



PATIENT

Chandler Nettleton

SPECIES

Canine

BREED

Min Pin Mix

SEX

Neutered Male

AGE

12 Years

WEIGHT

6.7 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine / Feline
Practice)

IMAGING PERFORMED BY

Seyler

HOSPITAL NAME

Wilvet South

REFERRING VET

Dr. Seyler

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12/12/25

PRESENTING CLINICAL SIGNS

History: Pt has been lethargic and having worsening diarrhea since Tuesday. When doing bloodwork for initial diarrhea work up blood work revealed renal concerns. (see below) No previous medical conditions.

Abnormal PE/Chem/CBC/UA Results: PE: Cardiovascular: Grade 1 out of 6 left systolic heart murmur, Oral Cavity: Advanced periodontal disease, Hydration: Slightly dehydrated, Eyes: Nuclear sclerosis, General Appearance: Quiet, alert and responsive, Hydration: Slightly dehydrated, all other WNL Chem10 - BUN 117, CRE 9.4, ALT 198 CBC - unremarkable Giardia neg Lyte4 - WNL. Na/K 37 Cortisol - 5.89 UA - inactive sediment, manual review of images, no bacteria seen. USG 1.012. bact conf kit - no bacteria Phosphorus - >16.1 Tx plan: LRS 46mL/hr Cerenia 1mg/kg IV SID pantoprazole 0.5mg/kg IV BID buprenorphine 0.02mg/kg IV BID visbiome BID propectalin 3mL TID PRN Targeted US - pending.

**The submitted study contained 11 videos of the urinary system only.

LIMITED ULTRASONOGRAPHIC EXAMINATION

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 nondependent particulate sediment was present without evidence of calculus formation. Mild dependent lumen mineral was noted. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes was noted.

Mildly prominent, nonhomogenous, nonmineralized residual prostate was present, measuring 2.2 cm in diameter.

Normal size and margination were 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 indistinct corticomedullary border demarcation expected for the age of the patient. Minor pyelectasia was noted bilaterally. Medullary renoliths were noted. Intermittent small cortical cysts were noted bilaterally. Subtle increased left and right retroperitoneal echogenicity was noted bilaterally, without evidence of retroperitoneal effusion. The left kidney measured 4.2 cm in length. The right kidney measured 4.1 cm in length.

ULTRASONOGRAPHIC FINDINGS

- Bilateral nephropathy, exhibiting minor pyelectasia, medullary renolithiasis, and cortical cysts.
- Normal urinary bladder with mild dependent lumen mineral and nondependent particulate sediment.
- Mildly prominent, nonhomogenous nonmineralized residual prostate- nonspecific.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The kidneys exhibited chronic renal changes yet sonographically did not appear to be end stage, indicating potential for acute on chronic renal insult, with consideration for toxicity, infection, or other. Correlation with full urinary workup, including urine culture and sensitivity, +/- UPC level, if not inflammatory urine sediment, is recommended. This patient may be passing small amounts of mineral



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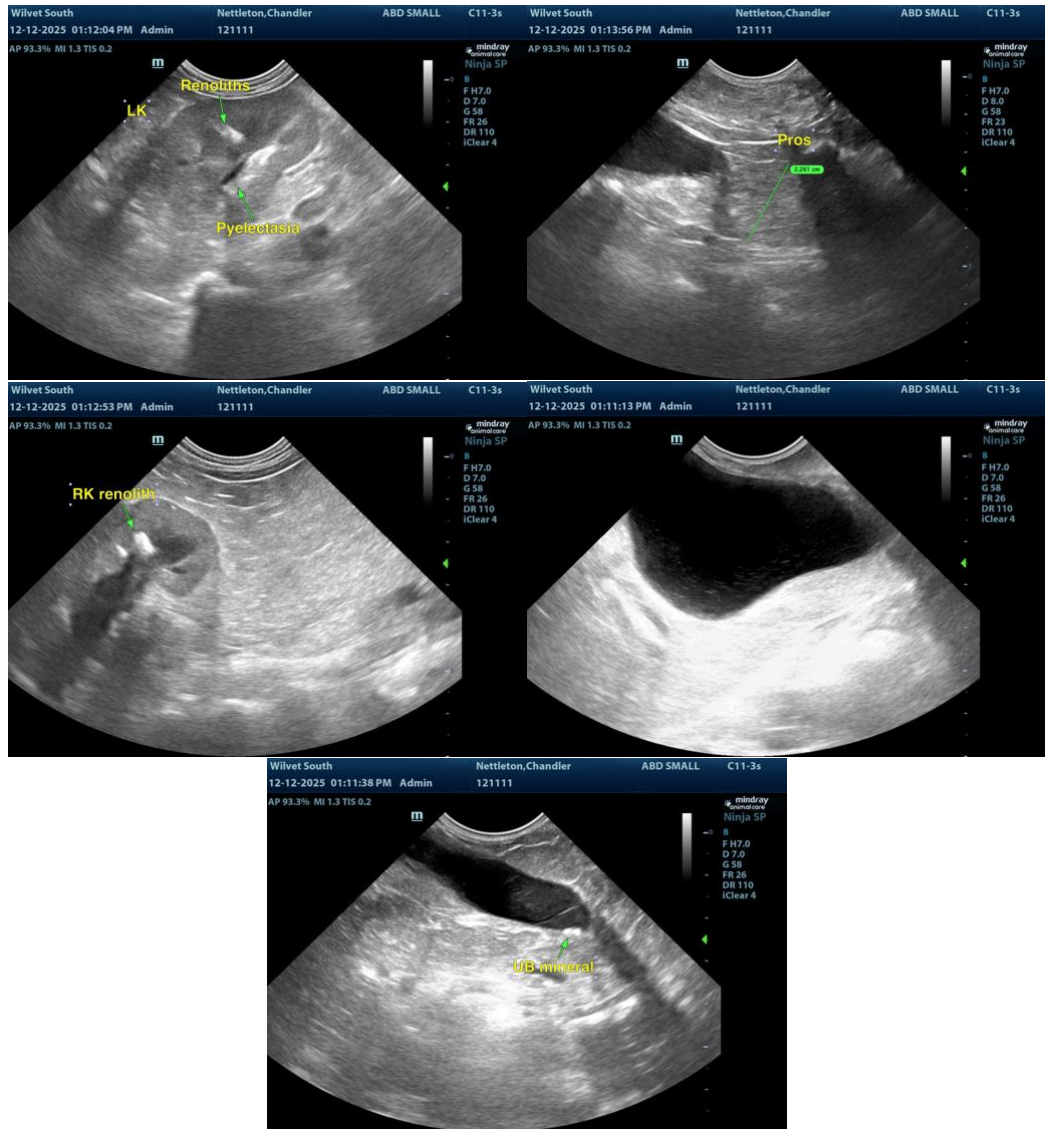
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from the kidneys into the urinary bladder. No evidence of ureteral obstruction. Leptospirosis titers/PCR is warranted in conjunction with elevated ALT. Renal support is recommended with clinical monitoring for further prognosis. Sonographic monitoring of the residual prostate is indicated if evidence of stranguria, dysuria, etc.



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



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