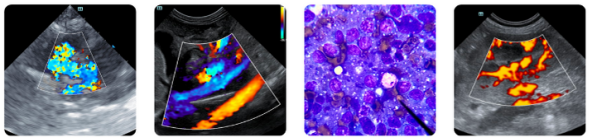


PATIENT

Bella Davis

SPECIES

Canine

BREED

Mini Schnauzer

SEX

Female Spayed

AGE

4y 8m

WEIGHT

6 kgs

INTERPRETED BY

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

IMAGING PERFORMED BY

Wayland

HOSPITAL NAME

Wilvet South

REFERRING VET

Wayland

INVOICE

12896

DATE

12/27/25

PRESENTING CLINICAL SIGNS

History: This patient has a history of megaesophagus and was negative for myasthenia gravis through their local specialty clinic. The patient's first episode of aspiration pneumonia was in November. The patient presented to the regular veterinarian today for dyspnea, coughing, and decreased appetite. Radiographs and the clinical picture were consistent with aspiration pneumonia. However, on intake, CBC and chemistry showed a moderate azotemia with a BUN of 120, a creatinine of 2.7, and a phosphorus of 9.9. Presented to us this evening for management of aspiration pneumonia and workup of the azotemia. An abdominal ultrasound today was indicated due to the onset of acute kidney injury. Note: Patient is oxygen-dependent and was coughing intermittently throughout the exam, making capture of some images challenging.

Meds: The patient was being treated with Clavamox since the November hospitalization, and enrofloxacin was added yesterday.

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 changes were noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 4.2 cm in length. The right kidney measured 4.3 cm in length.

Adrenal Glands

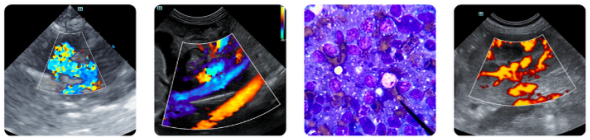
The left adrenal gland was indistinctly visualized subjectively free of overt pathology measuring 0.43 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.54 cm width at the caudal pole

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

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.



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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 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

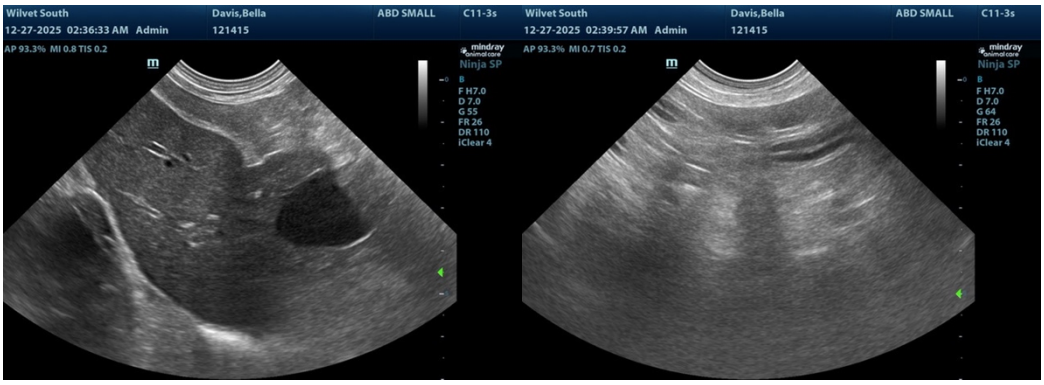
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Sonographically normal bilateral kidneys
- Normal bilateral adrenal glands
- Normal empty gastrointetsinal tract

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The sonographically unremarkable kidneys without evidence of renal pathology are consistent with acute kidney injury or nonspecific nephropathy. Correlation with full urinary workup including urinalysis, C/S or UPC level if non-inflammatory proteinuria is recommended. Consideration for infectious disease or toxic insult indicated. Renal support with clinical monitoring indicated for further assessment and prognosis. Concurrent gastrointestinal support indicated. Sonographic reassessment recommended if evidence of progressive azotemia. Although considered less likely, screening cortisol level and leptospirosis titer/PCR may be considered if clinically indicated.



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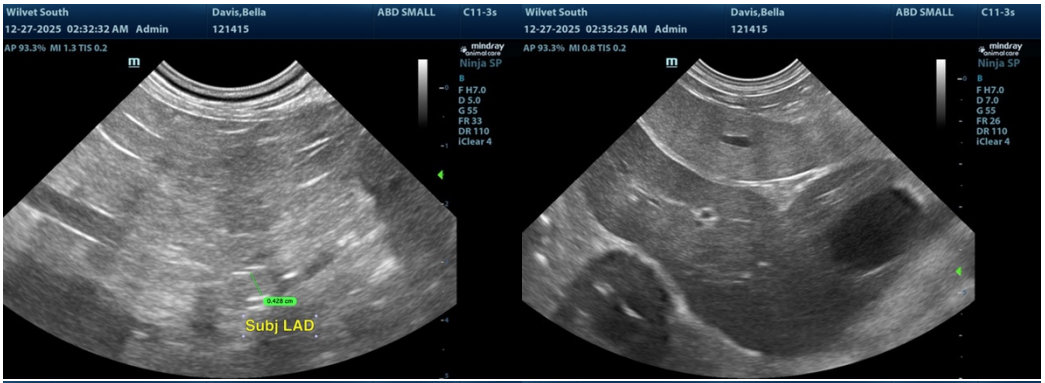

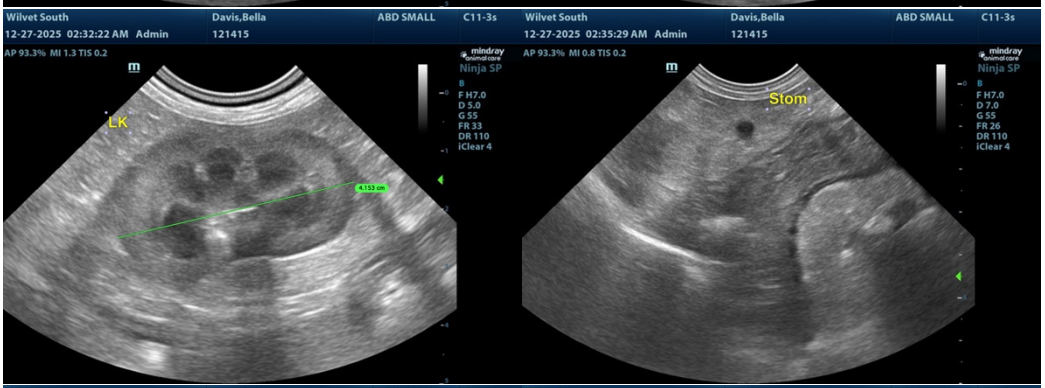

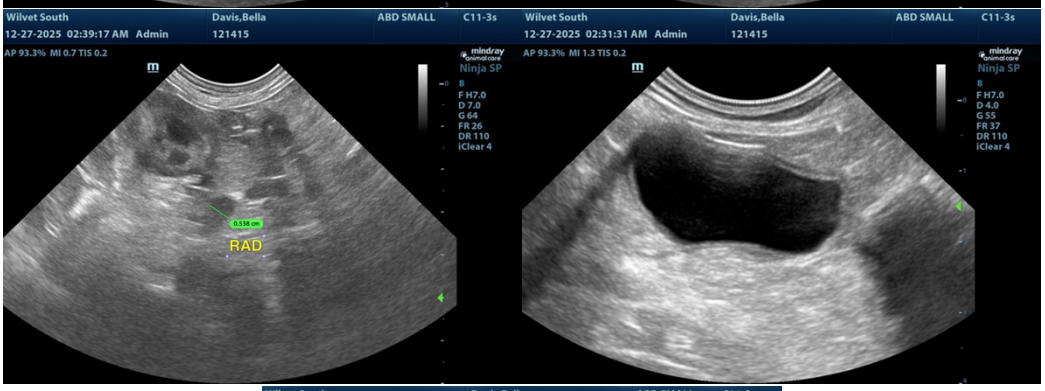

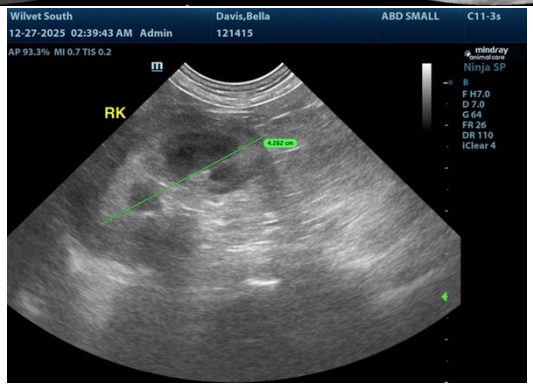

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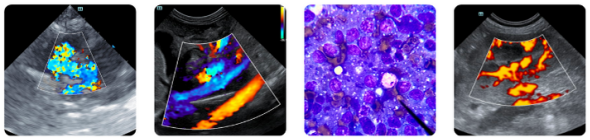

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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