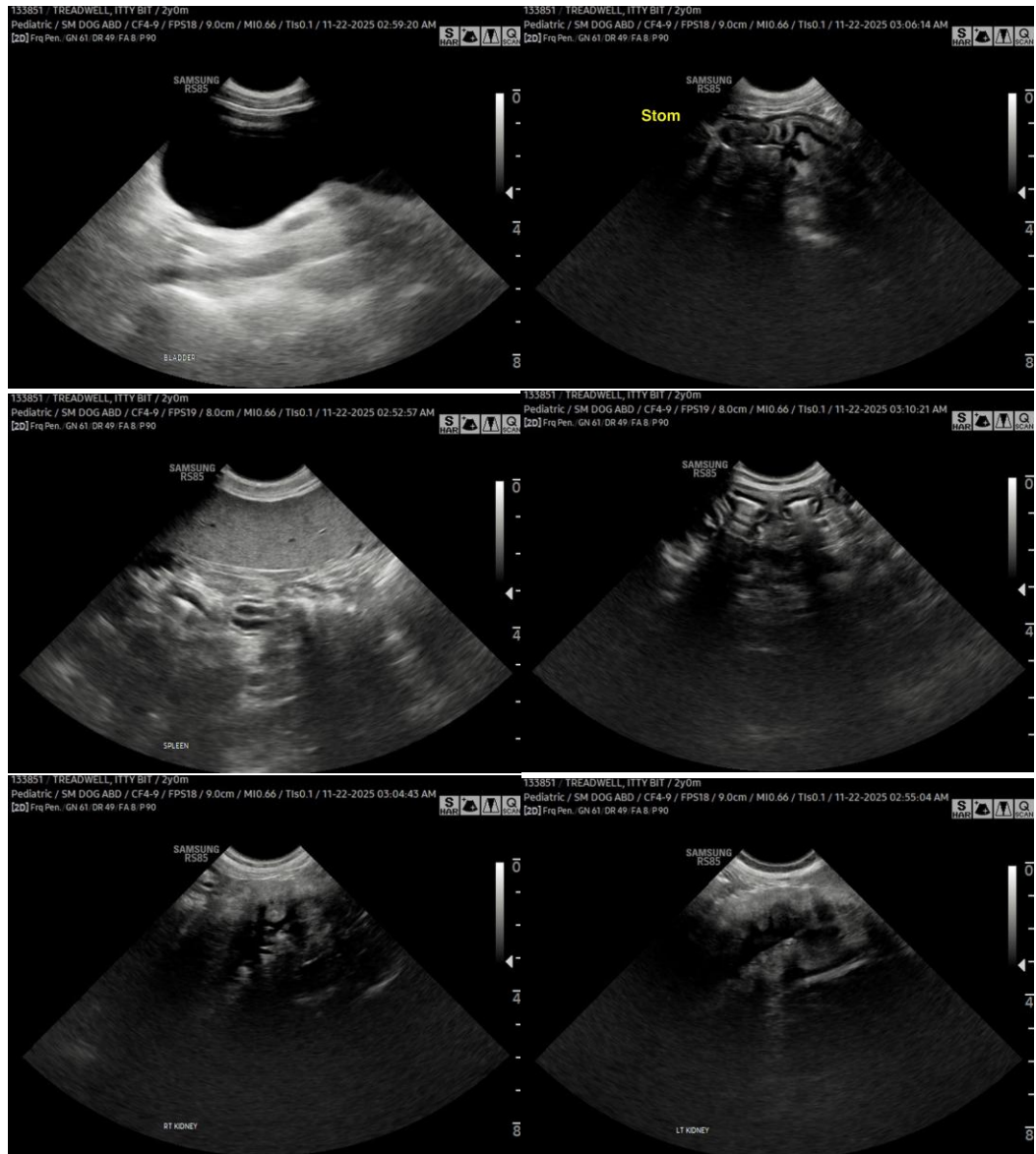
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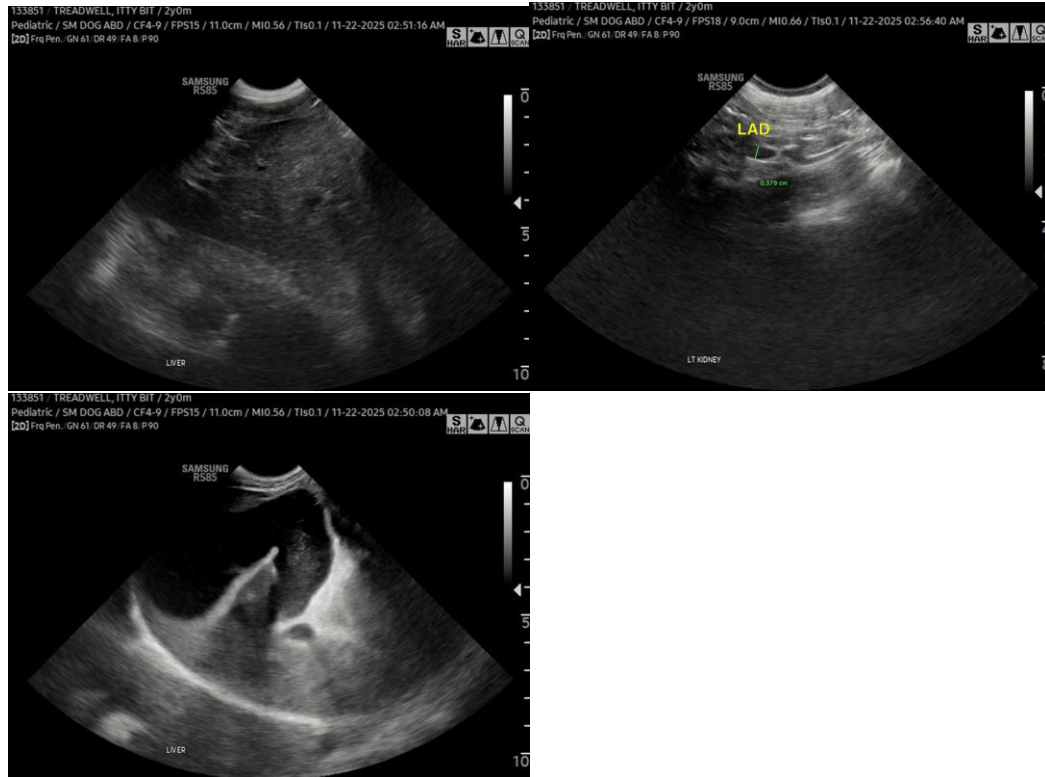
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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