

## PATIENT

Dixie Rabuck

## SPECIES

Canine

## BREED

Coonhound

## SEX

Spayed Female

## AGE

3 Years

## WEIGHT

14.3 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Lindsay Powell CVT

## HOSPITAL NAME

Hershey Animal  
Emergency Center

## REFERRING VET

Dr. Brittany Lang

## INVOICE

14306

## DATE

03/13/26

## PRESENTING CLINICAL SIGNS

- Dixie presented 3/13 2:30pm as a transfer for azotemia. She was seen by her rDVM earlier today for a 3-4 week history of progressively decreasing appetite, lethargy, polydipsia and weight loss. Bloodwork at the rDVM showed marked azotemia.

Abnormal PE/Chem/CBC/UA Results: 6-8% dehydrated Sinus tachycardia Grade I/VI focal left systolic heart murmur Bounding pulses rDVM 3/13: CBC - unremarkable (however no stress leukogram) Chemistry - SDMA 50, BUN 121, Creat 9.2, Phos 10.7, Amyl 1882 4Dx - negative cPL - abnormal HAEC 3/13: PCV/TS - 45% / 7.2 clear EPOC - BUN 109, Creat 8.75 Lepto witness - negative Baseline cortisol - 1.35 UA and culture pending

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Echogenic to particulate nondependent to hyperechoic minor 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.

Normal 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 nonhomogenous to increased cortex echogenicity. Moderate loss of corticomedullary border demarcation was also present. Mild subjective reduced medullary volume with no evidence of pyelectasia. The left kidney measured 4.5 cm in length. The right kidney measured 4.9 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 0.53 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 0.56 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. 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 thin walls and primarily anechoic luminal content. 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 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**

No overt lymphadenopathy or peritoneal effusion was present.

### **ULTRASONOGRAPHIC FINDINGS**

- Chronic nephropathy pattern.
- Normal bilateral adrenal glands.
- Normal gastrointestinal tract.
- Normal area of the pancreas.

### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The kidneys are consistent with chronic, potentially end-stage nephropathy as opposed to acute kidney injury. Considerations may include non-specific chronic nephritis, dysplasia, or combination given the age of the patient.

Correlation with pending urine culture and sensitivity +/- UPC level if evidence of non-inflammatory proteinuria for renal staging is recommended. Although sonographically unremarkable adrenal glands, full ACTH stimulation test is suggested given cortisol level less than 2.0. Hospitalization with renal and gastrointestinal support with monitoring of renal parameters for further prognosis and pending additional diagnostics is recommended. Guarded prognosis indicated given renal appearance and degree of azotemia. Correlation with urine specific gravity is recommended.



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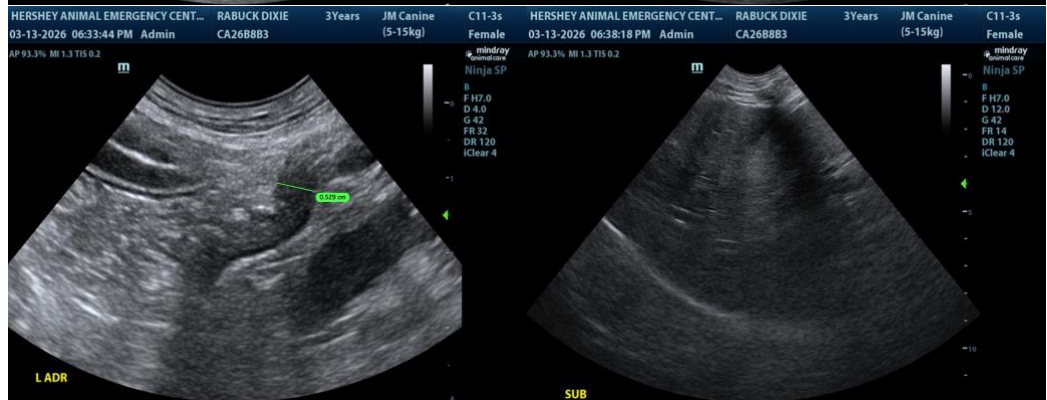
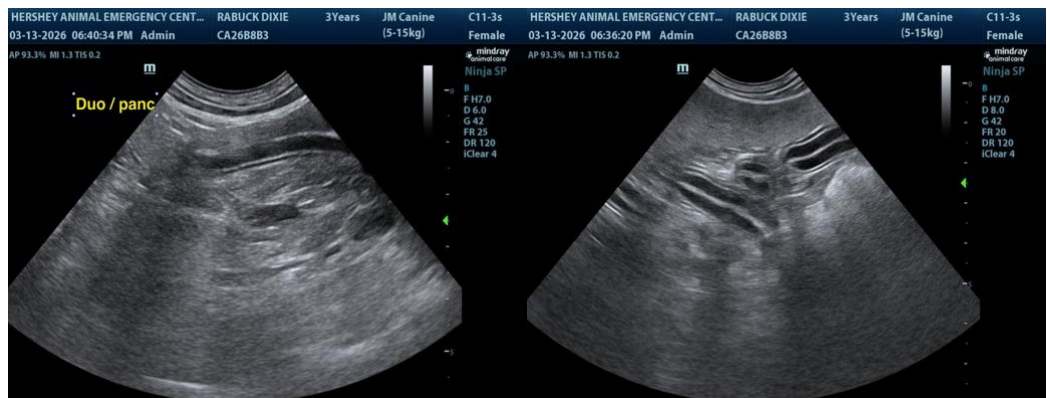
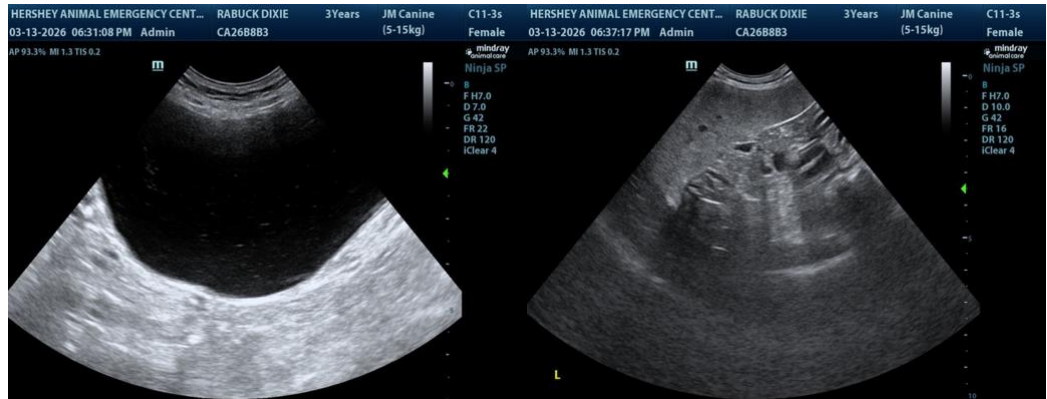
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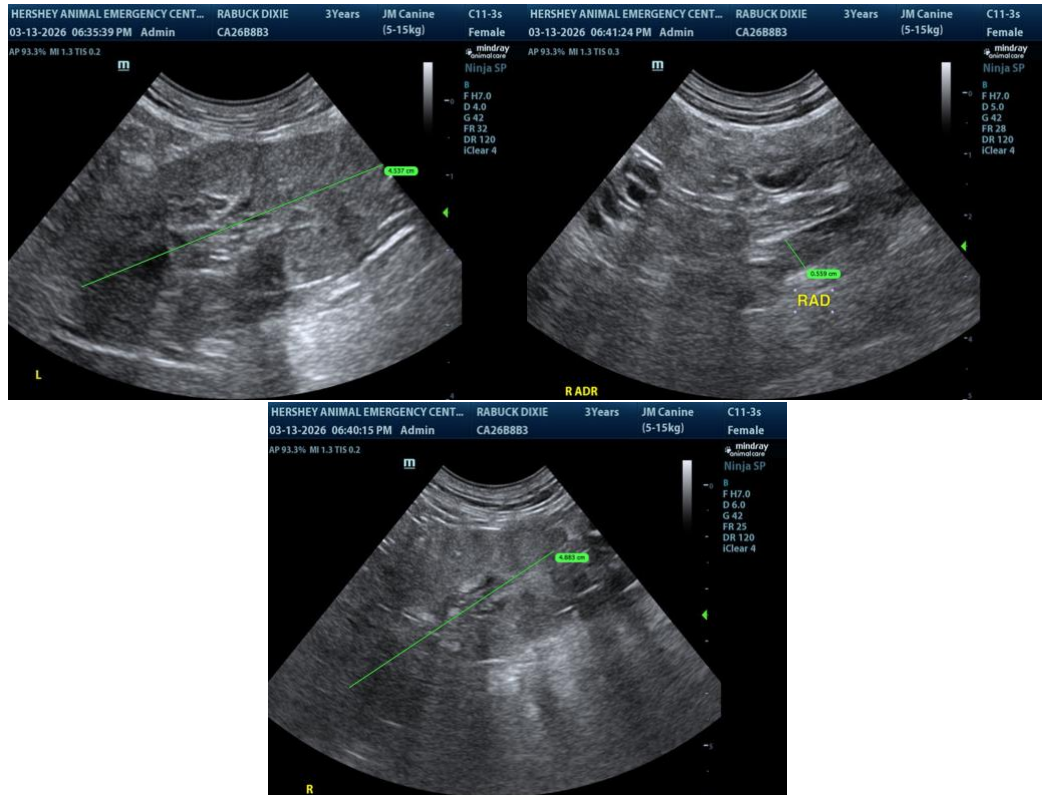
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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