PATIENT

Luna DaSilva

SPECIES

Canine

BREED

Mix

SEX

Spayed Female

AGE

10 Years

WEIGHT

59.4 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

All Creatures Great & Small Fairfield

REFERRING VET

Dr. Perez

INVOICE

14475

DATE

03/20/26

PRESENTING CLINICAL SIGNS

- loss of appetite
- weight miss
- meds: Proin, had Gab and Traz 300 mg this AM

Abnormal PE/Chem/CBC/UA Results: Azotemia, Lepto positive

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. Mild asymmetrical apical luminal surface to mild micropolypoid changes were present likely associated with age related mural changes. Anechoic urine was present in the lumen with no uroliths. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted. Minor particulate nondependent urine sediment was present.

The area of the aortic trifurcation was free of pathology.

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. Mildly thickened nonhomogenous hyperechoic cortex with mild indistinct corticomedullary border demarcation was also present. Adequate medullary volume with no evidence of pyelectasia. The left kidney measured 5.7 cm in length. The right kidney measured 6.0 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 0.54 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 0.51 cm width at the caudal pole.

Spleen

The spleen revealed subjective mild generalized enlargement with symmetrical contour and subtle to minor heterogeneous parenchyma. No mass or nodules were evident. Normal splenic vascularity was 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.

The gallbladder was non distended in size with mild to moderate gravity dependent to nondependent nonorganized debris. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic, mild nonshadowing ingesta without signs of 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. Segmental mild nonshadowing intestinal ingesta was present.

Normal visible colon wall layers were present with subjective soft fecal matter.

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

- Mild micropolypoid urinary bladder changes with minor urine sediment.
- Nonspecific chronic renal changes.
- Mildly enlarged to subtle mild nonhomogenous spleen- sedation if clinically indicated, hyperplasia, hematopoiesis, incidental splenitis, early infiltrative splenic neoplasia are all potentials.
- Mild nonorganized gallbladder debris.
- Normal gastrointestinal tract with nonshadowing gastrointestinal ingesta and soft fecal matter in colon- ingesta most consistent with food echogenicity.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Correlation with urinalysis including screening culture sensitivity or UPC level if non-inflammatory proteinuria is recommended. Coverage for leptospirosis is recommended if positive Lepto test is considered clinically significant.

Some degree of mild non-obstructive metabolic gastrointestinal ileus may be possible if documented fasted. No evidence of mechanical gastrointestinal obstruction or overt mural pathology. A GI panel to include PLI, TLI, cobalamin and folate and screening three view chest radiographs to assess for non-structural intestinal disease or occult pathology as a contributing factor to the patient's clinical signs and weight loss is warranted.

Renal and gastrointestinal support with clinical monitoring and sonographic reassessment if evidence of progressive azotemia, gastrointestinal signs or weight loss is recommended. Although considered unlikely given normal adrenal presentation, screening cortisol level is suggested.

New Jersey Mobile
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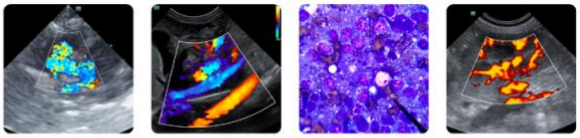

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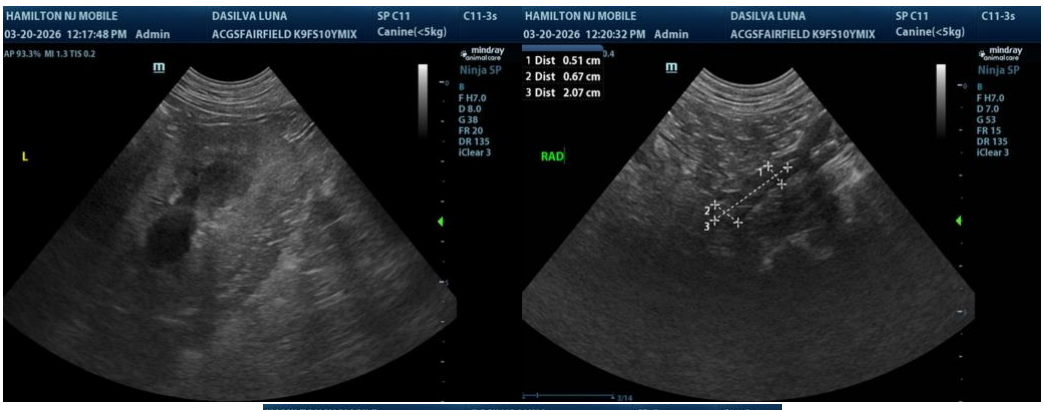

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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