

**PATIENT**

Mac Avallone

SPECIES

Canine

BREED

West Highland White

SEX

MN

AGE

13.5yr

WEIGHT

6.12kg

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)**IMAGING
PERFORMED BY**

Melissa Randolph

HOSPITAL NAMEShores Veterinary
Emergency Center**REFERRING VET**

Logan Law

**INVOICE
24104****DATE**
03/04/2026**PRESENTING CLINICAL SIGNS**

P has a history of polycystic kidney disease and has been maintained on Hill's kidney diet. He had been doing well with kidney values staying lower than previously. Last normal meal was Sunday night. Monday morning he did not touch breakfast, ate approximately half his food at lunch, and refused dinner. Monday night/early Tuesday morning he vomited the undigested food from lunch. Since then he has had intermittent bilious vomiting and shows food aversion, backing away when food is presented. Blood work was performed at another clinic (Rossmoyne) showing concerning values. admitted for supportive care.

concern for acute on chronic kidney disease, polycystic kidney disease, neoplasia, other

Abnormal PE/Chem/CBC/UA Results: PE: pain on abdominal palpation; BCS 3/9; generalized muscle weakness and wasting Rossmoyne ER: BUN >140 H, BUN 246.7 H (diluted 5x), Creat 7.4 H, ALP 245 H, Tbili 1.2 H, Ca 12.4 H (corrected Ca 13.2 H); PCV 25% TS 8.2 Shores epoc: pCO2 28.1 L, bicarb 10.3 L, tco2 10.0 L, pH 7.170 L, BE,ECF -18.3 L, Na 137 L, BUN > 120 H, Creatinine 9.15 Hct 20% L urinalysis: pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

The left kidney was enlarged in size, exhibiting intact capsule and was fluid filled without evidence of discernible corticomedullary parenchyma measuring ~ 10 cm in diameter. The right kidney was enlarged in size with asymmetrical margination and loss of corticomedullary architecture with large renal cysts containing primarily anechoic to mildly echogenic fluid and moderate pyelectasia. The right kidney measured 7.6 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

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/Gallbladder



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The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and mild non-organized debris. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented mild thickened wall. Intact wall layering was maintained and distinct. The stomach contained a mild amount of anechoic fluid.

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 mechanical/metabolic ileus, obstruction or foreign material.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Left kidney severe hydronephrosis with no discernible corticomedullary parenchyma.
- Enlarged polycystic right kidney with moderate pyelectasia and indistinct corticomedullary architecture.
- Mild hypomotile gastritis / uremic gastritis pattern, empty normal small intestine.
- Hepatic parenchymal remodeling with mild gallbladder debris (non-mucocele) consistent with mild benign hepatopathy criteria.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Unfortunately, progressive to end stage renal disease is present in this patient. The prognosis is poor.



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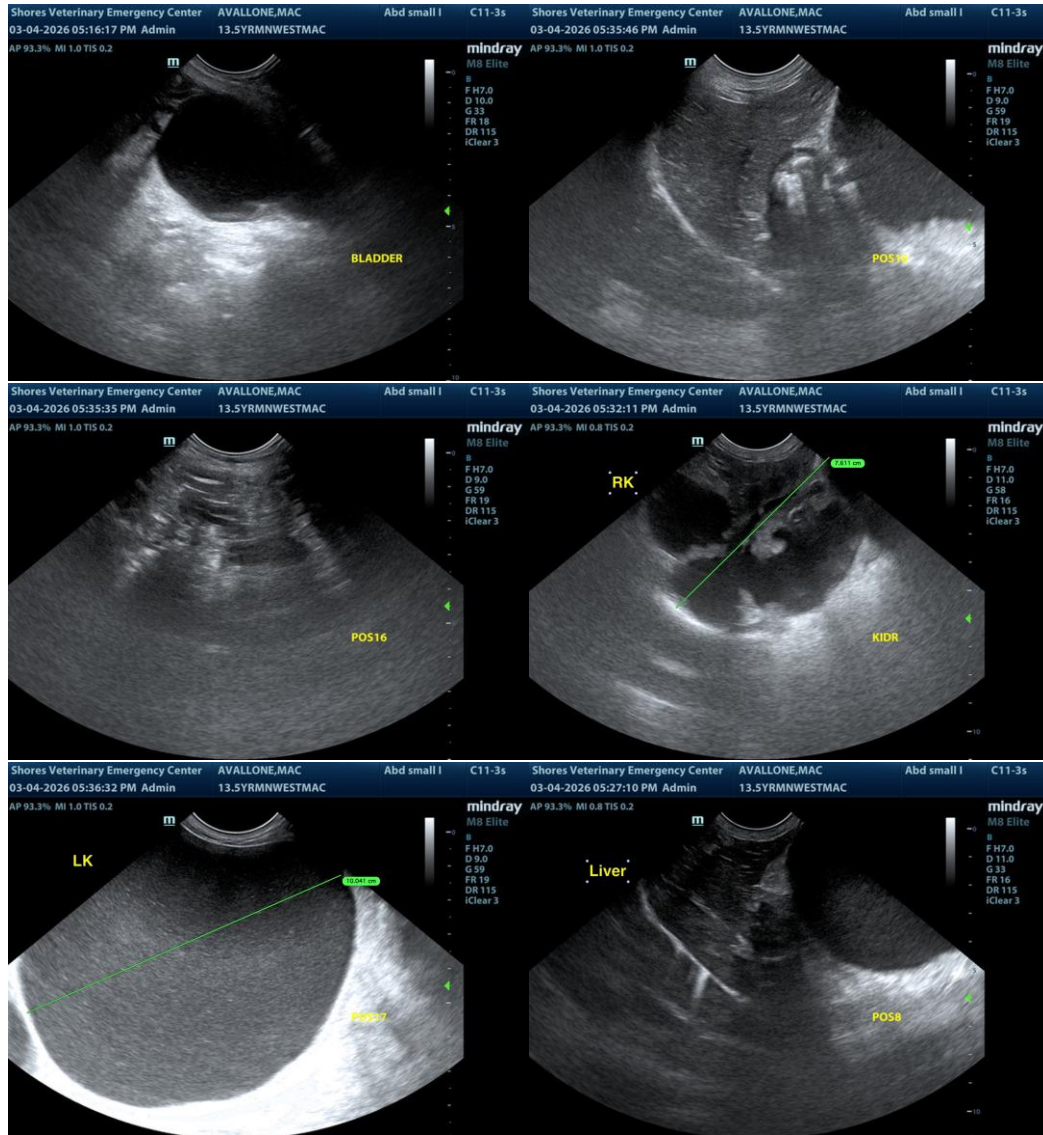
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@sonopath.com