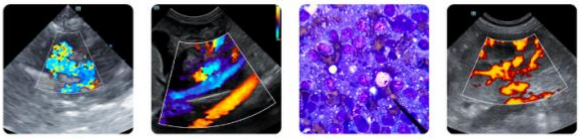


PATIENT

Mia Almanzar

SPECIES

Canine

BREED

Yorkie

SEX

Spayed Female

AGE

13 Years

WEIGHT

7.5 pounds

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

IMAGING PERFORMED BY

Dr. Nader Shafik

HOSPITAL NAME

Kew Gardens Animal Hospital

REFERRING VET

Dr. Nader Shafik

INVOICE

15367

DATE

04/22/26

PRESENTING CLINICAL SIGNS

early CKD

Abnormal PE/Chem/CBC/UA Results: Urine protein creatinine ratio high

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 change were noted.

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. Moderate to marked loss of corticomedullary border demarcation was also present with cortical cyst and medullary renoliths. Suspect cortical infarcts are present. The left kidney measured 3.5 cm in length. The right kidney measured 4.0 cm in length.

Adrenal Glands

The left adrenal gland was not definitively visualized.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.42 cm width at the caudal pole.

Spleen

The visualized spleen was sonographically normal.

Liver & Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mild / moderate nonuniform and hypoechoic to the spleen with a mild/ moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

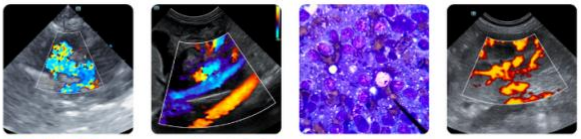
The gallbladder was non distended in size with moderate gravity dependent congealed focally mineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

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 with apparent formed feces in lumen.



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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

- Nonspecific chronic degenerative renal changes exhibiting medullary renoliths, cortical cyst and suspected cortical infarcts.
- Sonographically normal urinary bladder.
- Hepatic parenchymal remodeling- subjective benign.
- Nonorganized mildly mineralized gallbladder debris (non-mucocele).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

CKD protocol with concurrent therapy for protein-losing nephropathy if significant and persistent elevated UPC is recommended. Monitoring of systemic blood pressure is indicated. Correlation with hepatic enzyme assessment is recommended.

If evidence of hepatopathy or cholestasis, hepatosupportive medications may prove beneficial. Sonographic recheck or monitoring of the kidneys is indicated if progressive nephropathy or azotemia.

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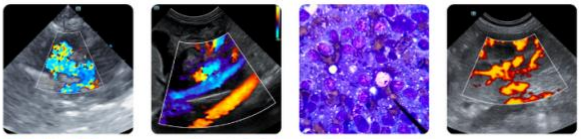

Clinical Sonography & Telecytology
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SonoPath.com info@sonopath.com 1.800.838.4268

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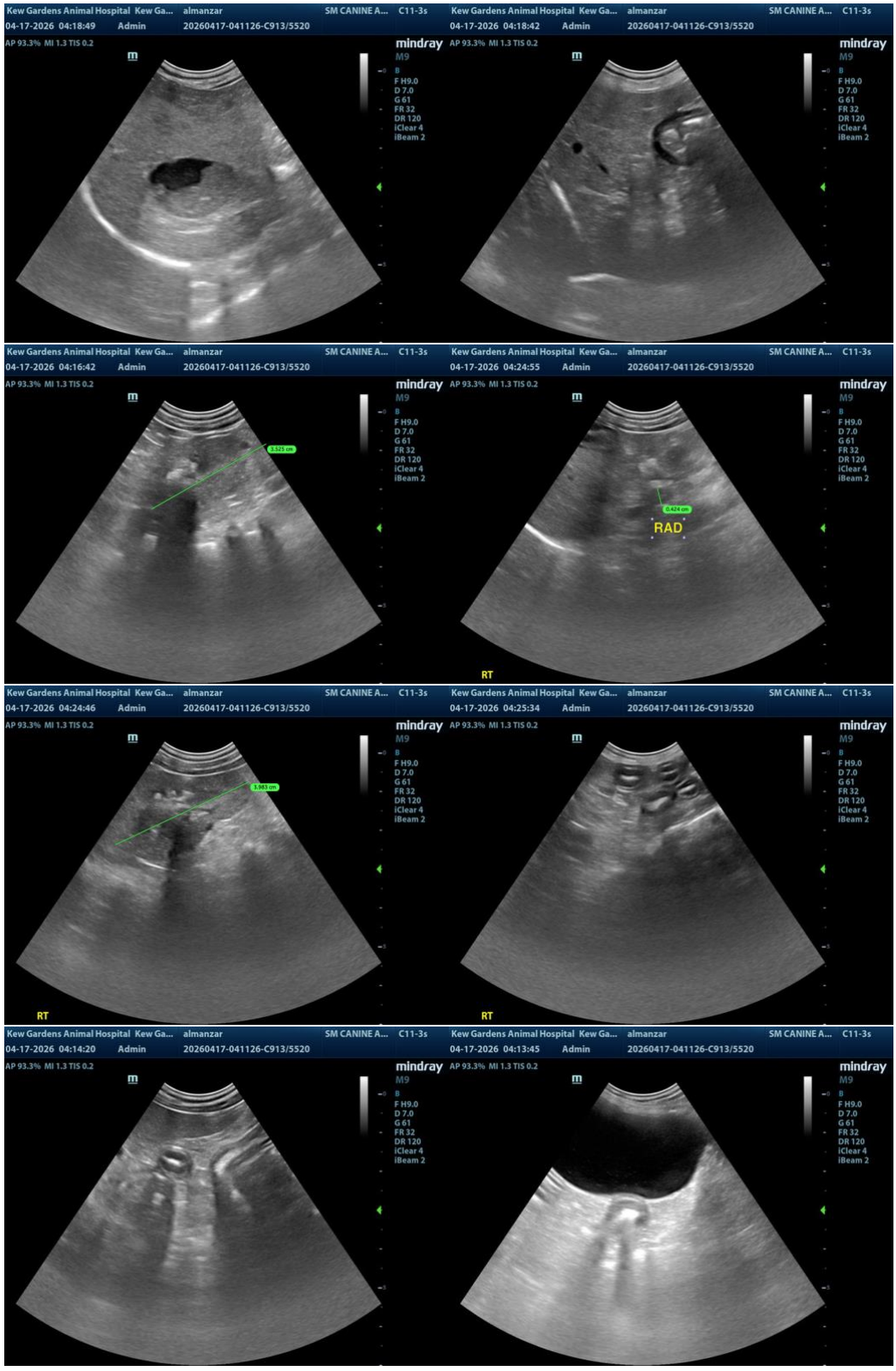

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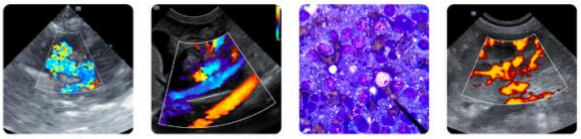

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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