



PATIENT

Marley Joslin

SPECIES

Canine

BREED

Boxer

SEX

FI

AGE

10mo

WEIGHT

21.8kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Hovenden

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr Hovenden

INVOICE 23161

DATE 12/8/2025

PRESENTING CLINICAL SIGNS

Patient presented on the evening of 12/6 as a transfer from the rDVM. 4 month history of increased thirst and urination. Has still been eating and drinking. Not on any medication yet. 1. Azotemia 2. Anemia 3. Hyperphosphatemia 4. History of PU/PD 5. History of puppy vaginitis 6. History of recessed vulva R/O: pyelonephritis, congenital (ectopic ureter, recessed vulva, polycystic kidney), urolithiasis, neoplasia, scarring of renal parenchyma, micturition disorders, open

Abnormal PE/Chem/CBC/UA Results: creat 3.5, hyperphosphatemia, and anemia. U/A- USG 1.011 and rod bacteria. Suspect changes in corticomedullary junction. 12/6 EPOC- 80.8 (H), cSO2 93.6% (H), bicarbonate 13.8 (L), TCO2 13.4 (L), pH 7.231 (L), BE -13.7 (L), hypercalcemia 1.46 (H), BUN, 82 (H), creat 4.26 (H), hyperglycemia 126 (H), 24% (L) PCV/TS- 30%/6.4 Phosphorus- 8.8 mg/dL (H) 12/7: 5pm: EPOC: pH 7.3(L), iCa+ 1.5(H), BUN 48(H), CRE 3.62(H), Glu 127, HCT 22% PCV/TS: 28%, 6.0 12/8: 5am PCV/TS: 36%, 6.6 AFAST: Left kidney appears cystic with hard shadowing material in medulla and minimal corticomedullary distinction. Right kidney is small abnormal in appearance with no corticomedullary distinction distorted pelvis and a cystic appearing cranial aspect (unclear if part of kidney or cystic structure cranial to kidney)

ULTRASONOGRAPHIC EXAMINATION OF THE KIDNEYS

The submitted study contained nine videos of the kidneys only.

The left kidney was subnormal in size compared to the right with asymmetrical margination. Variable thickened cortex exhibiting variable non-uniform to increased cortex echogenicity was present. Significant loss of corticomedullary border demarcation and reduced medullary volume. Areas of dystrophic renal mineralization and mild pyelectasia. No evidence of left retroperitoneal effusion. The left kidney measured 5.1 cm in length.

The right kidney was adequate in size with asymmetrical margination. Variable thickened cortex exhibiting variable non-uniform to increased cortex echogenicity. Marked loss of corticomedullary border demarcation and reduced medullary volume were present. Areas of dystrophic renal mineralization and mild pyelectasia. No evidence of right retroperitoneal effusion. The right kidney measured 6.2 cm in length.

ULTRASONOGRAPHIC FINDINGS

Primary

- Bilateral renal dysplasia exhibiting dystrophic medullary mineral and mild pyelectasia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Congenital renal dysplasia is favored in conjunction with patient age, although bilateral non-specific chronic nephritis may present in similar sonographic manner. Urinary workup if not done, including UA, C/S and UPC level if non-inflammatory proteinuria for renal staging is recommended. Renal support, including as needed IV fluid therapy, gastroprotectants, urinary diet and monitoring of systemic BP for further renal prognosis is indicated. An extremely guarded long-term prognosis is indicated given degree of renal sonographic changes.



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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.

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