



**PATIENT**

Dymond York

**SPECIES**

Canine

**BREED**

Mastiff Mix

**SEX**

Intact Female

**AGE**

1 Year

**WEIGHT**

78 pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

Echo Hollow Vet  
Hospital

**REFERRING VET**

Dr. Kenna

**INVOICE**

13951

**DATE**

02/24/26

**PRESENTING CLINICAL SIGNS**

- Clinical Exam Findings: \*QAR - sedated prior to exam \*elevated third eyelids \*pale pink mucosa \*elevated BUN/Creat - r/o renal vs Addison's. itchy - r/o allergies
- ABNORMAL Labwork Values: AMY = 1222 H minor. BUN = 47 H. Creat = 3.2 H. Na/K ratio = 29
- ACTH Stim results: Cortisol (baseline) 8.4 ug/dL HIGH 1.0 - 4.0. ACTH Stim 1 HR post 14.3 ug/dL 8.0 - 20.
- Current Medications: Trazodone 100mg, Gabapentin 300mg, Ace 25mg, Hills K9 k/d diet
- Radiographic Findings: 12/10/25 RADS air bubbles noted in mid u bladder

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Echogenic to particulate nondependent mild sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

Mild fluid dilated uterus visualized dorsal to the urinary bladder and extending cranially along the descending colon and area of the iliac trifurcation. The fluid within the uterus was mildly echogenic. The left and right ovaries were not definitively visualized.

Normal renal size with asymmetrical margination was present in both kidneys (the left kidney was indistinctly visualized owing to overlaying intestinal gas). 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. Loss of corticomedullary border demarcation was also present. Mild right kidney pyelectasia was also present. The left kidney measured 6.5 cm in length. The right kidney measured 7.2 cm in length.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.60 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 0.94 cm width at the caudal pole.

**Spleen**

The spleen presented mildly enlarged with asymmetrical to rounded medial capsule contour and mild splenic folding. Maintained homogenous parenchyma. No mass or nodules were evident.

**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. The hepatic and portal vasculature were normal in appearance without signs of congestion.



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The gallbladder was non distended in size with mild nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

**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**

Intermittent mildly prominent mesenteric nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). No evidence of peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- Bilateral renal dysplasia pattern in conjunction with patient's age, potential for nonspecific chronic nephritis is thought less likely.
- Mild fluid dilated uterus.
- Normal bilateral adrenal glands.
- Mild urine sediment.

**Secondary Findings**

- Mild gallbladder debris.
- Mildly enlarged folded spleen- likely secondary to sedation.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Correlation with most recent heat cycle is recommended. If patient was recently or not currently in estrous cycle, concern for possible emerging pyometra is indicated. Full urinary workup, including urinalysis, culture/sensitivity, and UPC level for renal staging is recommended.

Renal support and essential CKD therapy with monitoring of azotemia and clinical signs which may suggest emerging pyometra such as vaginal discharge. Sonographic reassessment is indicated if concern for progressive pyometra, as well as if evidence of progressive azotemia. Concurrent as needed gastrointestinal support is recommended.



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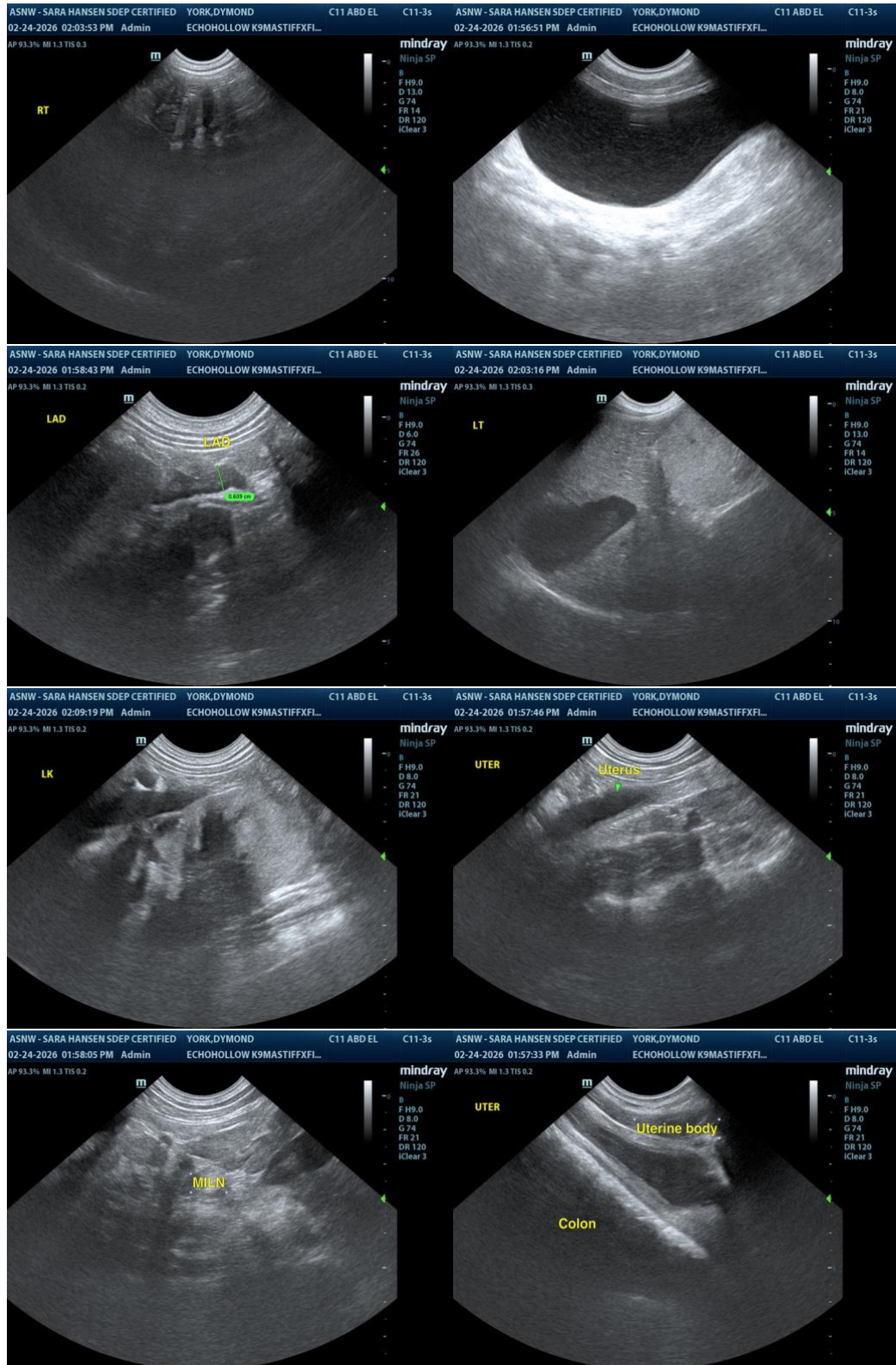
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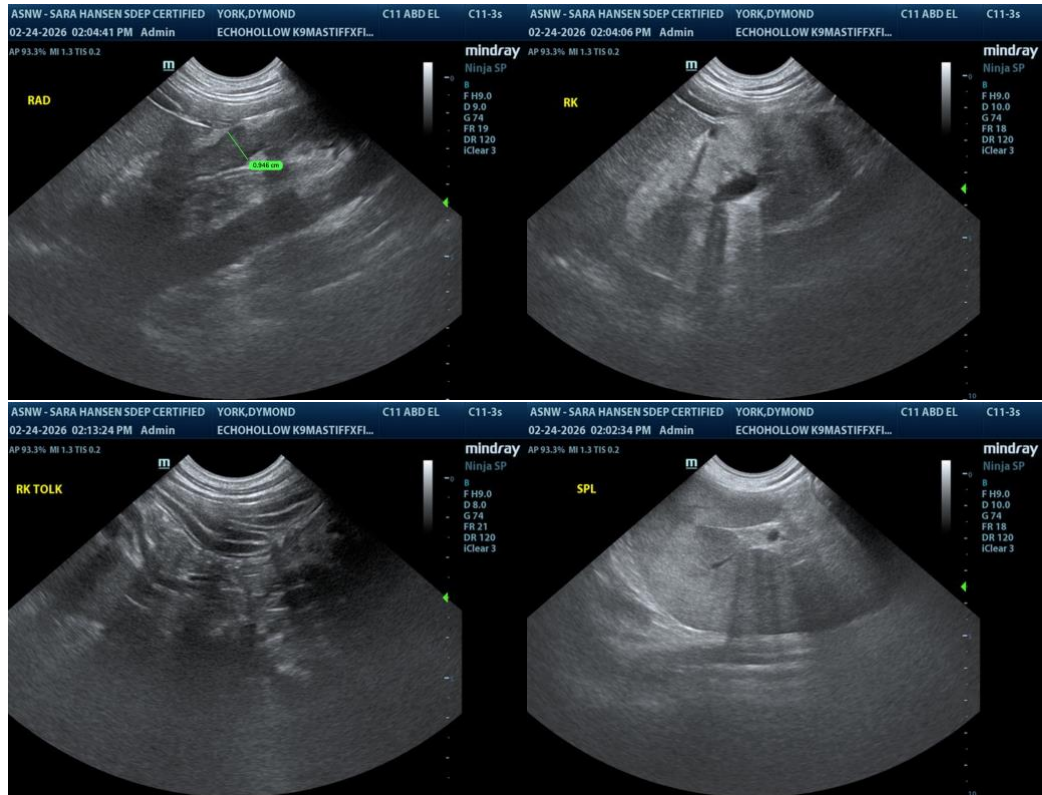
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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