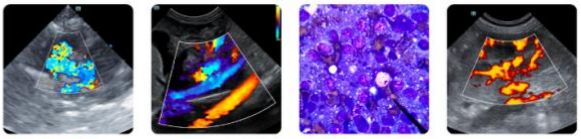

PATIENT

Al Leshkivich

SPECIES

Canine

BREED

Bloodhound

SEX

Male

AGE

10 Months

WEIGHT

18.9 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Patrick Hennigan DVM

HOSPITAL NAME

Mattydale Animal Hospital

REFERRING VET

Karen Leshkivich DVM

INVOICE

15531

DATE

04/28/26

PRESENTING CLINICAL SIGNS

P having multiple bloating episodes. Last episode was 4/25/26. p diagnosed with renal dysplasia 8/28/25. p is lethargic and losing weight. Previous ultrasound was performed by SonoPath on 8/28/25.

Abnormal PE/Chem/CBC/UA Results: Creatinine 2.2 (0.3-1.2)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was subnormal in size and nondistended with urine prohibiting full evaluation of the urinary bladder wall. The trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Minimal 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 prostate gland was sonographically normal for patient's age.

The area of the aortic trifurcation was free of pathology.

Mildly subnormal renal size with asymmetrical margination was present in both kidneys. Markedly thickened cortex exhibiting mild hyperechoic cortex echogenicity. Reduced medullary volume with marked loss of corticomedullary border demarcation and small renal cysts. The left kidney measured 5.6 cm in length. The right kidney measured 5.0 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

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

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 thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented mild to variably thickened wall. Intact wall layering was maintained and distinct. The stomach contained a mild amount of retained anechoic fluid. No evidence of obstruction to pyloric outflow.

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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. The duodenum wall measured 0.45 cm wall width. The jejunum wall measured 0.40 cm wall width.

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

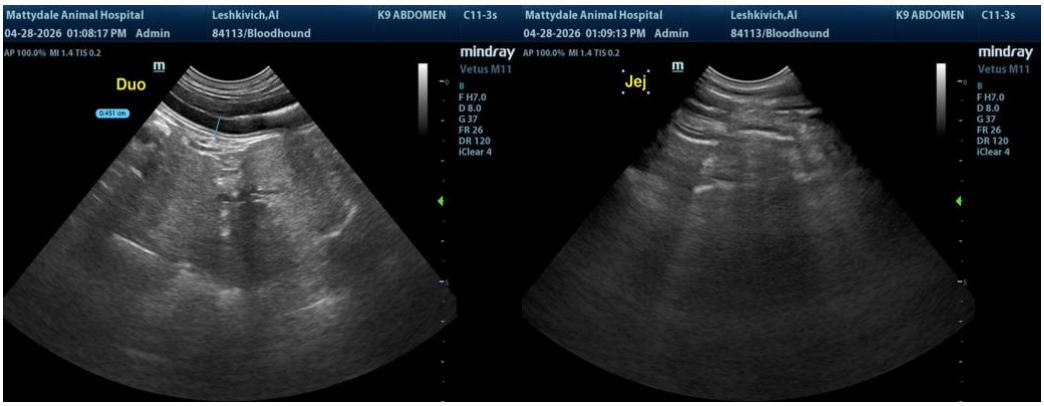
No visualized significant omental lymphadenopathy was present. Minor caudal abdomen effusion consistent with probable physiologic effusion given the patient's age and assuming normal albumin levels.

ULTRASONOGRAPHIC FINDINGS

- Previously noted renal dysplasia with small renal cysts.
- Hypomotile gastritis pattern, sonographically unremarkable empty small intestine.
- Normal area of the pancreas.
- Scant caudal abdomen peritoneal effusion.
- Nondistended urinary bladder.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of mechanical obstruction to pyloric or upper intestinal outflow. Smaller more frequent feedings of a canned renal or hydrolyzed diet and gastroprotectants if not currently instituted may prove beneficial. A GI panel to include PLi, TLI, cobalamin and folate and screening cortisol level to assess for occult disease as a contributing factor to the gastrointestinal signs and weight loss is recommended. Continued renal support with sonographic reassessment if progressive azotemia or recurrent bloating episodes is recommended.



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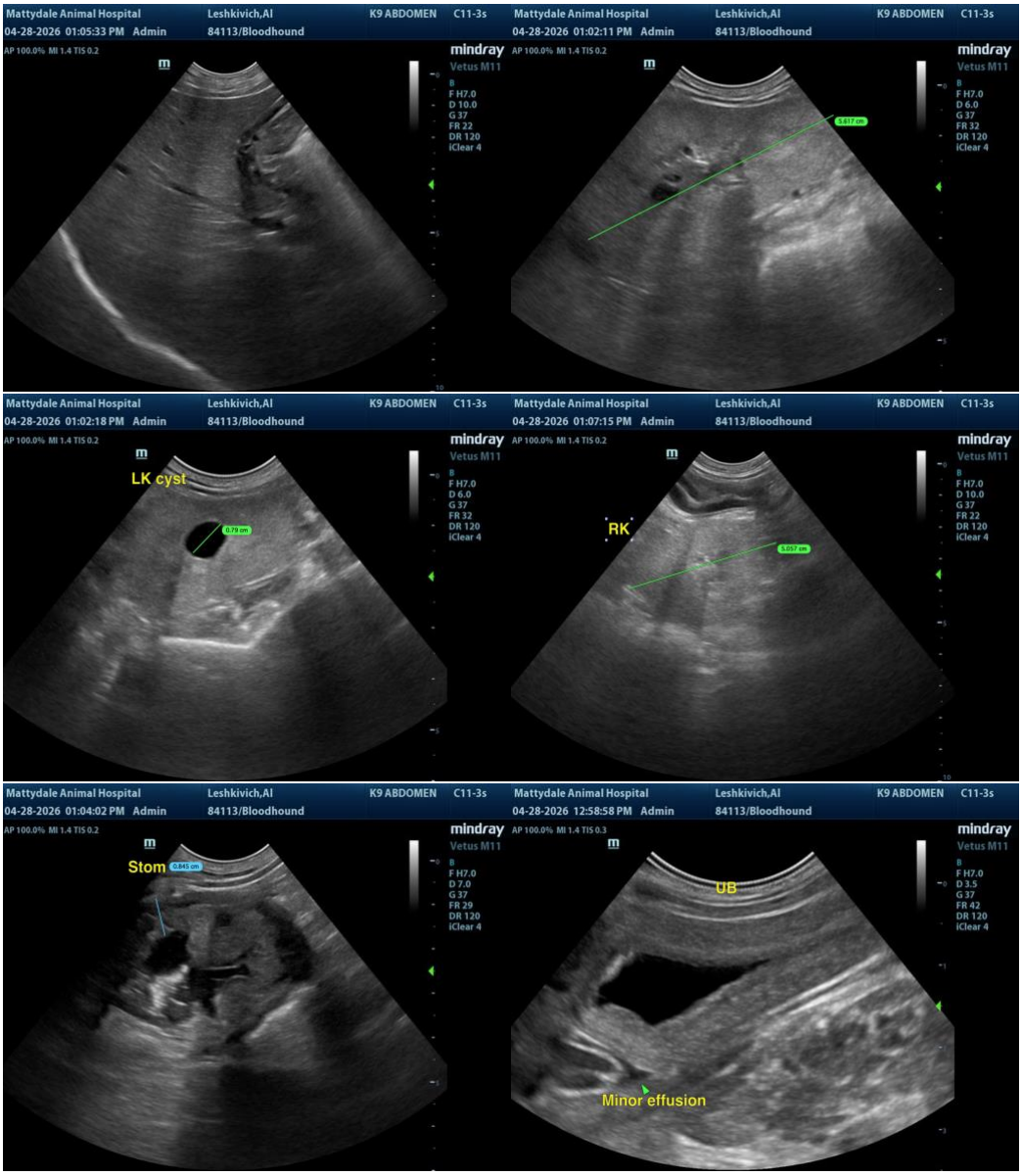

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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