



PATIENT

Jaycee Higson

SPECIES

Canine

BREED

Pomeranian

SEX

Spayed Female

AGE

8 Years

WEIGHT

13.3 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Countryside AC

REFERRING VET

Dr. Cox

INVOICE

35898

DATE

4/30/26

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: elevated renal values, azotemia, overweight, dental disease, polydipsic, polyuria inappetence - eating less, coughing - r/o: tracheitis, bronchitis, cardiac disease, neoplasia, open collapsing events r/o: cardiac disease, seizures open hypothyroid - being treated but at only giving meds SID since last labwork which showed a normal T4 at BID dosing.

ABNORMAL Labwork Values: CBC: PLT 426,000, Chem: SDMA 20, Crea 3.5, BUN 115, Cystatin B 408, T4 is low at 0.9, Urinalysis: spgr 1.015, ph = 6.5, 3+ protein, inactive sediment, Cardiopet proBNP = 3,574, For ECHO Only: HR/RR/BP: HR: 150, RR: Panting. Is there a Heart Murmur? If so, please grade: No, but difficult to hear her heart over panting/vocalizing.

Current Medications: Levothyroxine 0.1mg 1 tab SID; Epakitin powder 1 scoop SID.

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 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.5 cm in length. The right kidney measured 4.0 cm in length. Mild dystrophic medullary mineral was noted in the kidneys. A small cranial cortical cyst was noted in the right kidney.

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 0.52 cm width in the caudal pole. The right adrenal gland measured 0.47 cm width in 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. Normal vascular volume was noted.

The gallbladder was non distended in size with mild non-organized gravity dependent debris. The cystic duct and common bile ducts were normal without evidence of dilation.



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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.

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 chronic nephropathy, exhibiting mild medullary mineral and right kidney cortical cyst.
- Sonographically normal gastrointestinal tract/area of pancreas
- Normal volume liver with mild non-organized gallbladder debris (non-mucocele)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Aside from chronic renal changes, no evidence of visceral pathology as a contributing factor to the patient's clinical signs. CKD therapy with concurrent gastrointestinal support is indicated.

Recheck sonogram is recommended if progressive azotemia, gastrointestinal signs or weight loss. No evidence of neoplastic criteria.



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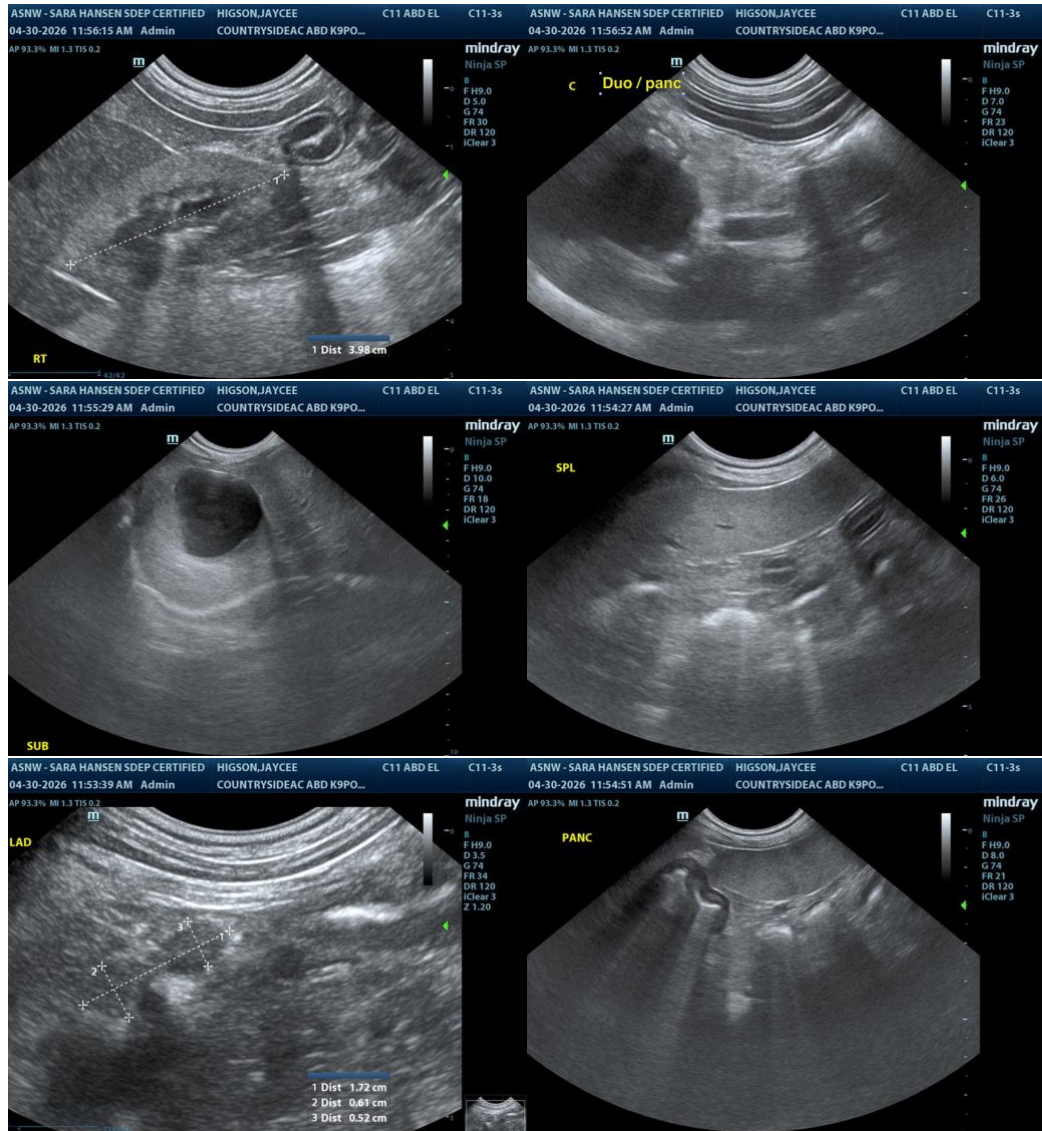
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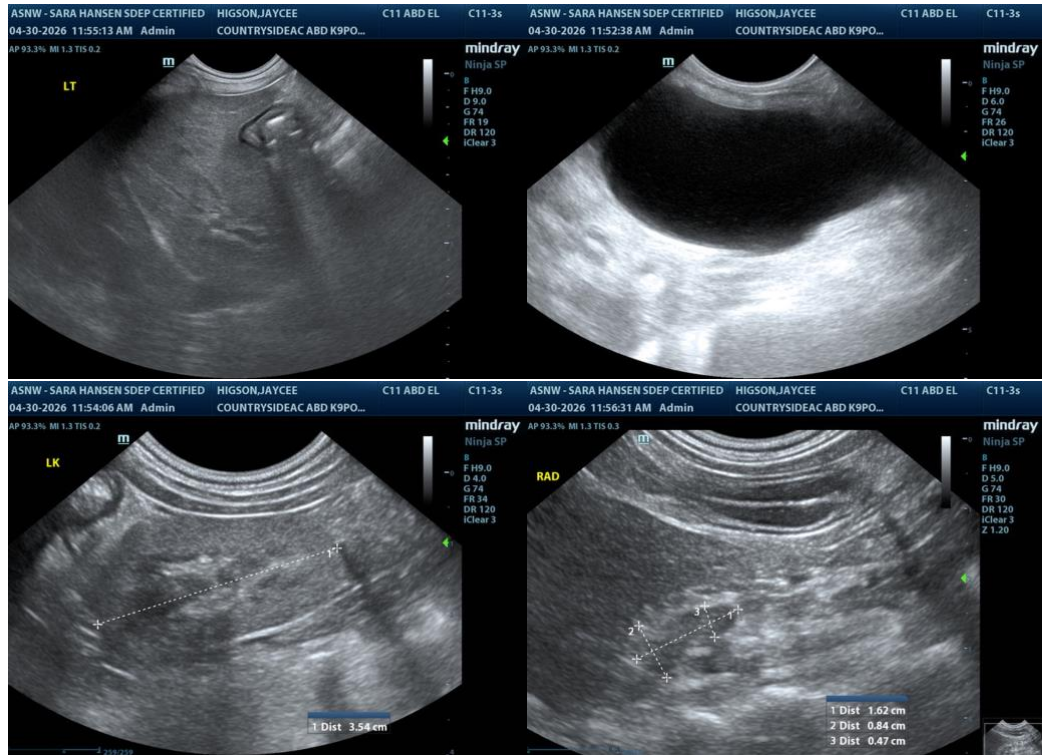
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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