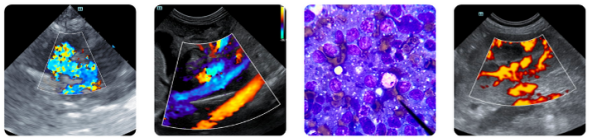

PATIENT

Winnie Kaiser

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Female Spayed

AGE

9y

WEIGHT

4.32 kgs

INTERPRETED BY

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

IMAGING PERFORMED BY

Manes

HOSPITAL NAME

Wilvet South

REFERRING VET

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INVOICE

13220

DATE

2/24/26

PRESENTING CLINICAL SIGNS

History:

- P presented for several day history of vomiting, inappetence, and lethargy. BW shows evidence of severe azotemia. Goal of AUS is to look for cause of AKI or CKD.

Abnormal PE/Chem/CBC/UA Results: General Appearance: Lethargic Hydration: Moderate dehydration Musculoskeletal: Thin BCS Integument: Abnormal: Prolonged skin turgor Diagnostics done @ rDVM 2/24/26: CBC: Hct 38.3%, WBC 4.59 (L), PLT 46 (L) CHEM: Crea >13.6 (H), BUN >130 (H), Phos >16.1 (H), Lipase 4356 (H) IH Diagnostics: Urinalysis: USG 1.015, urine protein 100, WBCs 1/HPF, RBCs 5/HPF, non-hyaline casts Urine culture: pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild, echogenic to particulate non-dependent 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.

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 moderate indistinct loss of corticomedullary symmetry and definition expected for the age of the patient. The left kidney exhibited mild pyelectasia. The left kidney measured 3.2 cm in length. The right kidney measured 3.3 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 0.38 cm width at the caudal pole. The right adrenal gland was not definitively visualized with no obvious pathology in the area of the right adrenal gland.

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

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

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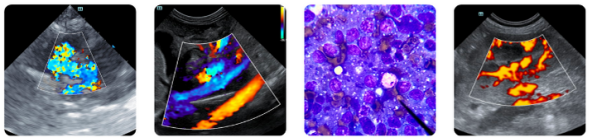

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Gastrointestinal

The stomach presented mildly thickened wall. Intact wall layering was maintained and distinct. The gastric body wall measured –cm width. The gastric lumen was empty with lumen gas.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Mild duodenal corrugation was present. 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

No overt lymphadenopathy or peritoneal effusion was present.

PRIMARY FINDINGS

- Bilateral nephropathy exhibiting mild left kidney pyelectasia
- Mild urine sediment
- Mild gastroduodenitis
- Sonographically normal pancreas

SECONDARY FINDINGS

- Mild gallbladder debris (non-mucocele)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sonographically, the kidneys are most consistent with chronic nephropathy. Although given lack of significant degenerative renal changes potential for acute or chronic nephropathy or renal insult, i.e. infectious disease, renal toxin, etc. is not definitively excluded. Correlation with pending urine C/S is recommended. Concurrent UPC levels suggested if non-inflammatory proteinuria. Supportive care for likely chronic to possible acute or renal failure with concurrent gastrointestinal support indicated with clinical monitoring.

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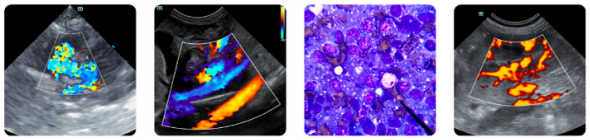

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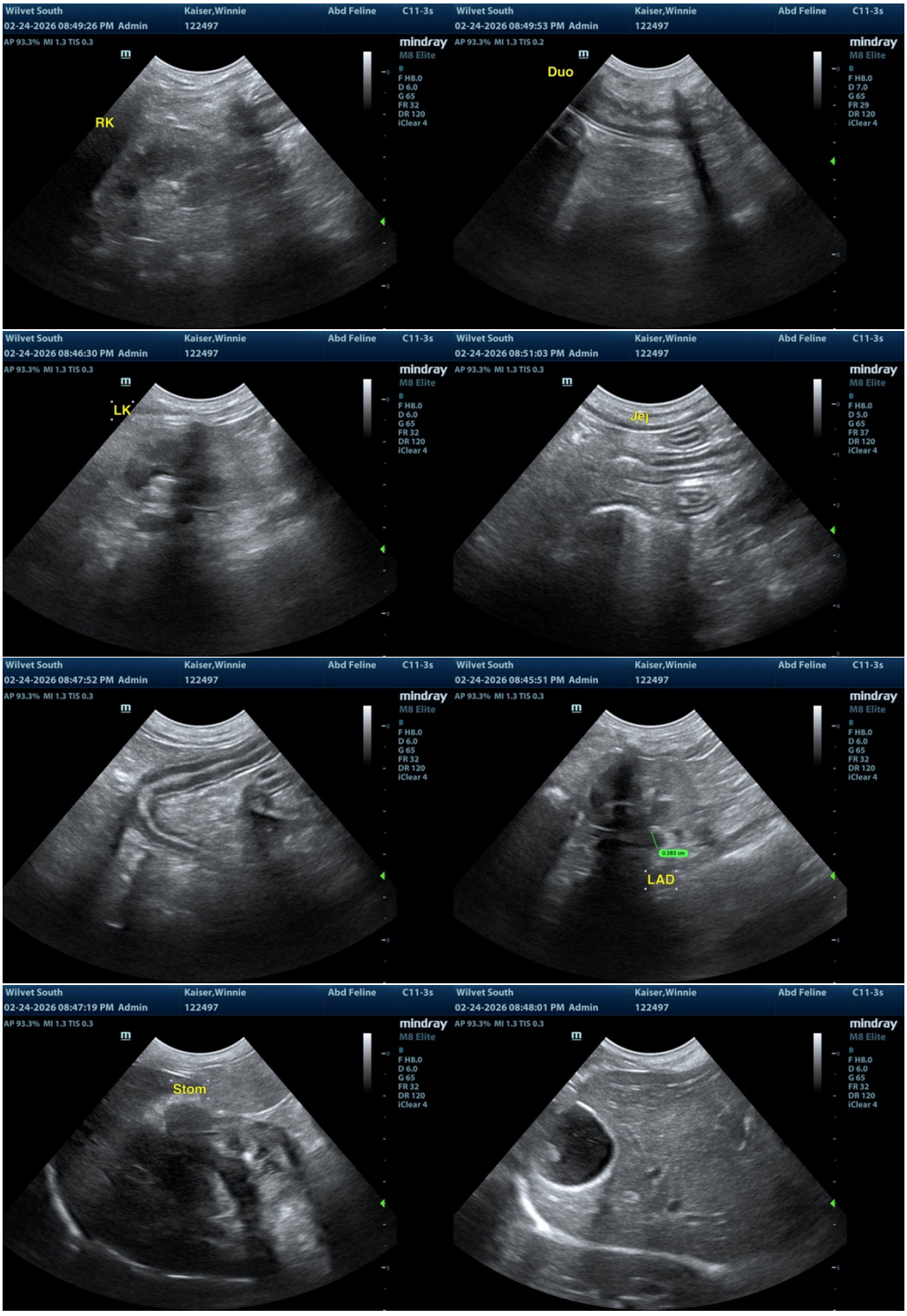

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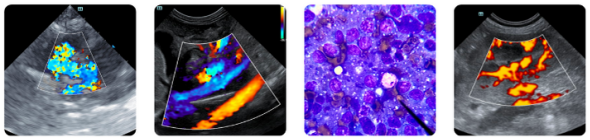

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com