



## PATIENT

Gracie Eaquinto

## SPECIES

Canine

## BREED

Golden Retriever

## SEX

Female Spayed

## AGE

6y

## WEIGHT

26.9 kgs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Harmon

## HOSPITAL NAME

Wilvet Salem

## REFERRING VET

Dr. Harmon

## INVOICE

13285

## DATE

3/18/26

## PRESENTING CLINICAL SIGNS

History:

- For the past couple months has had a decreased appetite, drinking normal. Doesn't really want to eat hard things, slow to eat. Is concerned about weight loss. Last three days has been acting lethargic. Did vomit once last night. Has had some discharge from eyes the past couple days. Couldn't have got into anything. S/C/D-no.

Abnormal PE/Chem/CBC/UA Results: CBC: HCT 23.6 (L), wbc 5.37, neut 4.05, ly,ph 1.04 (L), PLT 202  
Chem17: Creat >13.6 (H), BUN >130 (H), Phosphorus >16.1 (H), Calcium 12.3 (H), Amylase 1594 (H)  
PCV/TS: 26/7.2 ePOC: pH 7.262 (L), Potassium 5.1 (H), BUN >120 (H), Creat >15.0 (H), HCT 21 (L)  
ProBNP: Below 500pmol/l (Normal) Slide Agglutination: Negative for agglutination UA: USG 1.010, pH 5.0, protein 30, negative for glucose, ketones, bili. bld/hemo 25, WBC <1/hpf, RBC <1/hpf, no bacteria detected, NSEC <1/hpf, no casts or crystals detected.

## 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. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

The left and right kidneys were subnormal ion size with asymmetrical margination. Irregular hyperechoic cortex with marked loss corticomedullary volume, reduced medullary volume and areas of dystrophic mineral. Mild pyelectasia and cortical infarcts present. The left kidney measured 4.8 cm in length. The right kidney measured 5.1 cm in length.

### Adrenal Glands

The left adrenal gland was indistinctly visualized with no obvious pathology and subjectively measuring 0.44 cm width at the caudal pole. The right adrenal gland was not definitively visualized. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma.

### 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 thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.



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**Gastrointestinal**

The stomach presented mild thickened wall. Intact wall layering was maintained and distinct. The stomach contained a mild amount of retained fluid with no evidence of obstruction to pyloric outflow.

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**

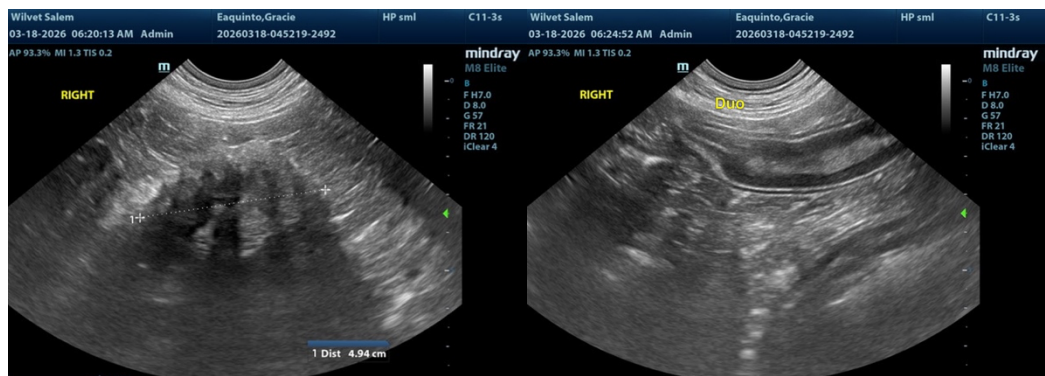
No overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

- Bilateral severe to potential end-stage chronic nephropathy
- Mild hypomotile gastritis, sonographically normal empty small intestine

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Given young age of the patient, bilateral renal dysplasia is suspected, although significant chronic nonspecific nephritis possible. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. End-stage chronic renal failure is suspected. Diuresis protocol with monitoring of renal parameters, urine output and body weight with concurrent gastrointestinal support is recommended. Extremely guarded short-term to unfavorable long-term prognosis probable.





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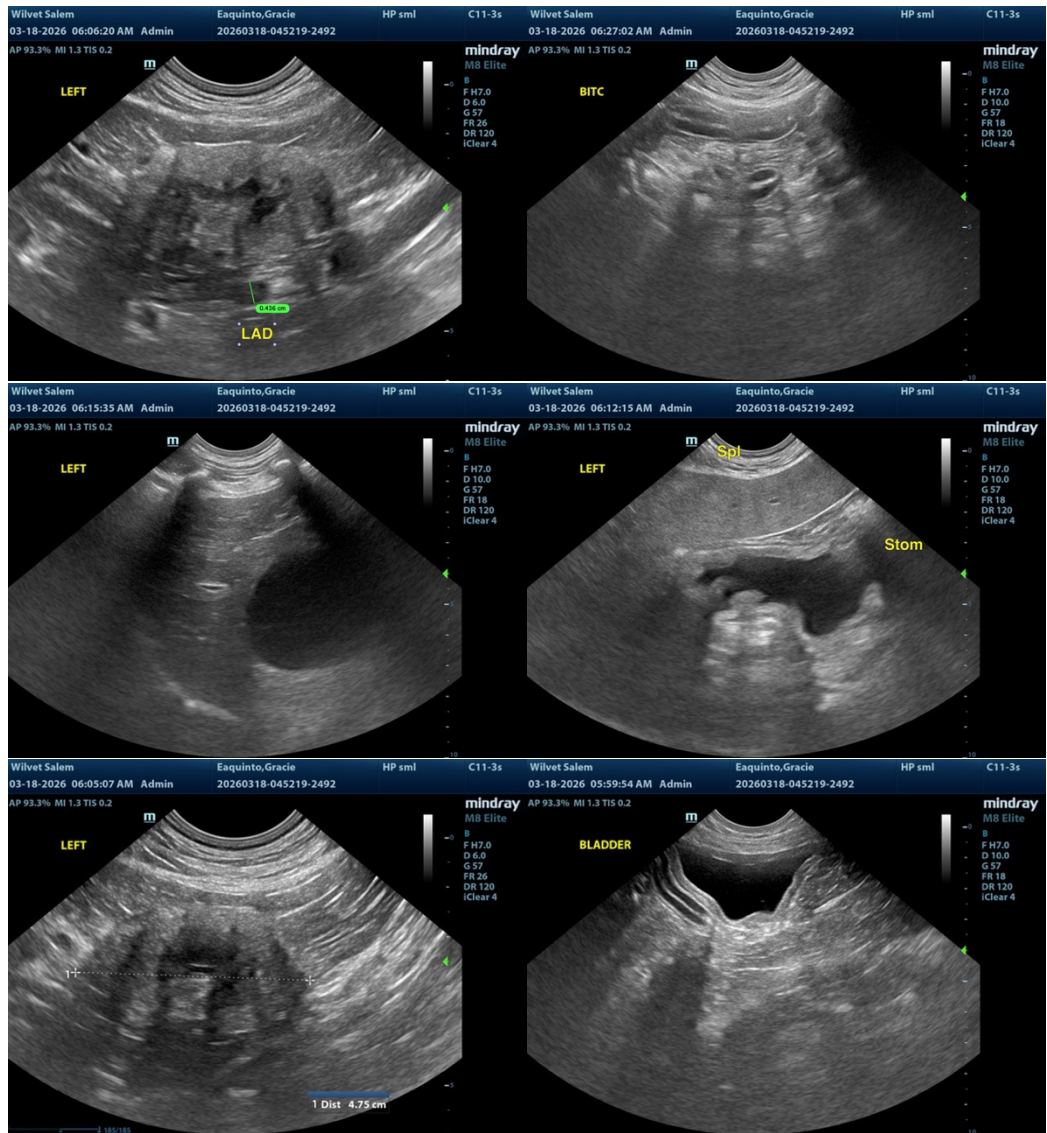
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)