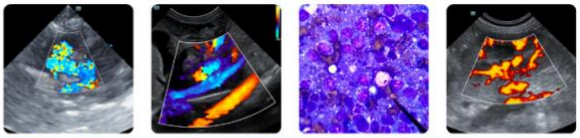

PATIENT

Omelette Durwood

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Spayed Female

AGE

15 Years

WEIGHT

17.6 pounds

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

IMAGING PERFORMED BY

Meghan Morse LVT, CVT

HOSPITAL NAME

Kingston Animal Hospital

REFERRING VET

Dr. Turner

INVOICE

13018

DATE

01/08/2026

PRESENTING CLINICAL SIGNS

Elevated kidney values, planning anesthesia- is it safe? O scheduled dental- wants to ensure anesthesia won't worsen CKD Current meds: Kidney diet

Abnormal PE/Chem/CBC/UA Results: BUN 30, Creat 2.0, SDMA 18 U/A: rods- possible contamination USG 1.018

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Normal urinary bladder size and tone with primarily anechoic urine present. No evidence of urinary bladder tumors. A small amount of accumulated hyperechoic sediment/sand was present with potential for a polyp in the area of the cystic urethral junction measuring approximately 0.5 diameter. The urethra was normal in structure and tone to a depth of 3.0 cm.

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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. Bilateral pinpoint medullary mineral and left kidney minor pyelectasia were present. The left kidney measured – cm in length. The right kidney measured 3.8 cm in length. The left kidney measured 3.8 cm in length.

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 0.54 cm width in the caudal pole. The right adrenal gland measured 0.30 cm width in the caudal pole.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Multiple primarily medial parenchyma to perihilar noncapsule deforming hyperechoic nodules were present. 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 or neoplastic changes were not noted. The hyperechoic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas. An example of the nodules measured 0.80 cm in diameter.

Liver & Gallbladder

The liver presented mild to possible moderately enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with mild nonorganized biliary sludge. The common bile duct was not visualized.

Gastrointestinal

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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 pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

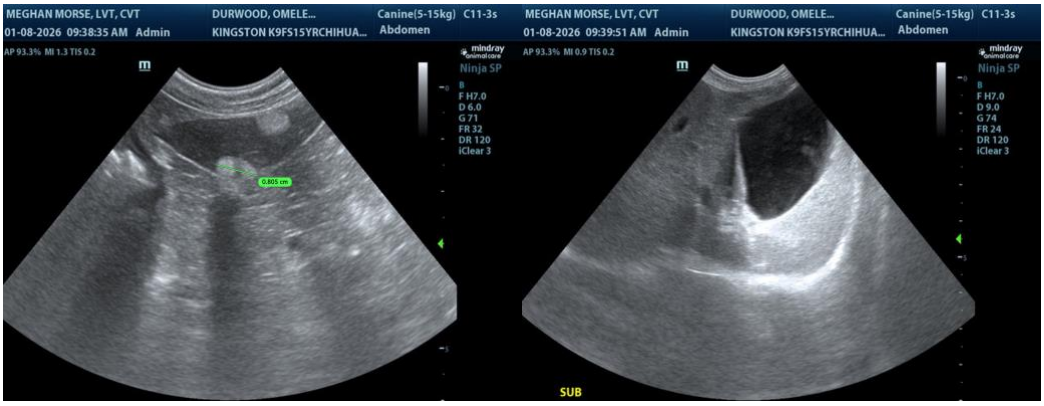
ULTRASONOGRAPHIC FINDINGS

- Normal urinary bladder with probable accumulated sediment/sand at the level of the cystourethral junction- possible polyp.
- Bilateral chronic renal changes exhibiting mild medullary mineral and minor left kidney pyelectasia.
- Age-related adrenal glands.
- Hepatomegaly- subjective benign.
- Nonorganized gallbladder debris (non-mucocele).
- Mild pancreatic remodeling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sonographically, the kidneys did not appear to be significantly compromised in conjunction with relatively mild azotemia. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Monitoring of the probable accumulated urinary bladder sediment/sand is indicated as potential for polyp cannot be definitively excluded. Potential for emerging urinary bladder mass is thought less likely. Monitoring of hepatic enzyme levels going forward +/- hepatosupportive medications and sonographic reassessment if progressive hepatopathy is suggested.

If anesthesia is elected, appropriate peri anesthetic IV fluid administration with close clinical monitoring including maintaining adequate systemic blood pressure is recommended.



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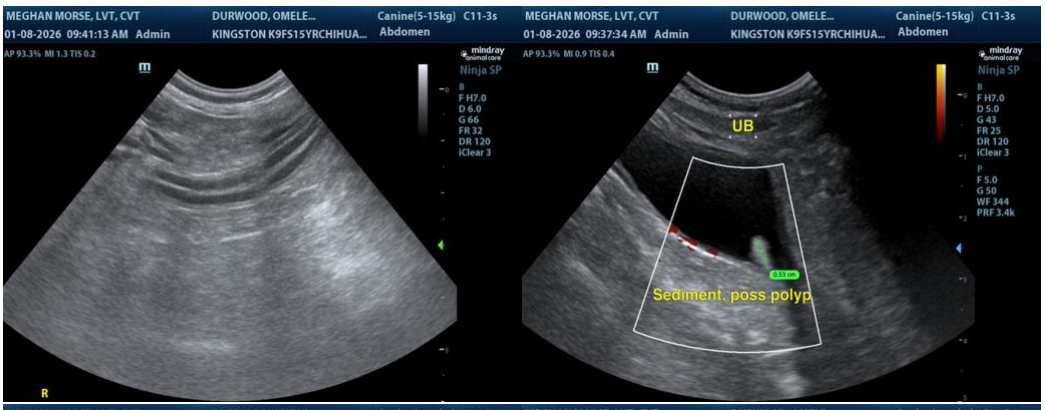
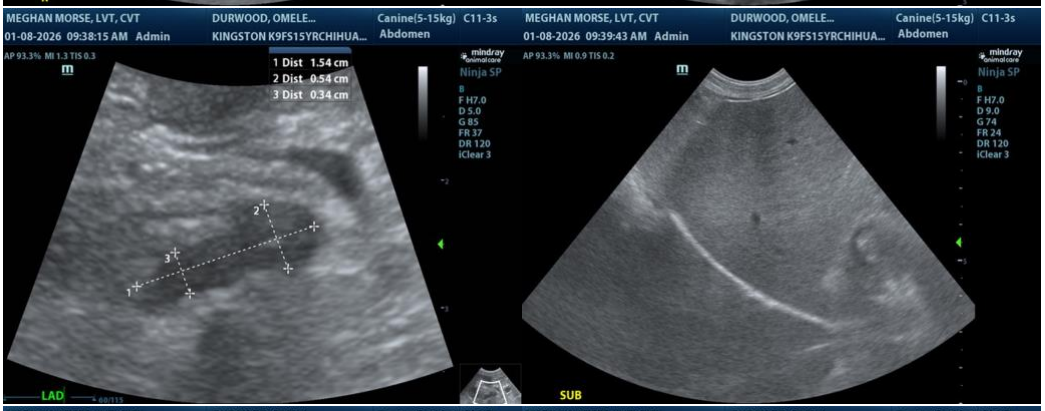
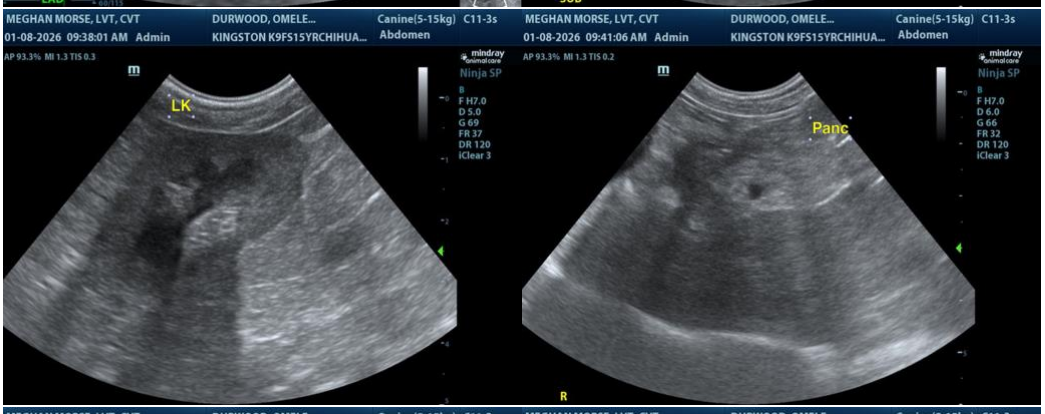
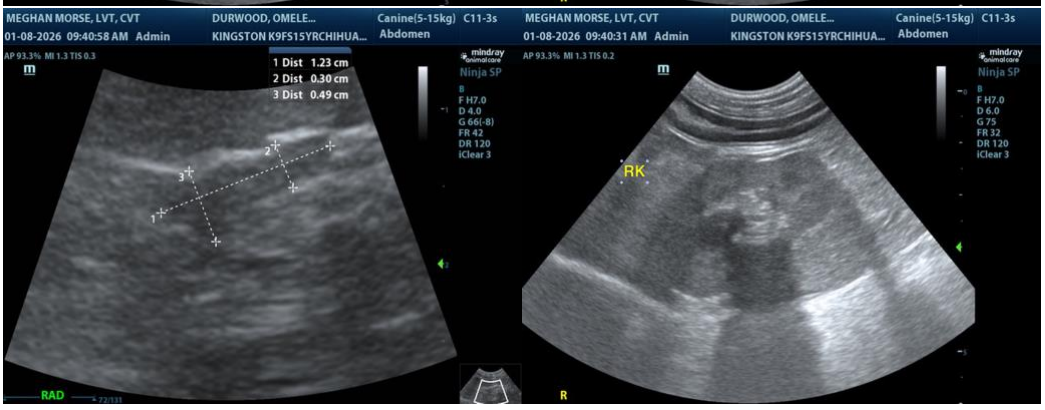
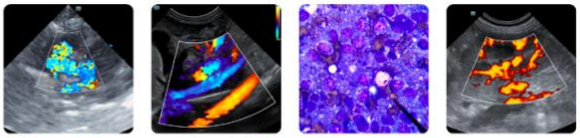








New Jersey Mobile
FUELED BY SONOPATH VETERINARY ULTRASOUND



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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