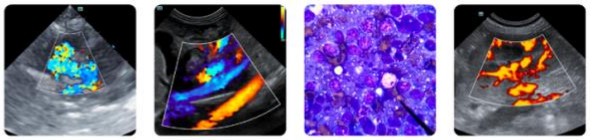

PATIENT

Pugsley Burnett

SPECIES

Canine

BREED

Pug

SEX

Neutered Male

AGE

12 Years 1 Month

WEIGHT

6.2 kg

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Renee Trionfetti VMD

HOSPITAL NAME

Cypress Veterinary Clinic

REFERRING VET

Dr. Laura Johnson VMD

INVOICE

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PRESENTING CLINICAL SIGNS

AUS to further evaluate mild anemia, azotemia, hyperkalemia, and a mildly decreased Na:K ratio. DDX: CKD and hypoadrenocorticism. UA showed moderately concentrated urine and fine granular casts, indicating possible renal tubular damage. O reports PU/PD and episodic coughing with labored breathing, but no vomiting, diarrhea, or inappetence. Abdominal ultrasound recommended to further evaluate renal and adrenal architecture. PMH: coughing since 12/01/25. second round of cough - had cough in October as well; first two weeks in October made a good recovery, but P is now coughing constantly Meds: amoxiclav 62.5 mg 1.5 tab PO BID; hydrocodone 0.5 tab PO BID; maropitant citrate 24 mg 0.5 PO SID; heartgard

Abnormal PE/Chem/CBC/UA Results: CXR chronic bronchial changes, collapsing trachea and mainstem bronchial collapse (likely chondromalacia), and mild cervical intervertebral disc disease, which is not currently clinically significant. - CBC: RBC 4.57 L, Hct34.4, Hgb 11.6 L, Retic Hgb 28.8 H, WBC 26.5 H, Neutrophils 21.015 H, Monocytes 2.889 H - Chem: SDMA 27 H, Cr 1.7 H, BUN 38 H, K 5.5 H, Na: K Ratio 27 L, Alb 2.3 L, A:G 0.6 L, CK 388 H - UA: USG 1.022, ↓pH 6.5, Casts 2+ FINE GRANULAR (3-5)/LPF

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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.

No obvious pathology in the area of the residual prostate.

The area of the aortic trifurcation was free of pathology.

The left kidney presented with subnormal size, capsule asymmetry and indistinct corticomedullary architecture with marked loss of corticomedullary border demarcation. Mild dystrophic medullary mineral and pyelectasia was visualized. The left kidney measured 2.6 cm in length.

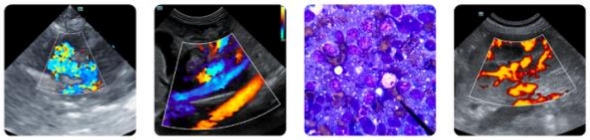
Normal size and margination was present in the right kidney. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Minor pyelectasia and areas of medullary mineral/renoliths were visualized. The right kidney measured 3.2 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 0.43 cm width at the caudal pole.

The right adrenal gland was overtly normal in size, position and shape with minor asymmetrical adrenal capsule contour and subtle nonhomogenous nonmineralized parenchyma. The right adrenal gland measured 0.56 cm width at the caudal pole.

Spleen



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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

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 contained variably echogenic, nonshadowing ingesta without evidence of obstruction to pyloric outflow.

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 ileus, obstruction or foreign material.

Normal visible colon wall layers were present with semi formed to possible soft fecal matter.

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 overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Chronic degenerative kidneys exhibiting medullary mineral/renoliths and mild pyelectasia.
- Normal bilateral adrenal glands.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chronic renal disease as a primary contributing factor to the anemia and hyperkalemia is probable. Aside from the kidneys, no evidence of additional visceral pathology. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Although considered unlikely, screening cortisol level to rule out occult Addison's disease may be considered. Renal support and CKD therapy is recommended.

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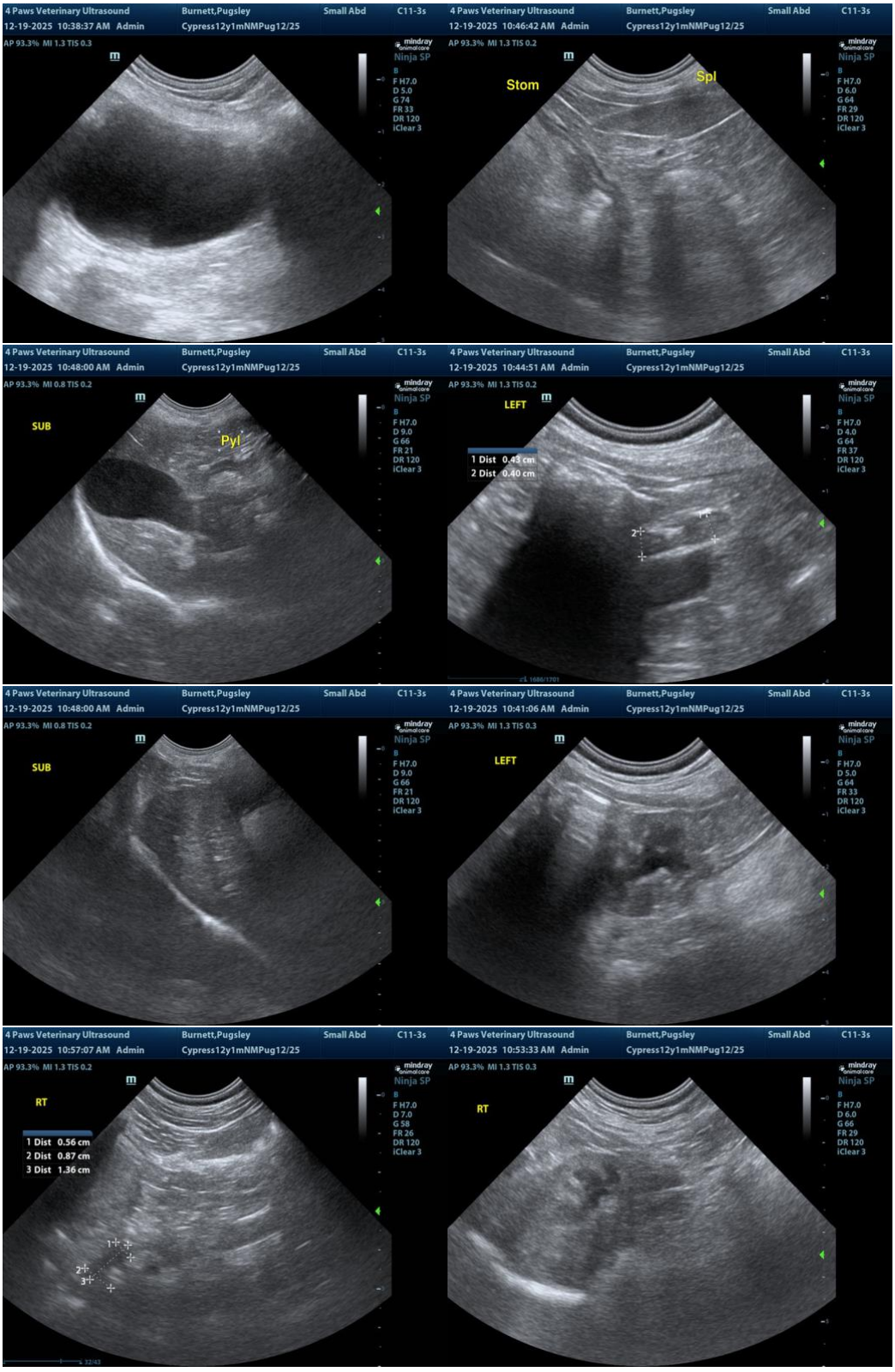

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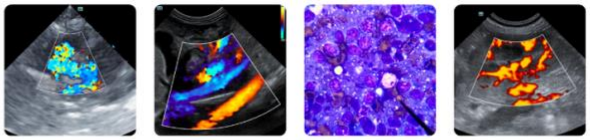

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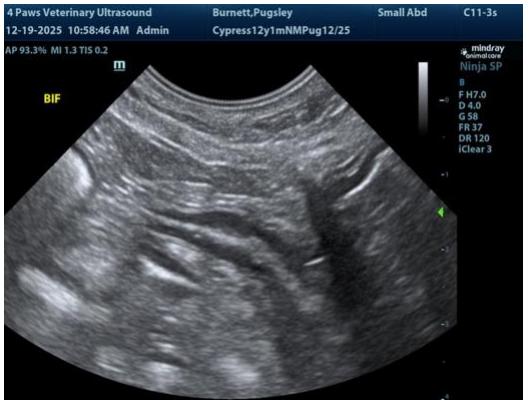

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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