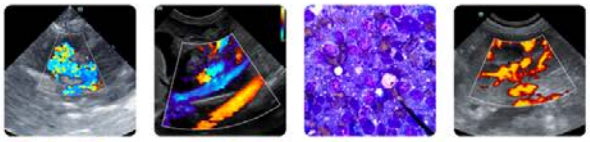

PATIENT

Ted Clune

SPECIES

Canine

BREED

Chihuahua x

SEX

Neutered Male

AGE

4 Years 7 Months

WEIGHT

10.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Chloe Lowe, CVT

HOSPITAL NAME

Newton Veterinary Hospital

REFERRING VET

Dr. Chabora

INVOICE

73930

DATE

3/23/26

PRESENTING CLINICAL SIGNS

Azotemia. Poor appetite. Possible weight loss. Unasyn, IV fluids, entyce

Abnormal PE/Chem/CBC/UA Results: 3/20 BUN 49.2, Cr 2.3, Ca 13.1, glob 5.5, cortisol 9.4, lepto PCR Negative, CPL normal 3/21 BUN 19, Cr 1.94 3/22 BUN 22, Cr 2.01 Urine culture negative USG 1.024

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 area of the residual prostate appeared normal and free of pathology.

The area of the aortic trifurcation was free of pathology.

The kidneys presented adequate size and margination with 1:3 cortex to medulla ratio. Indistinct corticomedullary border demarcation noted with pinpoint focal areas of medullary mineral. Mild left kidney pyelectasia present. Left kidney measured 3.3 cm. Right kidney measured 3.1 cm.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. Right adrenal gland measured 0.49 cm at the caudal pole. Right measured 0.39 cm 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

The liver is subjectively mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with 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. Segmental non-specific mucosal speckling noted in the jejunum. Empty intestinal lumen without mechanical/metabolic ileus to the level of the colon.

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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

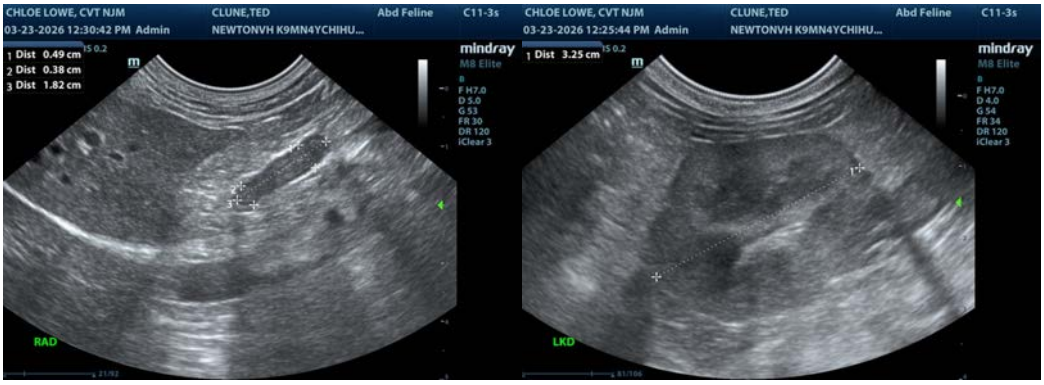
- Bilateral nephropathy exhibiting mild medullary mineral and left kidney pyelectasia.
- Normal adrenal glands.
- Mild non-congested hepatomegaly, subjectively benign.
- Structurally unremarkable empty gastrointestinal tract with non-specific jejunal mucosal speckling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given young age of the patient, bilateral non-specific nephritis with potential evidence of inflammation given pinpoint medullary mineral, or mild renal dysplasia may be possible. Subjectively, the kidneys did not appear to be end stage, indicating potential for non-specific renal insult, with negative urine culture and sensitivity. Baseline UPC level (if evidence of non-inflammatory or proteinuria) for renal staging is suggested.

The jejunal mucosal speckling is non-specific yet may be associated with non-specific enteritis. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

Hospitalization with renal and gastrointestinal support with clinical and renal parameter monitoring for further assessment is recommended. Recheck sonogram indicated if progressive azotemia, gastrointestinal signs or weight loss.



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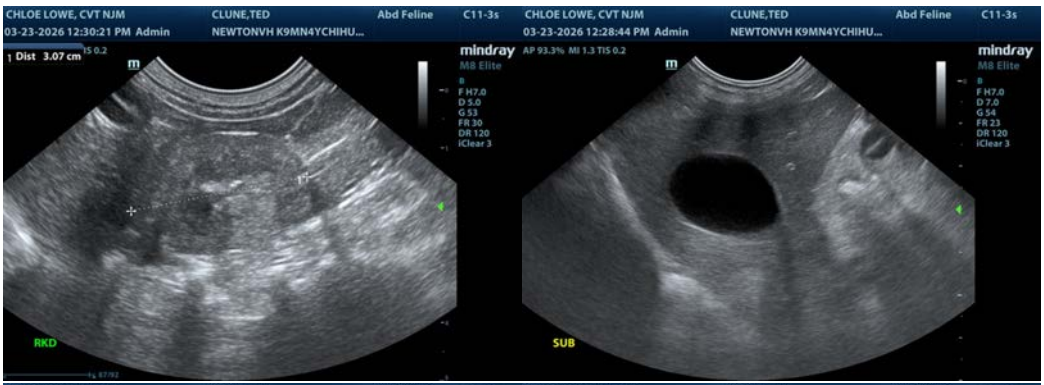

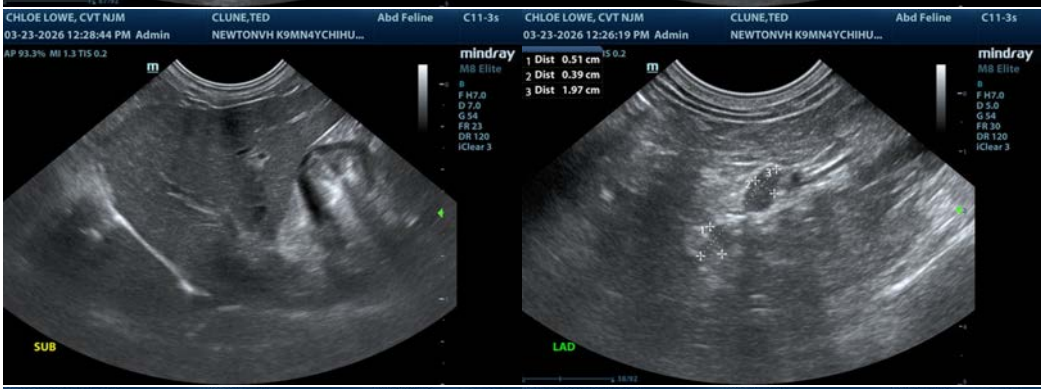

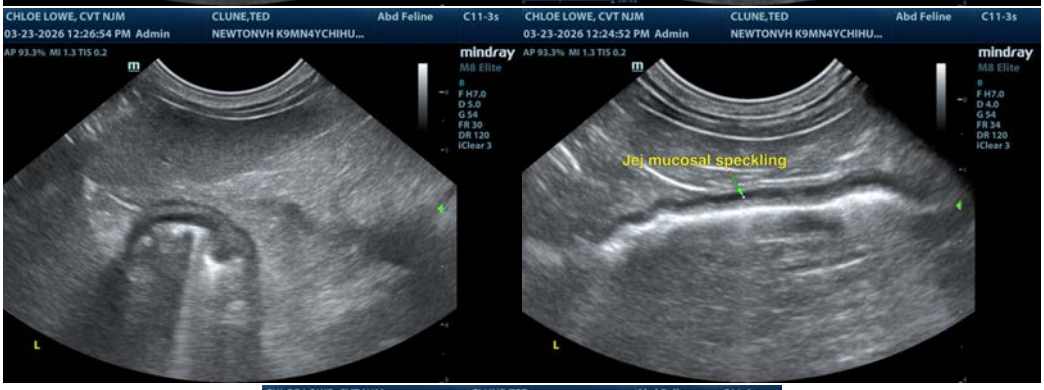

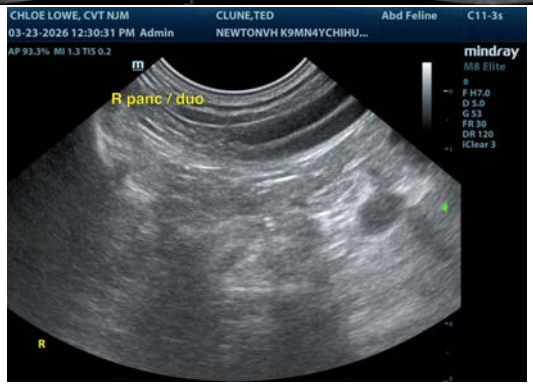

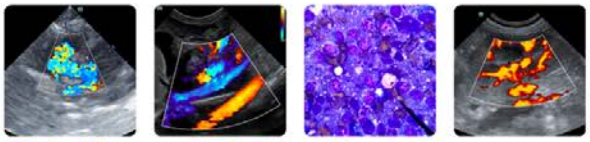

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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