

PATIENT

Sareeya Wenger

SPECIES

Canine

BREED

Lab Retr.

SEX

F Intact

AGE

9y

WEIGHT

27.9 kg

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

10640

DATE

2/18/26

PRESENTING CLINICAL SIGNS

History:

- Presented 2/17 as a transfer for acute onset vomiting, diarrhea, lethargy, anorexia beginning over the weekend. Pt travels to South Carolina during the winter. Owner denied any exposure to toxins or potential FB ingestion. P has historical (October of 2025) dx of Lyme and Anaplasma which were treated with Doxycycline.
- rDVM discussed a diagnosis of Lyme nephritis with the owners. P received Cerenia inj, Famotidine inj, IVF during the day and was prescribed doxycycline, prednisone, and cerenia oral prior to transferring.
- NS OU ,brown waxy debris AU ,Serous/clear discharge bilateral nares ,Tense on abdominal palpation ,intact female, stiff gait front limbs

Abnormal PE/Chem/CBC/UA Results: RDVM Dx (2/17 10am) CBC: HCT 24.2% (normocytic, hyperchromic, nonregenerative), WBC 18.13K (H), Neut 16.81K (H), Lymph 0.33K (L) Chem: Creat 11.5, BUN > 130, Phos > 16.1 4dx: Lyme + and Anaplasma + (historical); Ehrlichia - and HW - UA *time stamped 3pm - unsure if this is after starting IVF (free catch): USG 1.010, pH 5.0, Prot 30 mg/dL HAEC Dx EPOC: pCO2 26.1 (L), BE -8.5 (L), iCa 1.1 (L), BUN > 120, Creat 10.61, Glu 141, HCT 21% PCV/TS: 22%/4.2 hemolyzed sample Lepto Witn: negative Rads: 1. Nonspecific gastroenteritis/enterocolitis. There is no evidence of mechanical obstruction or foreign content. 2. Mild bilateral chronic nephropathy. 3. Mild bronchointerstitial pattern. 4. Mild unilateral elbow degenerative joint disease. Albumin: 3.0 cPL: 71 (n) PCV/TS: (repeat) 25%/7.0 clear

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was mildly distended in size with normal tone. Mild nondependent particulate urine sediment was present. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted. The urethra exhibited normal structure and tone to a depth of 3.0 cm.

No evidence of pathology was noted in the area of the uterus or bilateral ovaries.

No evidence of pathology in the area of the aortic trifurcation.

Normal renal size with asymmetrical margination was present in both kidneys. Thickened hyperechoic renal cortex was present, resulting in an altered cortex: medulla ratio. Significant loss of corticomedullary border demarcation was also present. Subjective mildly reduced medullary volume was noted with areas of medullary to dystrophic mineralization, which may suggest chronic or previous inflammation. Mild pyelectasia was present. The left kidney measured 6.0 cm in length. The right kidney measured 6.8 cm in length.

Adrenal Glands

Bilateral mild adrenomegaly was noted. A mildly hyperechoic, nonmineralized nodule was present in the mid-left adrenal gland without capsule distortion. The nodule did not exhibit signs of mineralization or vascular invasion. The nodule measured 1.2 cm x 0.74 cm. The left adrenal gland measured 0.88 cm caudal



PATIENT

Sareeya Wenger

SPECIES

Canine

BREED

Lab Retr.

SEX

F Intact

AGE

9y

WEIGHT

27.9 kg

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

10640

DATE

2/18/26

pole width. The right adrenal gland exhibited a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.9 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/ Gallbladder

The liver was subjectively normal in size, structure, and contour. Normal hepatic vascular volume was present. 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 a mildly thickened hyperechoic wall. Intact wall layering was maintained and distinct. The gastric body wall measured 0.63 cm width. The stomach contained a mild amount of retained fluid.

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 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

- Bilateral chronic degenerative nephropathy exhibiting medullary mineral and pyelectasia
- Bilateral mild adrenomegaly with left adrenal nodule – suspect hyperplasia and left adrenal adenoma
- Hypomotile gastritis / uremic gastritis pattern
- Sonographically normal empty small intestine
- Mild distended urinary bladder with mild urine sediment



PATIENT

Sareeya Wenger

SPECIES

Canine

BREED

Lab Retr.

SEX

F Intact

AGE

9y

WEIGHT

27.9 kg

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

10640

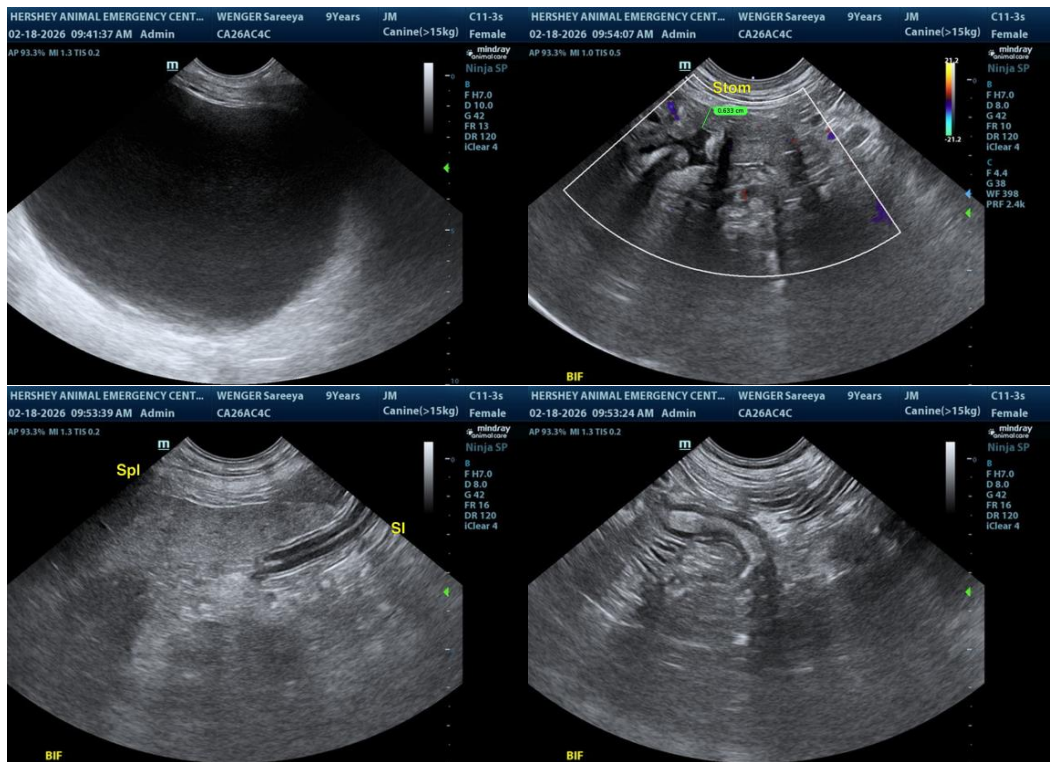
DATE

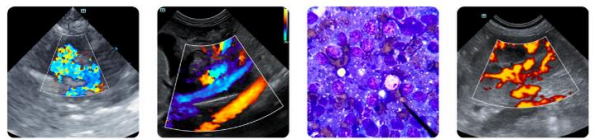
2/18/26

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The kidneys are consistent with advanced to potentially end-stage chronic degenerative nephropathy criteria and chronic nephritis with potential for chronic Lyme nephritis, given patient history. The pyelectasia may be secondary to IV fluid therapy, pelvic scarring, or potential possible previous passage of mineral, with pyelonephritis thought less likely. Further renal staging to include urine C/S and protein:creatinine ratio on a sterile urine sample may be considered.

Minor potential for emerging left adrenal tumor, i.e., pheochromocytoma, is considered less likely. Hospitalization with renal / gastrointestinal support, monitoring of systemic BP, renal parameters, urinalysis, urine output, and body weight for further prognosis is indicated. An extremely guarded to unfavorable long-term prognosis, given the degree of azotemia, decreased urine specific gravity, and renal presentation, is indicated.





PATIENT

Sareeya Wenger

SPECIES

Canine

BREED

Lab Retr.

SEX

F Intact

AGE

9y

WEIGHT

27.9 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Lindsay Powell, CVT

HOSPITAL NAME

Hershey Animal
Emergency Center

REFERRING VET

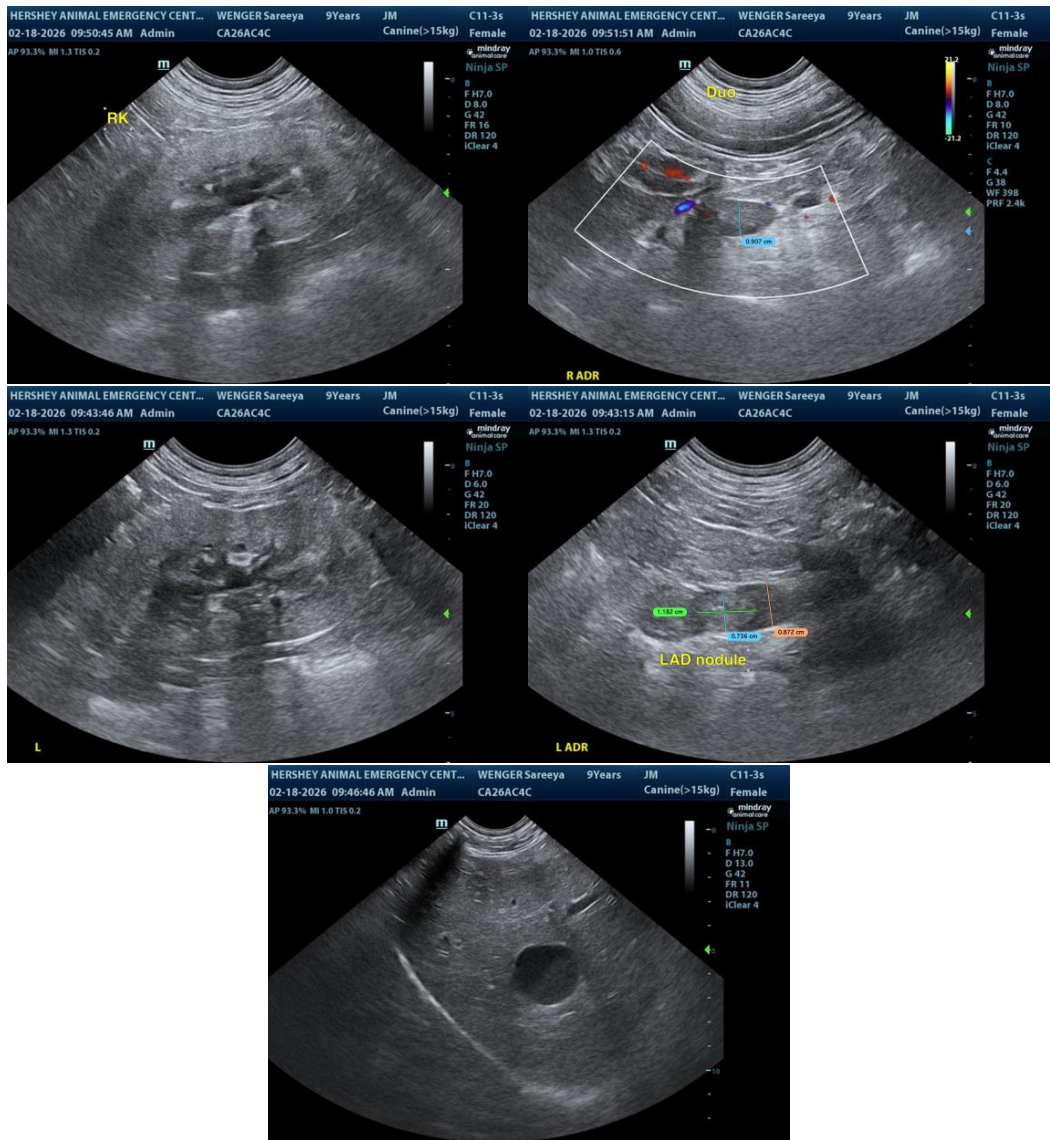
Dr. Brittany Lang

INVOICE

10640

DATE

2/18/26



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