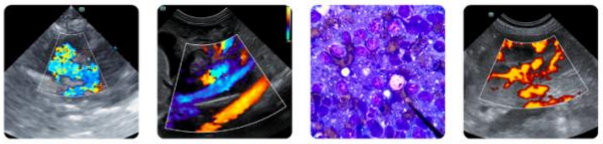



**PATIENT**

Saint Blaney

**SPECIES**

Canine

**BREED**

Labrador Retriever

**SEX**

Neutered Male

**AGE**

6 Years 9 Months

**WEIGHT**

93.7 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Brittney Beigel DVM

**HOSPITAL NAME**

Bayside Animal Medical Center

**REFERRING VET**

Rebekah Sims DVM

**INVOICE**

15659

**DATE**

05/01/26

## PRESENTING CLINICAL SIGNS

Elevated kidney enzymes; currently receiving LRS SQF at home and on a course of amoxicillin PO
P was fasted for US scan. No sedation needed

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 residual prostate appeared normal and free of pathology.

The area of the aortic trifurcation was free of pathology.

Both kidneys revealed asymmetrical margination, variable to irregular thickened hyperechoic non-homogenous cortex and marked loss of corticomedullary border demarcation, reduced medullary volume and indistinct medullary architecture. Areas of focal medullary to dystrophic mineral and mild to moderate pyelectasia and cortical cysts were present bilaterally. Evidence of left and right mild retroperitoneal effusion. The left kidney measured 5.6 cm in length. The right kidney measured 5.7 cm in length.

### *Adrenal Glands*

The adrenal glands were overtly normal in size, position and shape. The left adrenal gland measured 0.51 cm width at the caudal pole. The right adrenal gland measured 0.67 cm width 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. Mild caudal medial splenic folding was present, not indicative of underlying splenic pathology. Discrete hypoechoic medial splenic nodule was present measuring 0.60 cm in diameter.

### *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 intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild retained gastric fluid.

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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.

Normal visible colon wall layers were present with semi formed fecal matter.

### *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

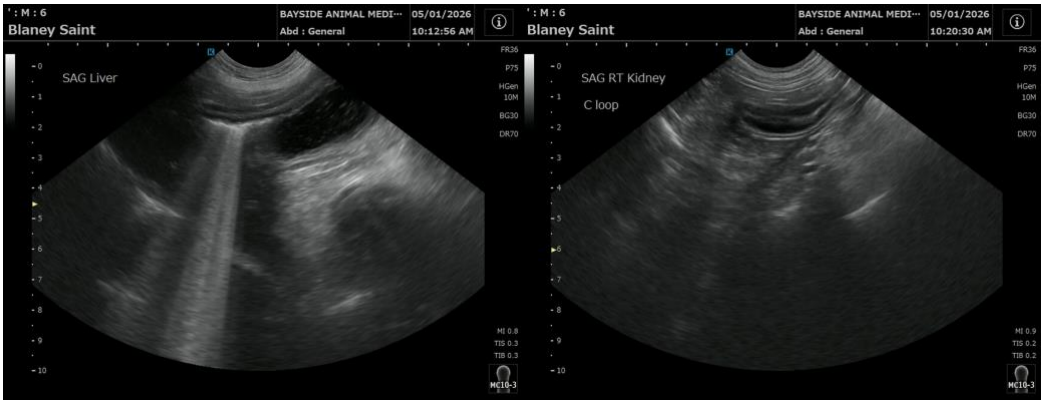
- Bilateral marked degenerative renal changes exhibiting pyelectasia, cortical cysts and medullary/dystrophic mineralization, evidence of mild left and right retroperitoneal effusion.
- Discrete splenic nodule with mild splenic folding.
- Normal gastrointestinal tract with mild nonobstructive gastric stasis.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Severe bilateral renal pathology is present with considerations including severe to end-stage renal dysplasia, nonspecific nephritis, and chronic renal failure. Correlation with full urinary workup including urinalysis, culture/sensitivity, and baseline UPC level for renal staging is indicated.

CKD therapy with serial monitoring of systemic blood pressure and clinical monitoring is recommended. Poor long-term renal prognosis is likely. Concurrent gastrointestinal support is indicated if gastrointestinal signs are present.

Suspect incidental discrete splenic lymphoid hyperplasia or hematopoiesis. Sonographic monitoring of the splenic nodule for evidence of progression is recommended. Minor potential for emerging splenic nodular neoplasia i.e. lymphoma or other is thought less likely.



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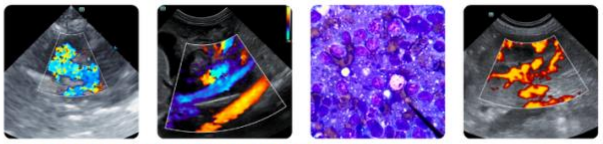

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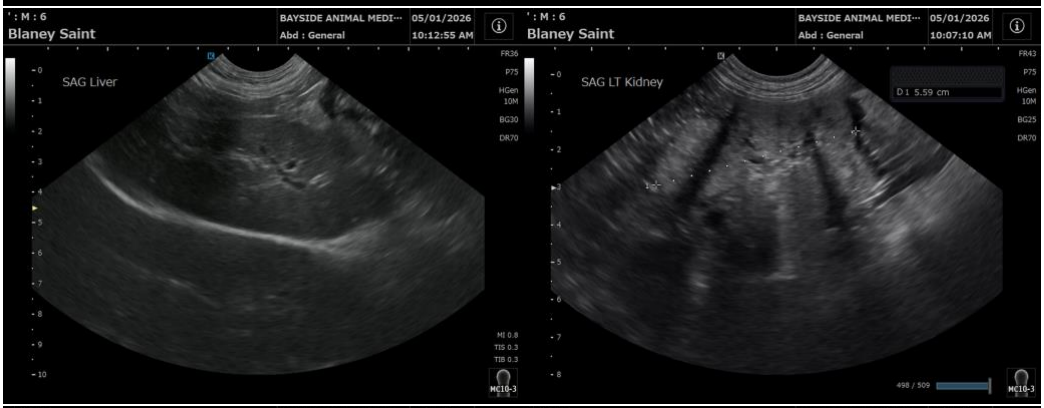


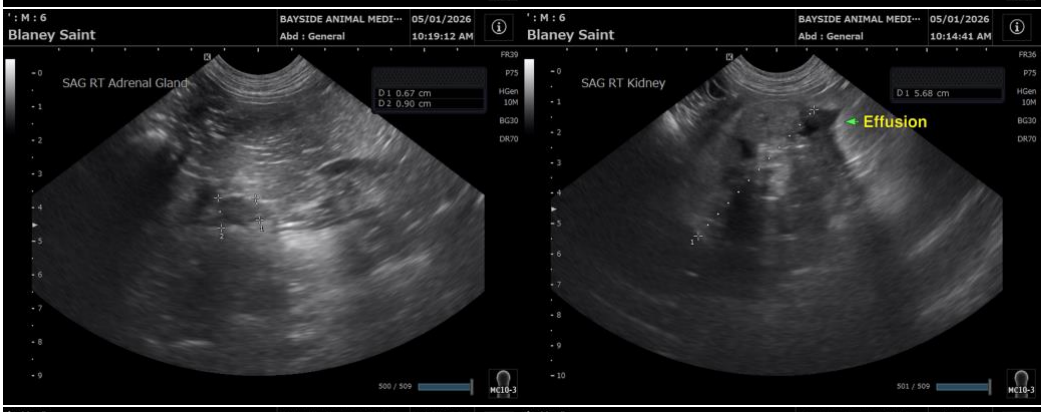


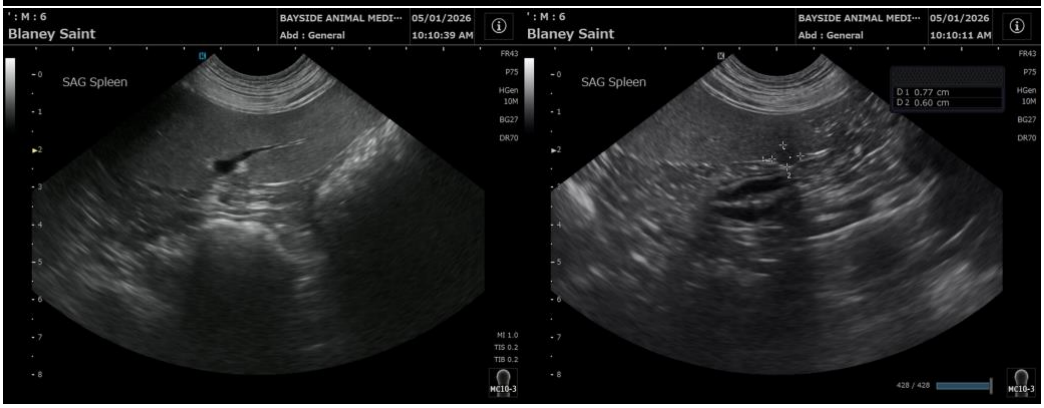

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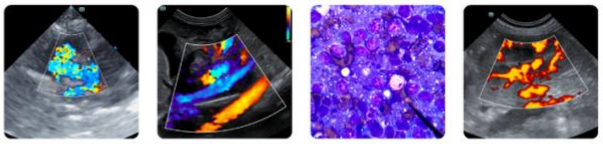

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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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