

PATIENT

Lucy Chinchilla

SPECIES

Canine

BREED

Golden Retriever

SEX

Female

AGE

4

WEIGHT

40

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Maniar

INVOICE

13317

DATE

3/25/26

PRESENTING CLINICAL SIGNS

History:

- Re check bladder, ureters kidneys Dog doing well at home Prev u/s 2/4 2/6 2/9 and 2/12

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder presented normal to mildly distended in size with normal tone primarily visualized the apical urinary bladder. Echogenic, fluid filled to soft tissue structure area of the ureteral papilla measuring ~3.0 cm x 1.2 cm. The luminal margin of the thickened urinary bladder wall was mildly asymmetrical in contour. Urinary bladder wall thickness measured 3.0 cm. Mineralization or echogenic foci within the thickened areas of urinary bladder wall was not present. The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal tone. Anechoic urine was present in the lumen with no uroliths, calculi or sediment. The ureteral papillae were normal. The ureters were not visible which is normal.

The left kidney exhibited asymmetrical margination with subjective marked to irregular cortical hypertrophy. Severe reduced medullary volume with marked loss corticomedullary border demarcation. No obvious evidence of pyelectasia present. The left kidney measured ~4.8 cm in length. The right kidney was not definitively visualized.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.71 cm width at the caudal pole. The right adrenal gland was indistinctly visualized with no obvious pathology subjectively measuring 0.54 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.

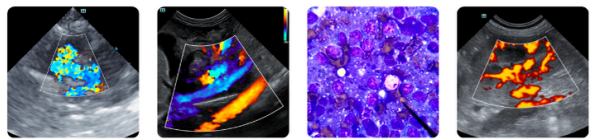
Liver

The liver was subjectively normal in size, structure, and contour with normal vascular volume. 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.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild, echogenic, non-shadowing ingesta consistent with food echogenicity.

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.



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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

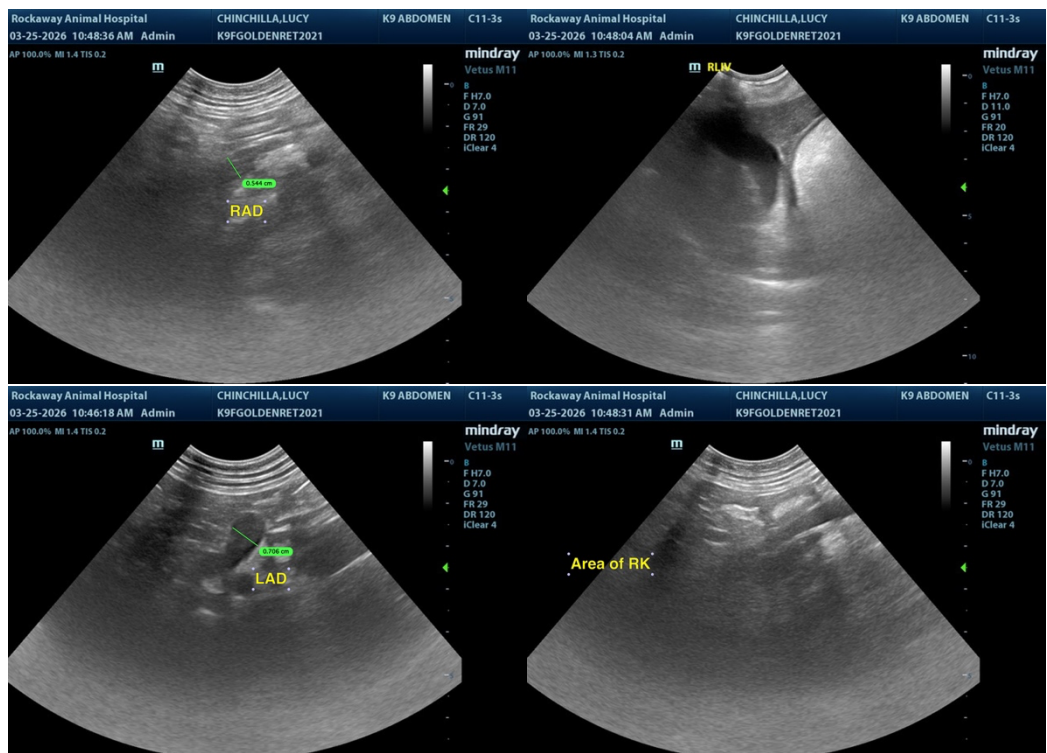
No overt lymphadenopathy or peritoneal effusion was present.

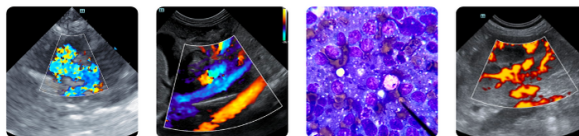
ULTRASONOGRAPHIC FINDINGS

- Severe left kidney dysplasia with non-visualized right kidney – consistent with significant right kidney hypoplasia or aplasia
- Echogenic fluid filled vs soft tissue structure area of the ureteral papilla with mild apical cystitis pattern

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Similar presentation compared to the previous study exhibiting severe renal pathology and suspect ureterocele, soft tissue mass-like structure in the area of the ureteral papilla not definitively excluded. Pending monitoring of renal function and parameters or if considered stable for anesthesia, CT or cystoscopy for further clarification may be considered. Continued renal support and clinical monitoring would be more conservative.





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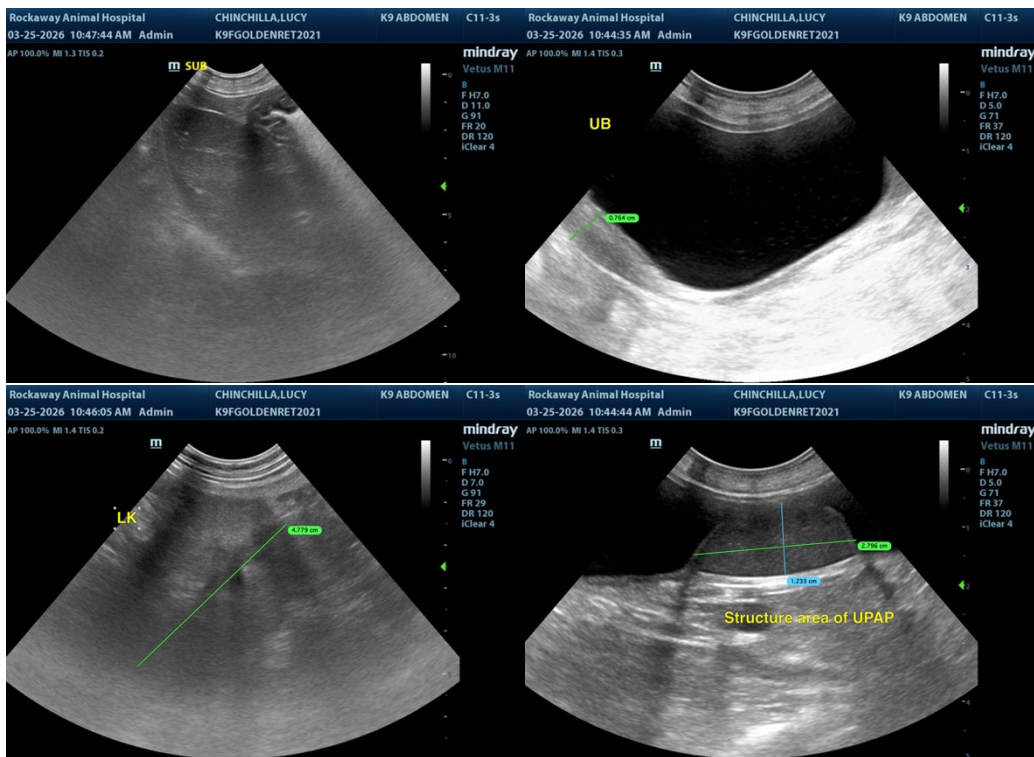
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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