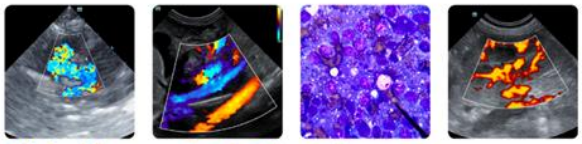


PATIENT
Bridget Campbell

SPECIES
Canine

BREED
Lab Retr

SEX
FS

AGE
8yr

WEIGHT
33.9lb

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

IMAGING PERFORMED BY
Lindsay Powell, CVT

HOSPITAL NAME
Hershey Animal Emergency Center

REFERRING VET
Dr. Brittany Lang

INVOICE
23905

DATE
02/17/2026

PRESENTING CLINICAL SIGNS

- C+ past month
- Activity normal
- Found kidney failure on annual BW, AoCKD
- PE:Ears: Brown waxy debris AU
- Oral Cavity: Mucous membranes pink/hypersalivating, CRT <2s, moderate periodontal disease, sublingual clear
- Cardiovascular: tachycardic
- Abdominal: Mild discomfort on palpation
- Musculoskeletal: Ambulatory x 4 limbs, no lameness, PROM x 4 limbs WNL, mild muscle atrophy of hind limbs
- Abnormal PE/Chem/CBC/UA Results: NBIP: 10p- 149/83(95) CBC: RBC 3.27 (L) HCT 21.8 (L) Hemo 8.2 (L) PDW 8.0 (L) EPOC: BE,ECF -5.2 (L) iCal 1.05 (L) Lactate 3.53 (H) BUN >120 (H) Creat 8.85 (H) Glu 129 (H) HCT 23 (L) Chem15: Creat 10.4 (H) BUN >130 (H) Phos 11.3 (H) Urine UPC: 73:86 1.19 Radiographs: Thorax: Severe spondylosis of thoracic spine, very mild bronchial pattern, otherwise unremarkable Abdomen: stomach is moderately distended with heterogenous ingesta, spondylosis of cranial lumbar spine, otherwise unremarkable

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was mildly distended in size with normal tone. The 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 mild non-dependent particulate urine sediment. The ureteral papillae were normal. The ureters were not visible, which is normal. No evidence of inflammatory or neoplastic changes was noted.

Adequate to mildly subnormal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced with non-homogenous medullary parenchyma. Mild to moderate pyelectasia. Hyperechoic cortical to corticomedullary foci, which may indicate pinpoint areas of renal microinfarction, fibrosis, or mineralization. No evidence of left or right hydroureter. The left kidney measured 5.6 cm in length. The right kidney measured 5.7 cm in length.

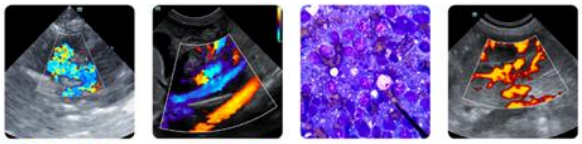
The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.64 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 0.58 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.



PATIENT

Bridget Campbell

SPECIES

Canine

BREED

Lab Retr

SEX

FS

AGE

8yr

WEIGHT

33.9lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Lindsay Powell, CVT

HOSPITAL NAME

Hershey Animal Emergency Center

REFERRING VET

Dr. Brittany Lang

INVOICE
23905

DATE
02/17/2026

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/Gallbladder

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. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and mild to moderate, gravity dependent to congealed hyperechoic debris. 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 mild non-shadowing ingesta sonographically suggestive of food echogenicity with no signs of obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained similar appearing non-shadowing ingesta/chyme with no signs of 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 potentially end-stage nephropathy with mild to moderate pyelectasia
- Mild urinary bladder sediment

Secondary

- Mild non-organized gallbladder debris
- Gastrointestinal ingesta- consistent with food echogenicity

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Bilateral significant chronic nephritis, i.e. glomerulonephritis or other glomerulopathy, interstitial nephritis, amyloidosis in conjunction with renal fibrosis, microinfarction, and mineralization with concurrent potential chronic renal dysplasia all potentials. No evidence of renal neoplastic criteria. Renal support, empirical therapy for protein losing nephropathy with serial monitoring of renal parameters, UA, and systemic BP for further assessment is recommended.

PATIENT

Bridget Campbell

SPECIES

Canine

BREED

Lab Retr

SEX

FS

AGE

8yr

WEIGHT

33.9lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Lindsay Powell, CVT

HOSPITAL NAME

Hershey Animal Emergency Center

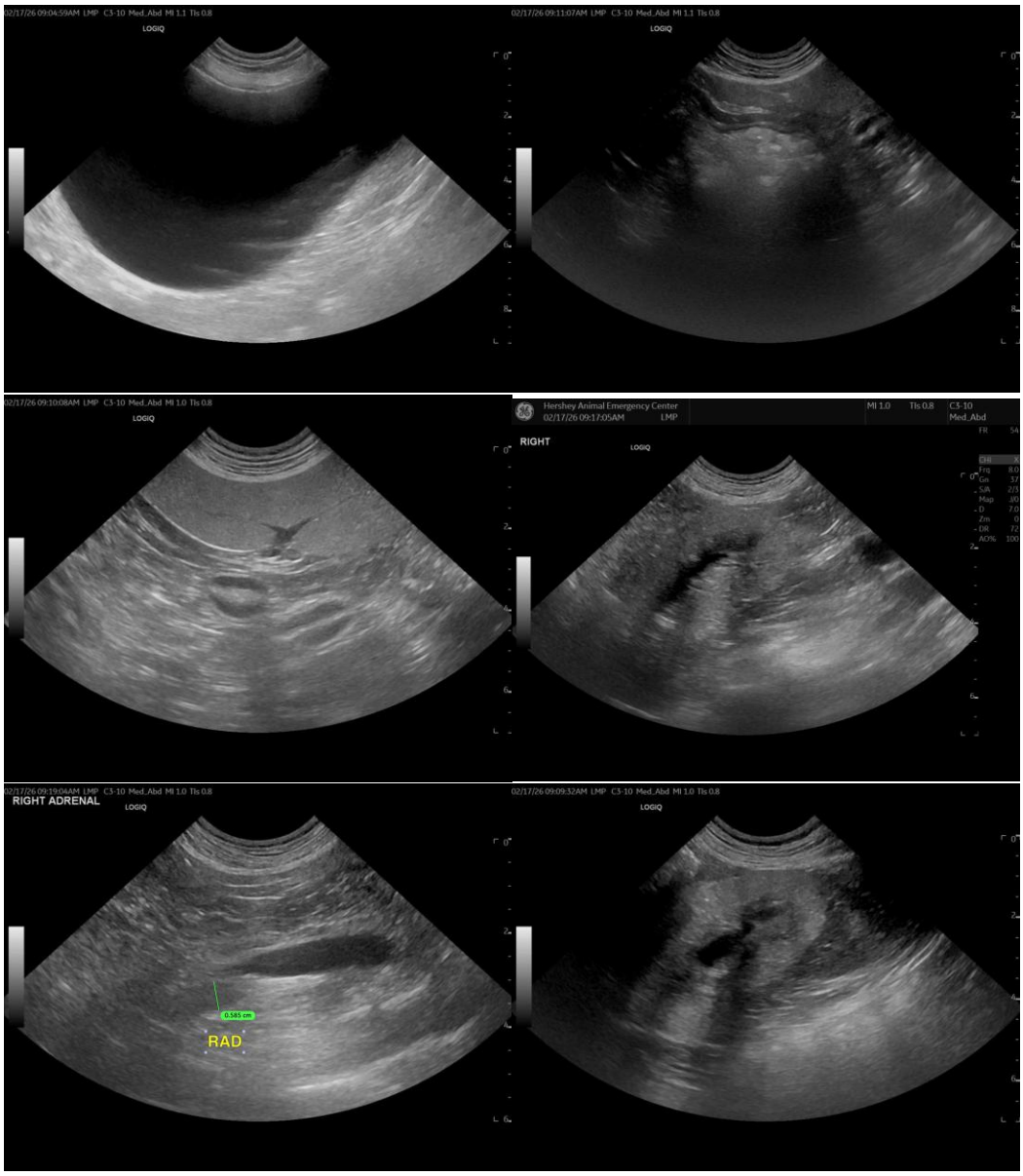
REFERRING VET

Dr. Brittany Lang

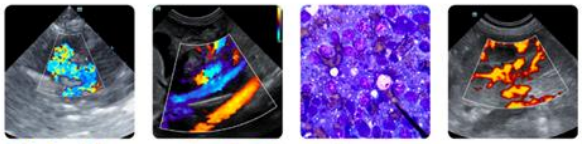
INVOICE
23905

DATE
02/17/2026

Extremely guarded to unfavorable prognosis given degree of azotemia and renal sonographic appearance indicated. As needed concurrent gastrointestinal support recommended.



SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Bridget Campbell

SPECIES

Canine

BREED

Lab Retr

SEX

FS

AGE

8yr

WEIGHT

33.9lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Lindsay Powell, CVT

HOSPITAL NAME

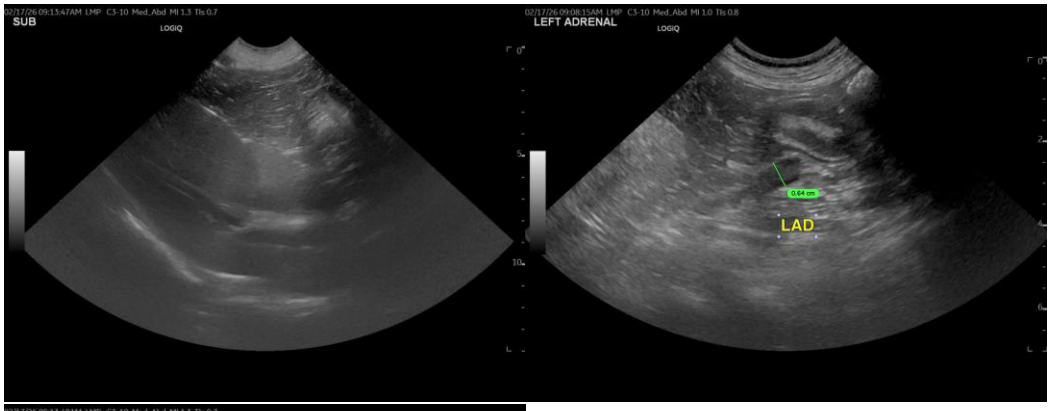
Hershey Animal Emergency Center

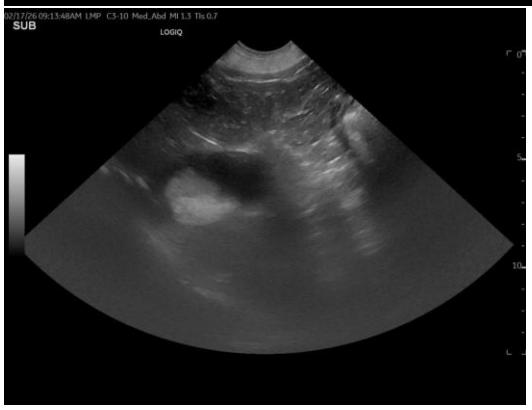
REFERRING VET

Dr. Brittany Lang

INVOICE
23905

DATE
02/17/2026





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