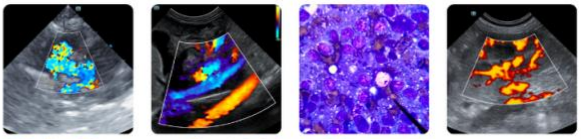

PATIENT

Addie Feeney

SPECIES

Canine

BREED

Sheltie

SEX

Spayed Female

AGE

13 Years

WEIGHT

7.2 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. Cara Sinopoli

INVOICE

14678

DATE

03/27/26

PRESENTING CLINICAL SIGNS

- Weight loss, decreased appetite and vomiting. Transfer from rDVM for azotemia, hyperphosphatemia, mild nonregenerative anemia. Hx KCS

Abnormal PE/Chem/CBC/UA Results: muscle wasting hindend, dehydrated 6-8% rDVM: CBC: HCT 34.8% L nonregenerative, PLT 719K H Chem: creat. 3.2 H, BUN 130 H, P 16 H, ALP 464 H HAEC: PCV/TS: 34%/7.8 EPOC: HCT 33% L, creat. 3.14 H, BUN >120 H, Cl 130 H, BE -19.9 L, pH 7.104 L, TCO2 9.6 L, bicarb 9.7 L Urinalysis: USG 1.014, protein 30 H, suspected cocci

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Echogenic to particulate nondependent mild 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 size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary border demarcation. Mild pyelectasia was present bilaterally. The left kidney measured 4.8 cm in length. The right kidney measured 4.4 cm in length.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.54 cm width in the caudal pole. The right adrenal gland measured 0.58 cm width in the caudal pole.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. A perihilar hyperechoic small noncapsule deforming nodule was present. 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 or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

Liver & Gallbladder

The liver revealed generalized hepatomegaly with areas of mild asymmetrical hepatic capsule contour. Moderate remodeled non-homogenous to mild increased hepatic parenchyma exhibiting variable coarse echotexture and normal vascular volume.

The gallbladder was non distended in size with significant congealed yet nonorganized debris occupying a majority of the gallbladder lumen. The common bile duct was not visualized. No evidence of pericholecystic inflammation.

Gastrointestinal

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The stomach presented intact mildly thickened wall with empty lumen.

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.

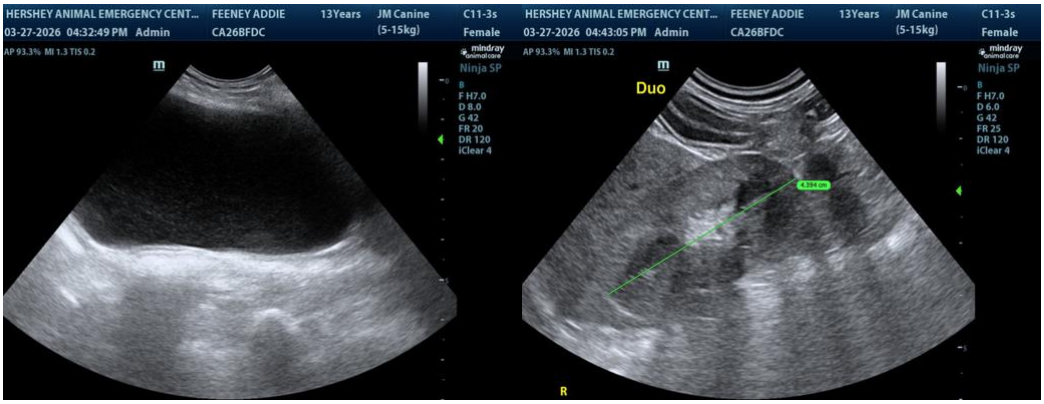
ULTRASONOGRAPHIC FINDINGS

- Bilateral nonspecific mild chronic renal changes exhibiting bilateral mild pyelectasia.
- Enlarged nonhomogenous noncongested liver.
- Significant congealed yet nonorganized gallbladder debris- not consistent with mature mucocele criteria.
- Mildly thickened empty stomach, sonographically normal small intestine.
- Benign splenic nodule- most consistent with probable myelolipoma.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The kidneys exhibited mild chronic renal changes yet sonographically did not overtly appear to be end stage indicating potential for acute on chronic renal insult. The pyelectasia may be owing to chronic renal changes, pelvic scarring, IV fluid therapy, while potential for infection is not definitively excluded.

Correlation with urine culture and sensitivity is recommended. Leptospirosis titers, and if no inflammatory proteinuria, UPC level, if clinically indicated, is recommended. A GI panel to include PLI, TLI, cobalamin and folate and assuming normal clotting status, hepatic FNA cytology to assess for occult disease as a contributing factor to the weight loss may be considered. Empirical therapy for CKD with potential for acute on chronic renal insult with gastrointestinal support and clinical monitoring is recommended. Guarded prognosis.



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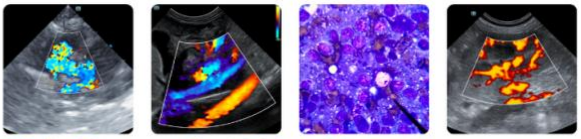

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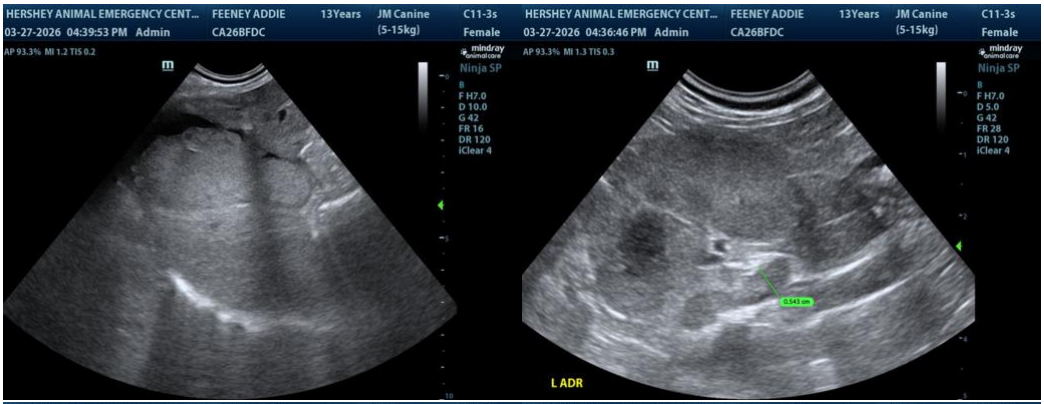

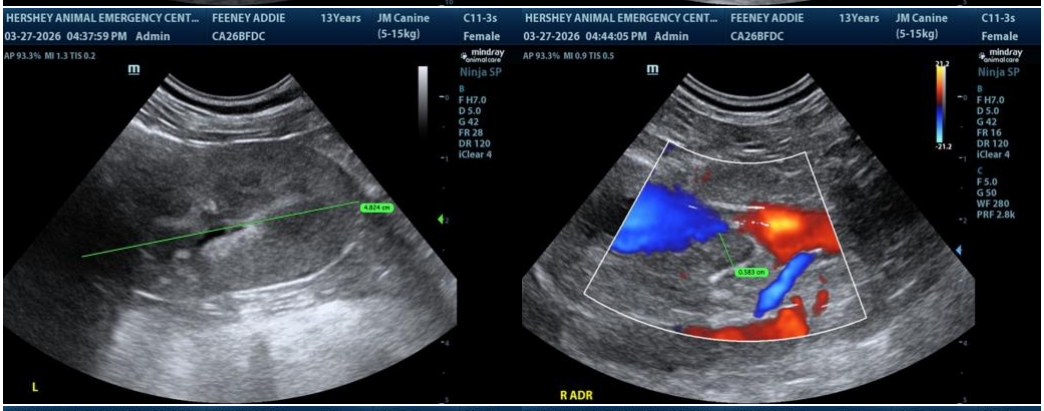

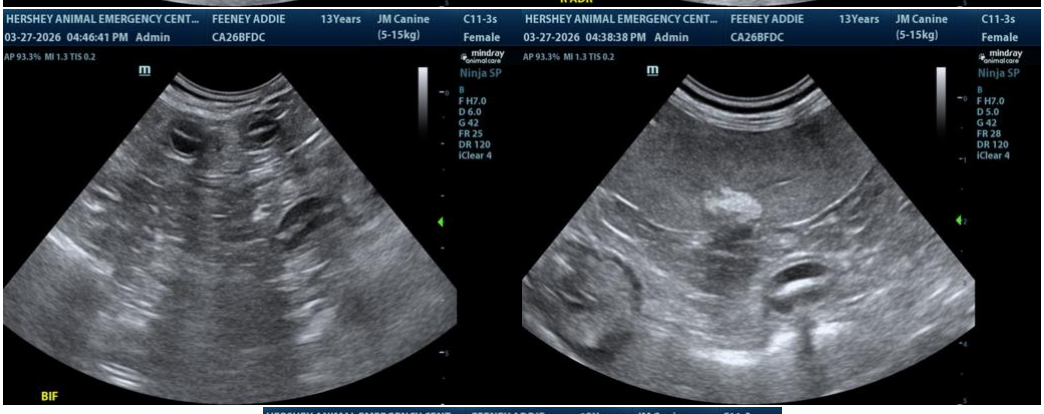

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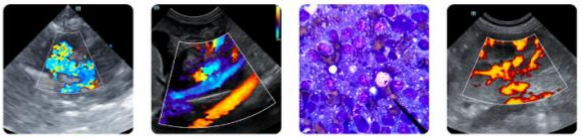

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@SonoPath.com