



PATIENT

Jaspar Rashid

SPECIES

Canine

BREED

Portuguese Water Dog

SEX

Neutered Male

AGE

9 Years

WEIGHT

12.2 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Natalia Franco

HOSPITAL NAME

Eagleson Veterinary
Clinic

REFERRING VET

Dr. Mohamed Zaid

INVOICE

74601

DATE

4/20/26

PRESENTING CLINICAL SIGNS

Patient lethargic, not doing well, decreased appetite.

Abnormal PE/Chem/CBC/UA Results: Azotemia: elevated CREA; low Na;USG low (1.012) and bacteria suspected on machine (no elevated RBC and WBC). Panc Lipase 795 (0-200)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder appeared empty to contracted in appearance with catheter present. Lack of urine distention prohibited full evaluation of the urinary bladder wall. No obvious pathology in the area of the residual prostate.

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. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. Areas of medullary mineral to small renoliths noted. Right kidney measured 6.1 cm. Left kidney measured 5.8 cm.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. Left measures 0.76 cm at the caudal pole. Right measures 0.83 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 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, hyperechoic non-shadowing, non-organized debris. The cystic duct and common bile ducts were normal without evidence of dilation.

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. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

Normal visible colon wall layers were present. Segmental semi-formed fecal matter and luminal gas noted in the colon.



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Pancreas

The area of the pancreas appeared normal.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Bilateral non-specific nephropathy exhibiting mild medullary mineral/small renoliths.
- Empty urinary bladder with urinary catheter.
- Sonographically unremarkable gastrointestinal tract/areas of pancreas.
- Non-organized gallbladder debris (non-mucocele).

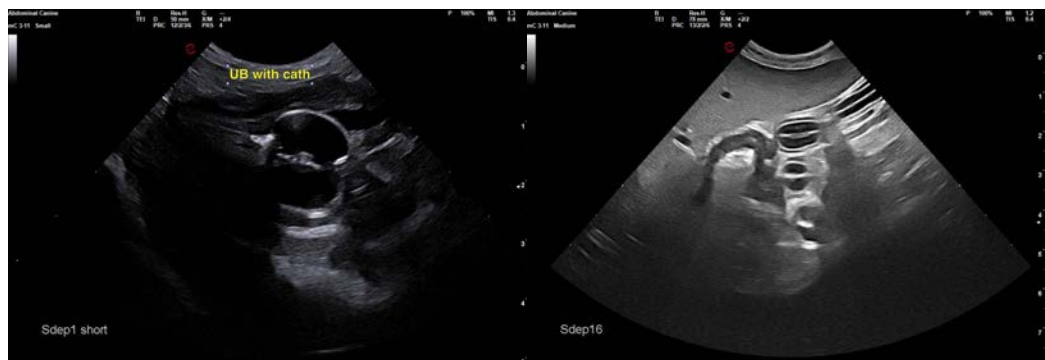
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sonographically, the kidneys exhibited chronic renal changes, although acute on chronic nephropathy or renal insult is possible, as the kidneys did not overtly appear to be end stage. Consideration for infectious disease or renal toxic insult indicated. Further assessment may include urine culture and sensitivity, and if clinically indicated Leptospirosis titers/PCR.

Some degree of non-sonographically evident or associated gastroenteritis, given azotemia, or potential mild pancreatitis, which may present sonographically normal, is possible.

Renal and gastrointestinal support with clinical monitoring is indicated. Recheck sonogram if progressive gastrointestinal signs or azotemia.

No evidence of neoplastic criteria.





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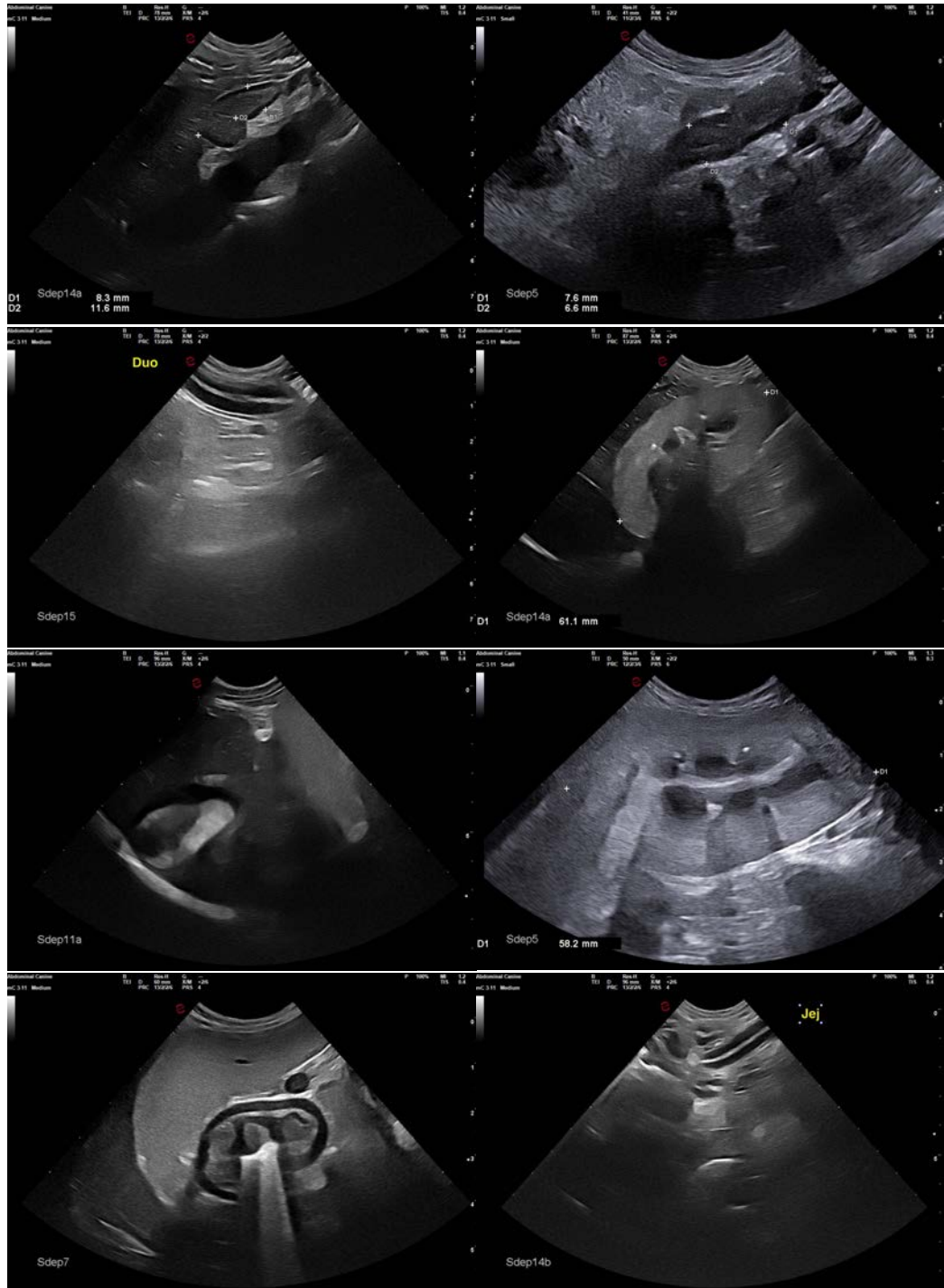
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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