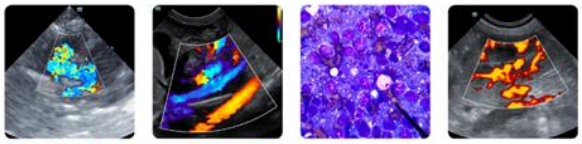


PATIENT

Muffin Blodgett

SPECIES

Canine

BREED

DSH

SEX

Mixed breed

AGE

13yr

WEIGHT

9.5lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Kaitlyn Rudie, DVM

HOSPITAL NAME

Sherwood Family Pet Clinic

REFERRING VET

Michelle Janik, DVM

INVOICE
23229

DATE
12/15/2025

PRESENTING CLINICAL SIGNS

2 month history of being ADR. Lethargy, inappetence and discomfort have become more frequent during that time period. At night she has wet coughing episodes and seems restless. Occasional vomiting. Ate small amount of chicken at 10 AM PST, otherwise hasn't eaten. She has been hospitalized with IV fluids, enrofloxacin, unasyn, cerenia, famotidine, ondansetron. Oral Pimobendan q 12, entyce PRN, buprenorphine prn. Currently discontinuing furosemide. Offering a variety of diets, but only showing mild interest in lunch meat.

Abnormal PE/Chem/CBC/UA Results: BW performed 12/9 revealing azotemia. See follow up labwork attached. Urine culture positive for Beta Hemolytic Strep (see attached report) Echocardiogram performed 10/11/25 for 3/6 left apical systolic murmur. 2nd degree AV node block likely due to primary conduction system disease. Mitral valvular myxomatous degeneration with no chamber dilation. Tense in abdomen (typical for P), heart murmur, weight loss, otherwise no major physical exam findings.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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.

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Moderate loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. Moderate left kidney pyelectasia to mild hydronephrosis was present. No evidence of right kidney pyelectasia. The left kidney measured 3.5 cm in length. The right kidney measured 4.0 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

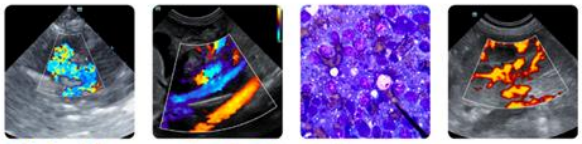
The left adrenal gland was mildly prominent in size with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.53 cm width. The right adrenal gland was mildly prominent in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.6 cm width.

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.

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



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non-distended in size with thin walls and non-organized debris. 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 contained mild non-shadowing ingesta with no signs of obstruction or foreign material.

The small intestine presented intact thickened wall owing to propensity for thickened intestinal mucosa layer. The lumen of the small intestine was empty with no signs of mechanical/metabolic ileus, obstruction or foreign material. The duodenum wall measured 0.38 cm width. The jejunum wall measured 0.37 cm width.

Normal visible colon wall layers were present with semi formed to soft 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

- Chronic nephropathy exhibiting left kidney pyelectasia / mild hydronephrosis.
- Mild non-shadowing gastric ingesta
- Intact thickened small intestine
- Normal liver with gallbladder debris

Secondary

- Bilateral mild adrenomegaly

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The bilateral kidneys are sonographically consistent with chronic renal disease /failure. The left kidney pyelectasia to mild hydronephrosis may be secondary to pelvic scarring, chronic renal changes or infection. No overt left ureter obstruction. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

Metabolic enteritis, IBD or other inflammatory enteropathy with occult intestinal neoplasia less likely, all potentials. A GI panel may be considered for further clarification and assessment of mild pancreatitis seen with chronic renal disease in cats and which may present sonographically normal. Continued renal and gastrointestinal support with clinical monitoring would be appropriate. Sonographic reassessment indicated if continued or progressive clinical signs or azotemia.

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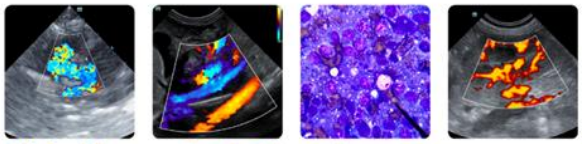

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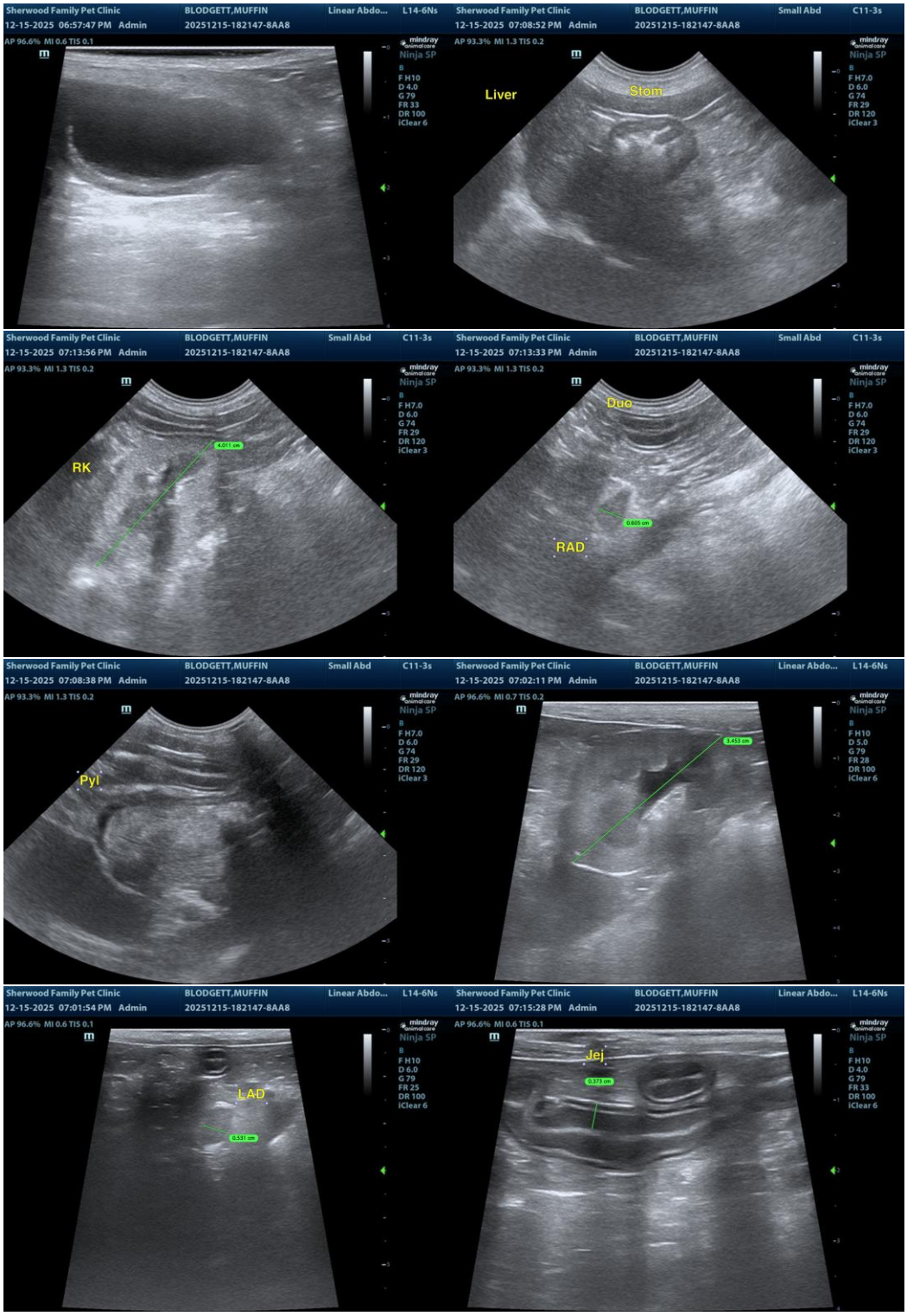

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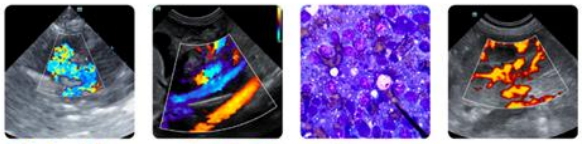

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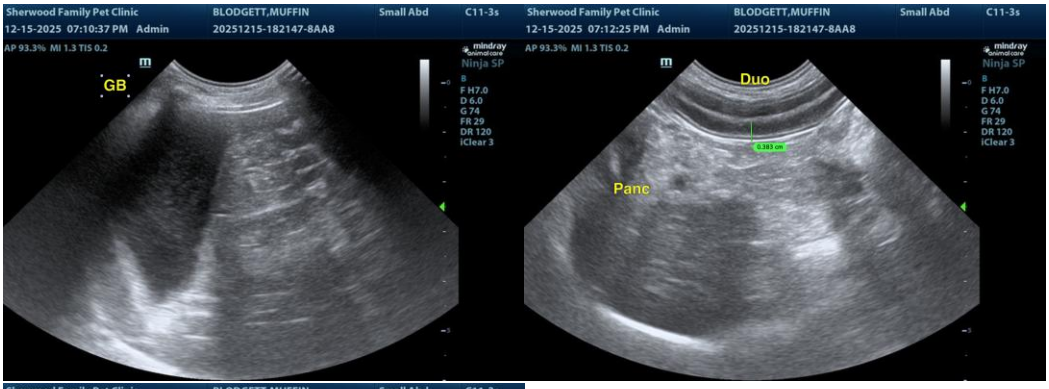

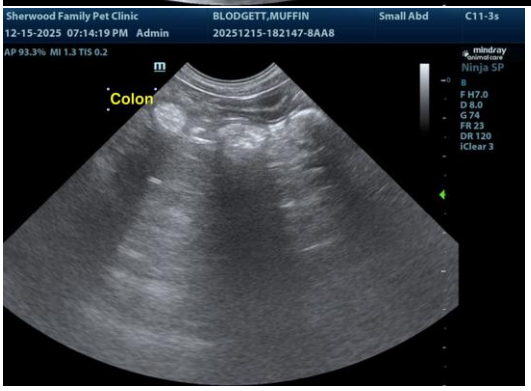

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
info@sonopath.com