PATIENT

Jello Payne

SPECIES

Canine

BREED

Labrador Retriever Mix

SEX

FS

AGE

14yr

WEIGHT

58lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS, Certified Veterinary Sonographer (IVUSS)

HOSPITAL NAME

Compassionate Care Veterinary Clinic

REFERRING VET

Linda Farrington, DVM

INVOICE
23297

DATE
12/19/2025

PRESENTING CLINICAL SIGNS

Progressive, but gradual, weight loss, hyporexia, worsening mobillity, night time restlessness, and occasional stomach upset. Had been on supplements and kidney diets since June when azotemia was first noted on wellness BW (64/3.3). BW in October showed stable but elevated BUN/creat, evidence of pyuria/hematuris and USG 1.018. Infection treated with cefpodoxamine. Carprofen for srthritis. Chest rads normal. On gabapentin, Amantadine

Abnormal PE/Chem/CBC/UA Results: BUN/creat 69/5.3, low lymphocytes and platelets. NOrmal 4DX. Urine protein <0.4. USG 1.018, urine cystatin 543

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 or 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 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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Bilateral mild to moderate pyelectasia was present. The left kidney measured 6.2 cm in length. The right kidney measured 6.2 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.6 cm width in the caudal pole. The right adrenal gland was not definitively visualized, no overt pathology in the area of the right adrenal gland.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease.

Liver/Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

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The gallbladder was mildly distended in size with thin walls and moderate congealed hyperechoic caudal lumen debris with peripheral non-dependent debris. No evidence of gallbladder/peripheral gallbladder inflammation or wall edema was present. 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 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 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 omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

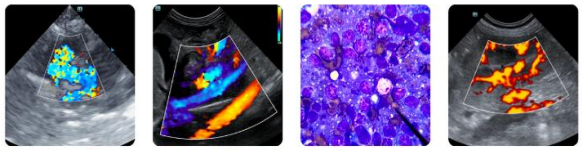
Primary

- Bilateral chronic nephropathy exhibiting mild to moderate pyelectasia.
- Sonographically unremarkable gastrointestinal tract.
- Mild hepatic parenchymal remodeling with congealed to non-organized gallbladder debris
- Age related splenic changes
- Sonographically normal urinary bladder and visible proximal urethra.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If not done, monitoring of UPC and screening urine C/S for further renal staging is recommended. A GI panel to include PLI/TLI/Cobalamin/Folate as well as three view chest radiographs and neurological / musculoskeletal examination are recommended to assess for or rule out occult disease which may cause weight loss. Hepatosupportive medications recommended if evidence of cholestasis. No overt evidence of neoplastic criteria. Gastrointestinal and renal support is indicated.

NAVIX DIAGNOSTIX ANIMAL SERVICES



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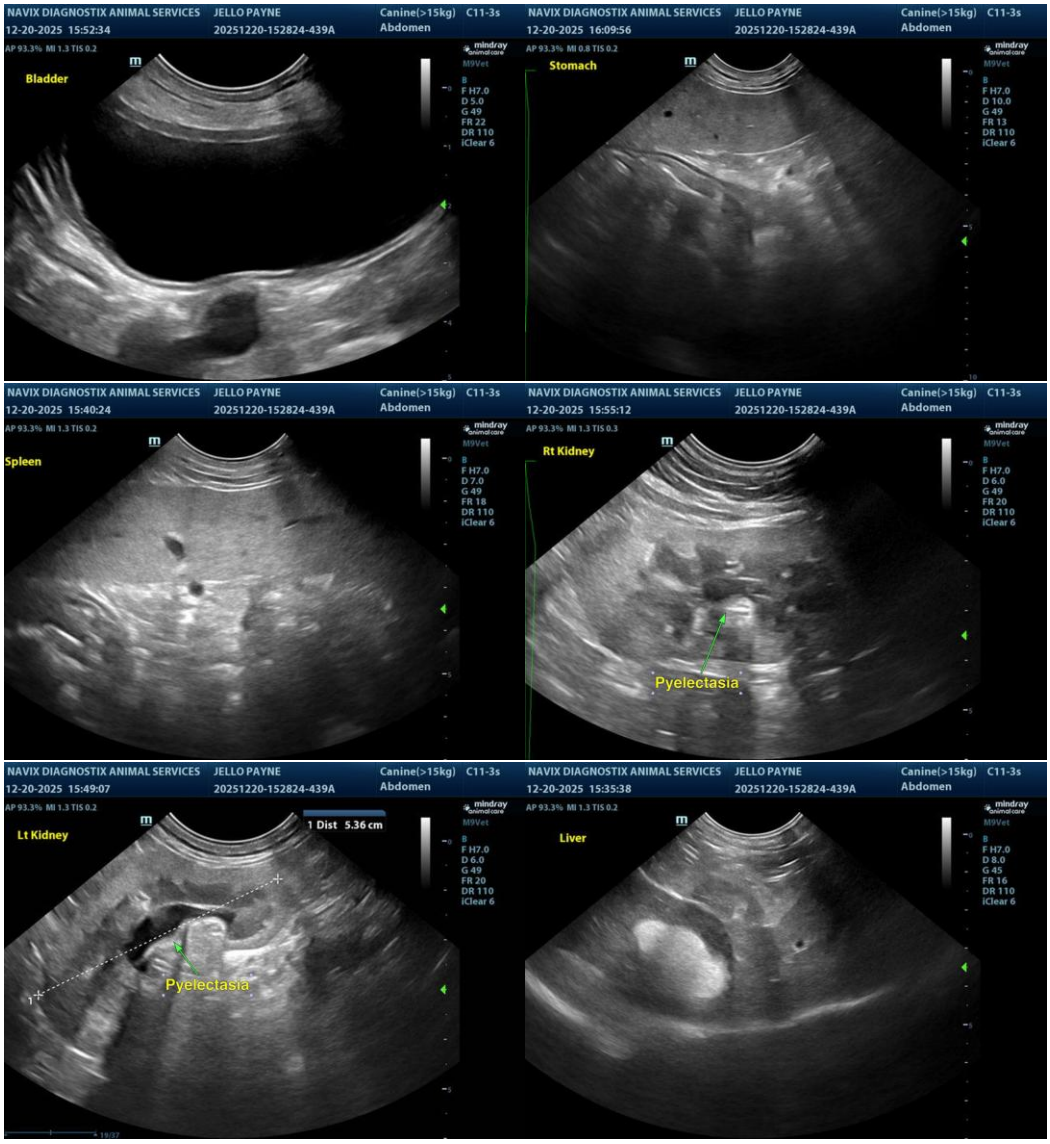

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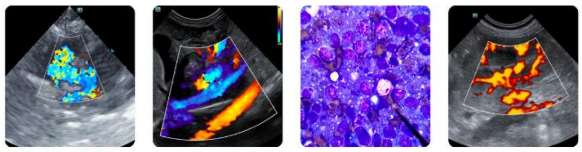

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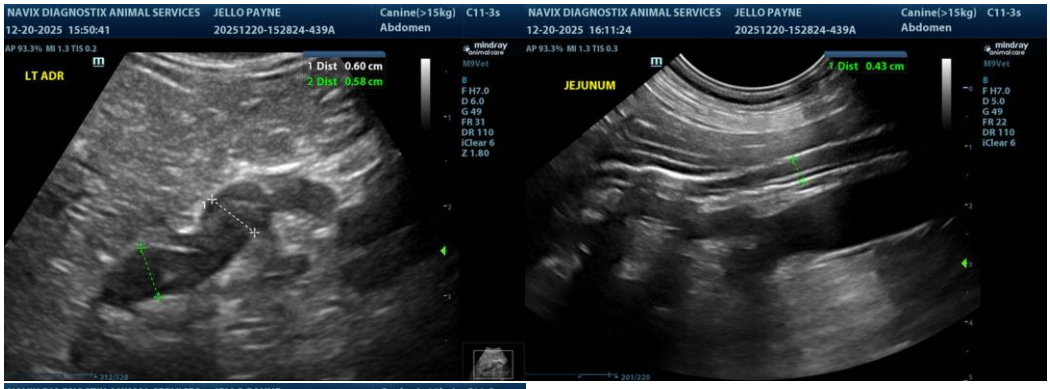

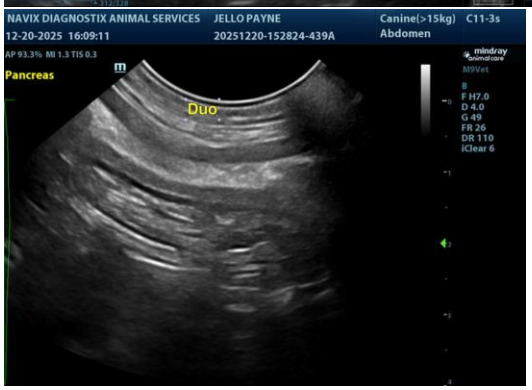

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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