



PATIENT

Kylie McGee

SPECIES

Canine

BREED

Shih Tzu

SEX

FS

AGE

13

WEIGHT

4kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Clinton Wayland, DVM

HOSPITAL NAME

Wilvet South

REFERRING VET

Clinton Wayland, DVM

INVOICE

24439

DATE

04/09/2026

PRESENTING CLINICAL SIGNS

History: Starting on Tuesday pt stopped eating and drinking and was going outside every 15 minutes to urinate. Pt has been licking genitalia for a while but has increased the last couple of days.

Symptoms: Frequent urination, inappetence, lethargy

Duration (Date & Time): 4/7 to present

E/D/U/D: E-/D-/U+/D+ O lives in woods and does not see pt urinate or defecate outside

V/D/C/S: V/D/S-; C+ usually in the mornings

Indoor/Outdoor/both:

Previous Medical Conditions: kidney issues?

Current Medications: (dosage, how often, last time/dose given, why is the pt on this medication?):

Denamarin (small dog) 1 tablet every 12 hours

Diet Type: Royal Canin urinary specific food

Frequency: 1/4 c. BID

Allergies: "allergic to a lot of different food/treats"

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder presented uniformly thickened urinary bladder wall isoechoic to the adjacent normal urinary bladder wall. The luminal margin of the thickened urinary bladder wall was mildly asymmetrical in contour. Mineralization or echogenic foci within the thickened areas of urinary bladder wall was not present. The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal tone. Anechoic urine was present in the lumen with mild dependent lumen hyperechoic sand and non-dependent particulate hyperechoic sediment. Minor non-obstructive proximal urethra lumen mineral. The ureteral papillae were normal. The ureters were not visible which is normal.

The left kidney exhibited moderate to significant hydronephrosis with concurrent renoliths, asymmetrical margination and loss of the majority of the medullary parenchyma with indistinct corticomedullary border demarcation. Subjective mildly thickened left kidney cortex. No evidence of left retroperitoneal inflammation. The left kidney measured 3.7 cm in length. Distended left urethra exiting the left kidney extending caudally. Proximal left urethra dilation measured 0.56 cm diameter. The left urethra appeared to terminate distally with associated distal left urethra accumulated mineral to calculus measuring ~ 0.5 cm in diameter.

Normal size and margination were present in the right kidney. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Non-obstructive medullary renoliths were present. The right kidney measured 3.5 cm in length. No evidence of right hydroureter.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

Spleen



PATIENT

Kylie McGee

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.

SPECIES

Canine

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. 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.

BREED

Shih Tzu

SEX

FS

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild variably echogenic non-shadowing ingesta sonographically suggestive of food echogenicity with no signs of obstruction or foreign material.

AGE

13

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.

WEIGHT

4kg

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.

INTERPRETED BY

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

Free Abdomen

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

IMAGING PERFORMED BY

Clinton Wayland, DVM

ULTRASONOGRAPHIC FINDINGS

Primary

- Left ureter obstruction likely secondary to distal left ureter accumulated mineral or calculus
- Associated secondary moderate to significant left kidney hydronephrosis and concurrent left renolithiasis
- Right kidney moderate chronic changes with non-obstructive renolithiasis
- Urinary bladder dependent to non-dependent sediment/ sand and minor non-obstructive proximal urethra lumen mineral

HOSPITAL NAME

Wilvet South

REFERRING VET

Clinton Wayland, DVM

Secondary

- Mild gallbladder debris (non-mucocele)

INVOICE 24439

DATE
04/09/2026

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Interventional procedure which may include ureteral stenting, subcutaneous ureteral bypass device or ureteral surgery is recommended. Correlation with UA and urine C/S ideally on sterile urine sample is



PATIENT

recommended.

Kylie McGee

Given degree of left kidney hydronephrosis, preservation of left kidney function is highly questionable and concurrent left nephrectomy may be indicated.

SPECIES

Canine

BREED

Shih Tzu

SEX

FS

AGE

13

WEIGHT

4kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Clinton Wayland, DVM

HOSPITAL NAME

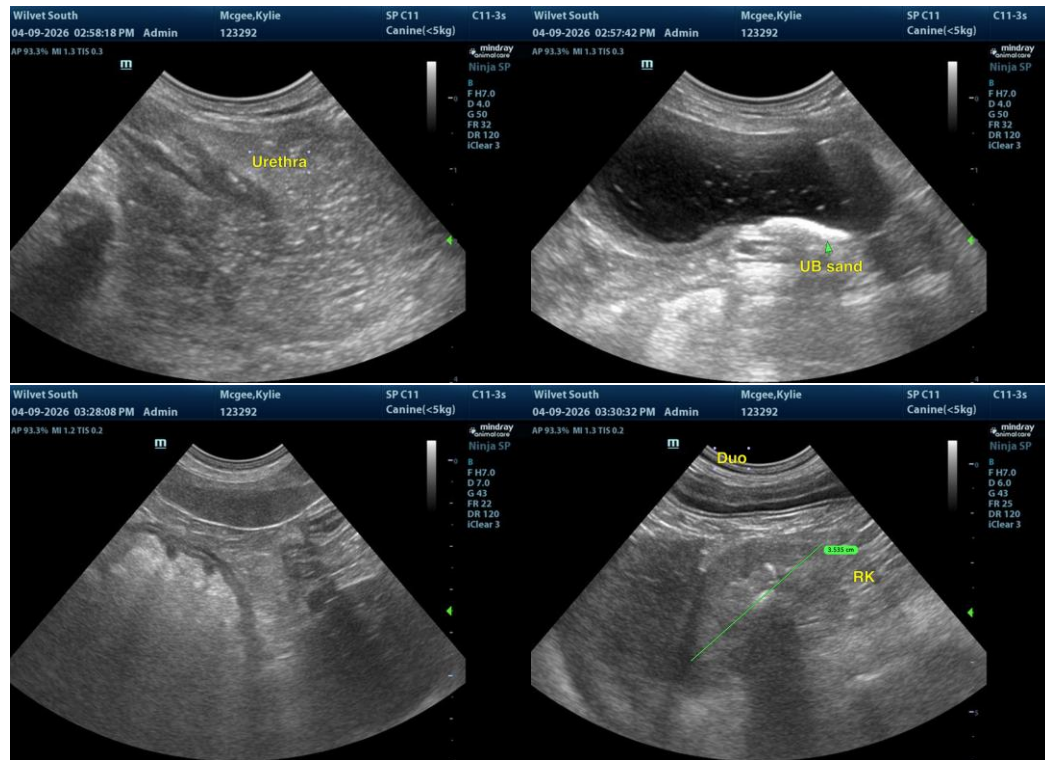
Wilvet South

REFERRING VET

Clinton Wayland, DVM

INVOICE
24439

DATE
04/09/2026





PATIENT

Kylie McGee

SPECIES

Canine

BREED

Shih Tzu

SEX

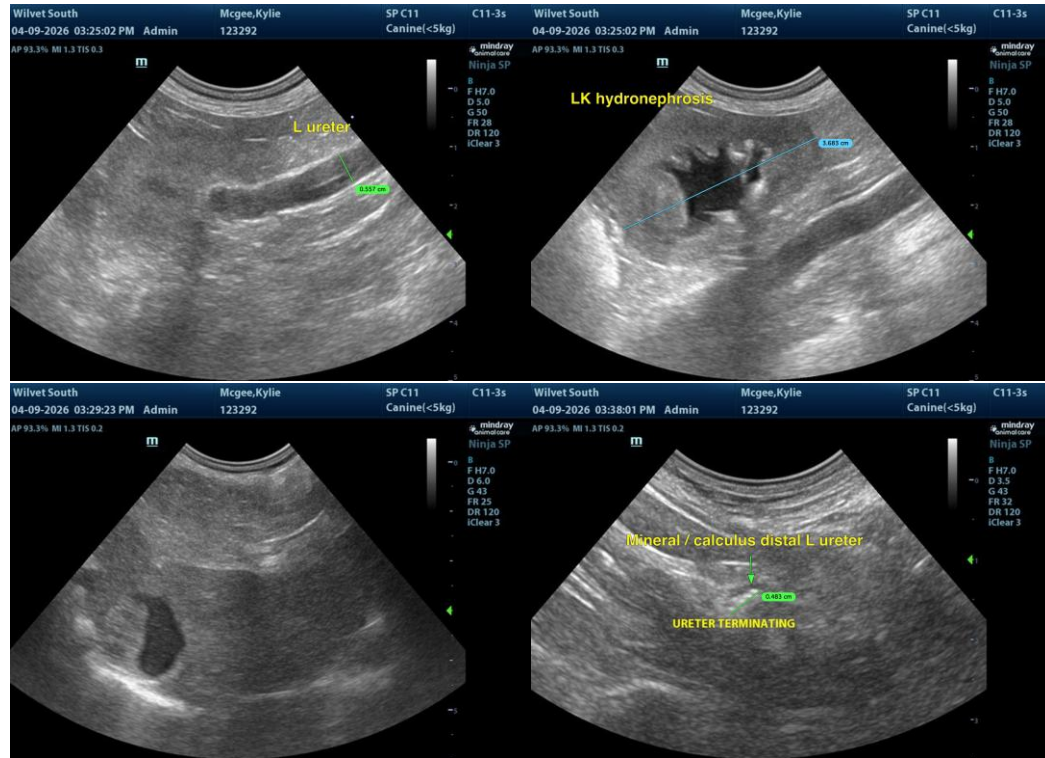
FS

AGE

13

WEIGHT

4kg



INTERPRETED BY

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

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.

IMAGING PERFORMED BY

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
info@sonopath.com

Clinton Wayland, DVM

HOSPITAL NAME

Wilvet South

REFERRING VET

Clinton Wayland, DVM

INVOICE
24439

DATE
04/09/2026