



**PATIENT**

Taz Willis

**SPECIES**

Canine

**BREED**

Mixed

**SEX**

MN

**AGE**

5yr

**WEIGHT**

13.8kg

**PRESENTING CLINICAL SIGNS**

History: The past couple of weeks has been increasingly lethargic. Last week pt had some difficulty walking down stairs. Pt is eating less but has always been a finicky eater. Pt has lost 10lbs since last July. Last few weeks has had dramatic weight loss. O went to walk in urgent care yesterday and pt's heart rate was elevated, offered rads. Pt lives on 40 acres. O is unsure if vx for leptospirosis. Gave low protein senior food last night

Abnormal PE/Chem/CBC/UA Results: Physical Exam rdvm blood work: neut 85, lymph 8.8, RBC 2.89, HCT 22.2, MCV 76.9, MCH 28.3, BUN ?140, Creat 8.6, all other wnl Lepto witness- negative Phosphorus >16.1 EPOC: HCT 21, Hgb 7.2, Crea 11.52, BUN >120, Ca 1.09, BEb -13.7 Urinalysis Pending: Assessments: Azotemia Weight Loss

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild non-dependent particulate to mild hyperechoic sediment. The ureteral papillae were normal. The ureters were not visible, which is normal. No evidence of inflammatory or neoplastic changes was noted.

Both kidneys were adequate in size with asymmetrical margination. Non-uniform hyperechoic renal cortices with marked loss of corticomedullary border demarcation. Reduced medullary volume and bilateral mild pyelectasia. The left kidney measured 5.8 cm in length. The right kidney measured 5.4 cm in length.

The area of the aortic trifurcation was free of pathology.

The area of the residual prostate appeared normal and free of pathology.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.74 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland subjectively measured 0.60 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.

**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 mildly distended in size with thin walls and moderate gravity dependent non-organized hyperechoic

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jackson

**HOSPITAL NAME**

Wilvet South

**REFERRING VET**

Jackson

**INVOICE 24805**

**DATE**  
05/13/2026



**PATIENT**

gallbladder debris. No evidence of gallbladder/peripheral gallbladder inflammation or wall edema was present. The cystic and common bile ducts were normal.

Taz Willis

**Gastrointestinal**

**SPECIES**

The stomach presented intact mildly thickened wall exhibiting mild hyperechoic mucosa and prominent rugal folds. The stomach contained a moderate amount of retained non-shadowing ingesta and fluid without obstruction to pyloric outflow. The stomach wall measured 0.63 cm in width.

Canine

**BREED**

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.

Mixed

Normal visible colon wall layers were present with apparent formed feces in lumen.

**Pancreas**

**SEX**

The pancreas was mildly prominent in size with mild heterogeneous hypoechoic parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

MN

**Free Abdomen**

**AGE**

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

5yr

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

**Primary**

13.8kg

- Bilateral significant chronic nephropathy with pyelectasia
- Mild hypomotile gastritis pattern- suspect uremic gastritis
- Possible concurrent mild chronic active pancreatitis

**INTERPRETED BY**

**Secondary**

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

- Non-organized gallbladder debris (non-mucocele)

**IMAGING PERFORMED BY**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Jackson

The sonographic appearance of the kidneys is most consistent with chronic potentially end-stage nonspecific nephropathy with considerations including dysplasia given patient age, chronic nonspecific nephritis i.e. interstitial nephritis, glomerulonephritis, pyelonephritis or other. No evidence of renal neoplastic criteria, potential for acute and chronic renal insult not definitively excluded i.e. infectious disease or other. Correlation with UA with C/S and UPC level if non-inflammatory proteinuria is recommended.

**HOSPITAL NAME**

Wilvet South

**REFERRING VET**

Aside from suspect uremic gastritis, no evidence of significant gastrointestinal mural pathology as a contributing factor to the weight loss. Hospitalization with renal and gastrointestinal support, monitoring of renal parameters, UA, urine output and BP are recommended for further assessment and prognosis.

**INVOICE**  
24805

An extremely guarded prognosis is indicated given renal presentation combined with degree of azotemia.

**DATE**  
05/13/2026



**PATIENT**

Taz Willis

**SPECIES**

Canine

**BREED**

Mixed

**SEX**

MN

**AGE**

5yr

**WEIGHT**

13.8kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jackson

**HOSPITAL NAME**

Wilvet South

**REFERRING VET**

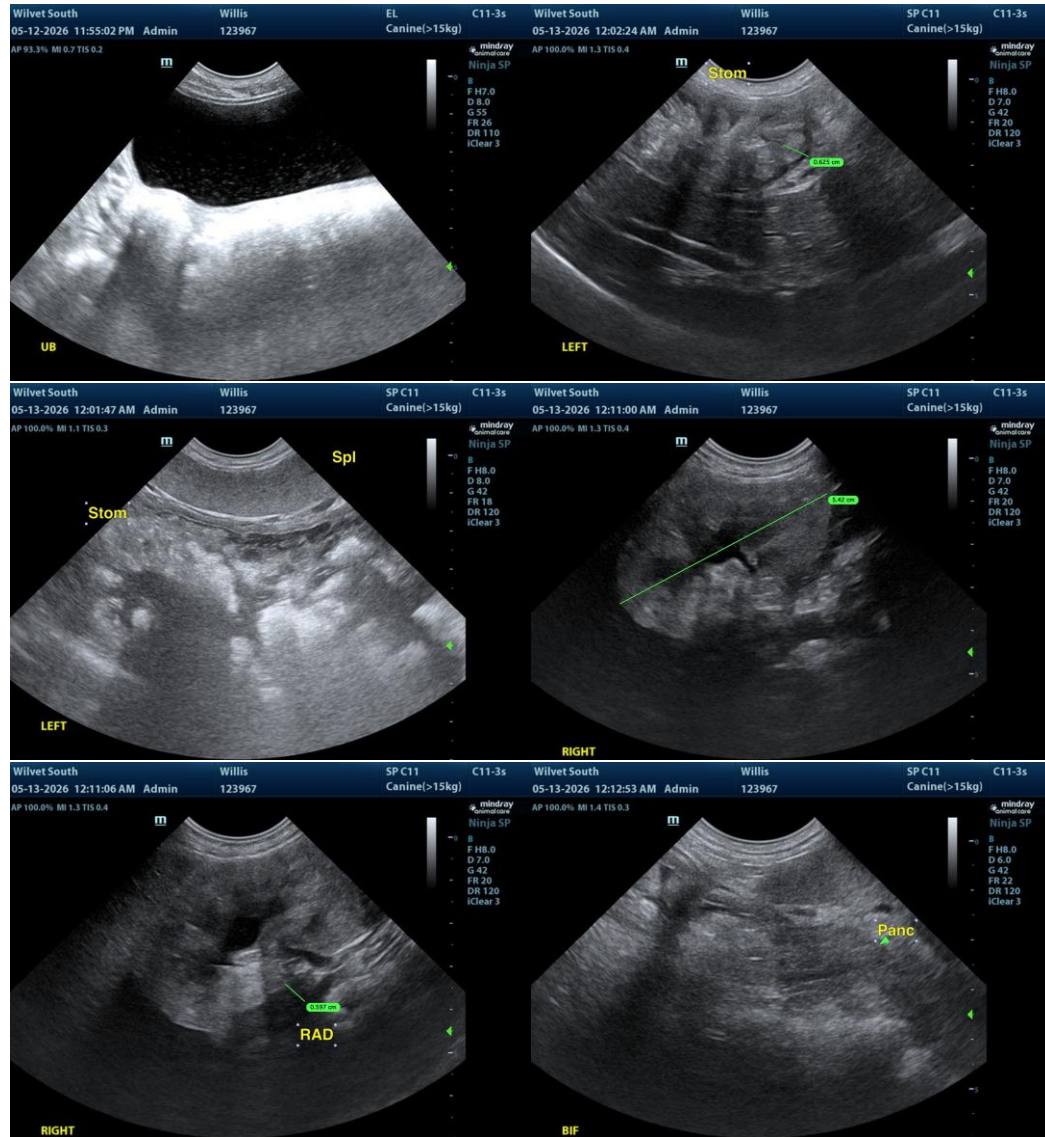
Jackson

**INVOICE**

24805

**DATE**

05/13/2026





**PATIENT**

Taz Willis

**SPECIES**

Canine

**BREED**

Mixed

**SEX**

MN

**AGE**

5yr

**WEIGHT**

13.8kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jackson

**HOSPITAL NAME**

Wilvet South

**REFERRING VET**

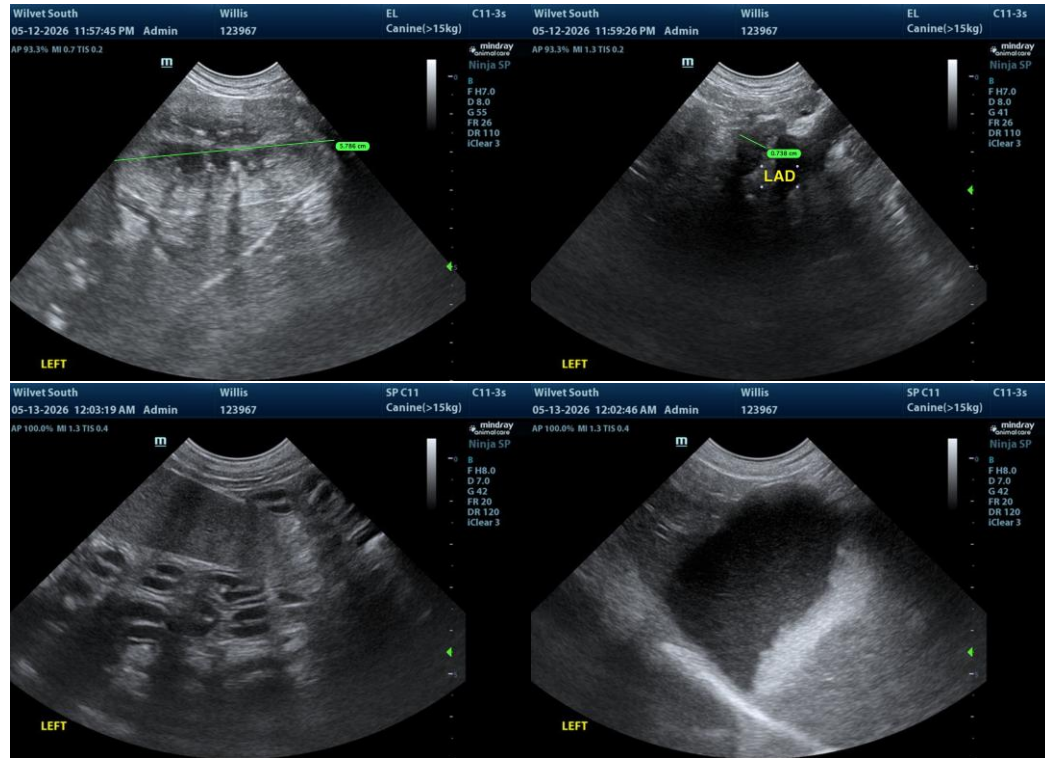
Jackson

**INVOICE**

24805

**DATE**

05/13/2026



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](mailto:info@sonopath.com)