



PATIENT

Coco Taylor

SPECIES

Canine

BREED

Mix

SEX

Spayed Female

AGE

10

WEIGHT

21.6

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sharkawy

HOSPITAL NAME

Union Vet Animal
Hospital

REFERRING VET

Dr. Sharkawy

INVOICE

16361

DATE

05/18/26

PRESENTING CLINICAL SIGNS

Lethargy. Diarrhea. Vomiting. Bloody urine

Abnormal PE/Chem/CBC/UA Results: Dehydration 10% Lethargy Lepo. snap - Neg BW-Severe Azotemia , Leukocytosis, K/NA-25, Monocytosis UA(3 months ago)- urine spgr- 1.017, PH >9, sever Rods Lepto. blood and urine - pending Base cortisol level- Pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was distended in size with normal tone and diffusely thickened urinary bladder wall most notable in the ventral urinary bladder with mild asymmetrical luminal surface contour. The ventral wall measured 0.72 cm wall width. The trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Echogenic to significant, primarily gravity dependent to nondependent particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

No obvious pathology in the area of the uterine remnant.

The area of the aortic trifurcation was free of pathology.

Adequate renal size and symmetrical margination was present in the kidneys. A normal 1:3 cortex / medulla ratio and indistinct corticomedullary border demarcation were present. Hyperechoic peri-pelvic and renal sinus echogenicity and mild pyelectasia bilaterally. The left kidney measured 5.4 cm in length. The right kidney measured 5.6 cm in length. Evidence of mild left and right perinephric to retroperitoneal inflammation was visualized.

Adrenal Glands

The left adrenal gland was overtly normal in size, position and shape. The left adrenal gland measured 0.54 cm width at the caudal pole.

The right adrenal gland was 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 mild nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation. No evidence of wall edema.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate gastric fluid without obstruction to pyloric outflow.

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

- Distended urinary bladder with generalized mild to variably thickened wall, severe to significant, dependent to non-dependent urine sediment and suspect pyuria.
- Bilateral acute or acute on chronic nephritis pattern exhibiting mild pyelectasia and evidence of retroperitoneal inflammation.
- Sonographically normal left adrenal gland.
- Normal liver with mild non-organized gallbladder debris (non-mucocele).
- Non-obstructive hypomotile stomach with normal empty small intestine.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Bilateral non-specific acute or acute on chronic nephritis with suspect bilateral pyelonephritis and potential for pyuria in conjunction with bacteriuria is suspected. No obvious evidence of urinary tract neoplastic criteria, which is thought less likely.

Correlation with urine culture and sensitivity on sterile urine sample pending leptospirosis testing and cortisol level is indicated. Hospitalization with empirical UTI/pyelonephritis protocol with clinical and as needed sonographic monitoring if evidence of progressive azotemia is indicated. Metabolic gastric ileus secondary to azotemia is probable. Concurrent gastrointestinal support is recommended.



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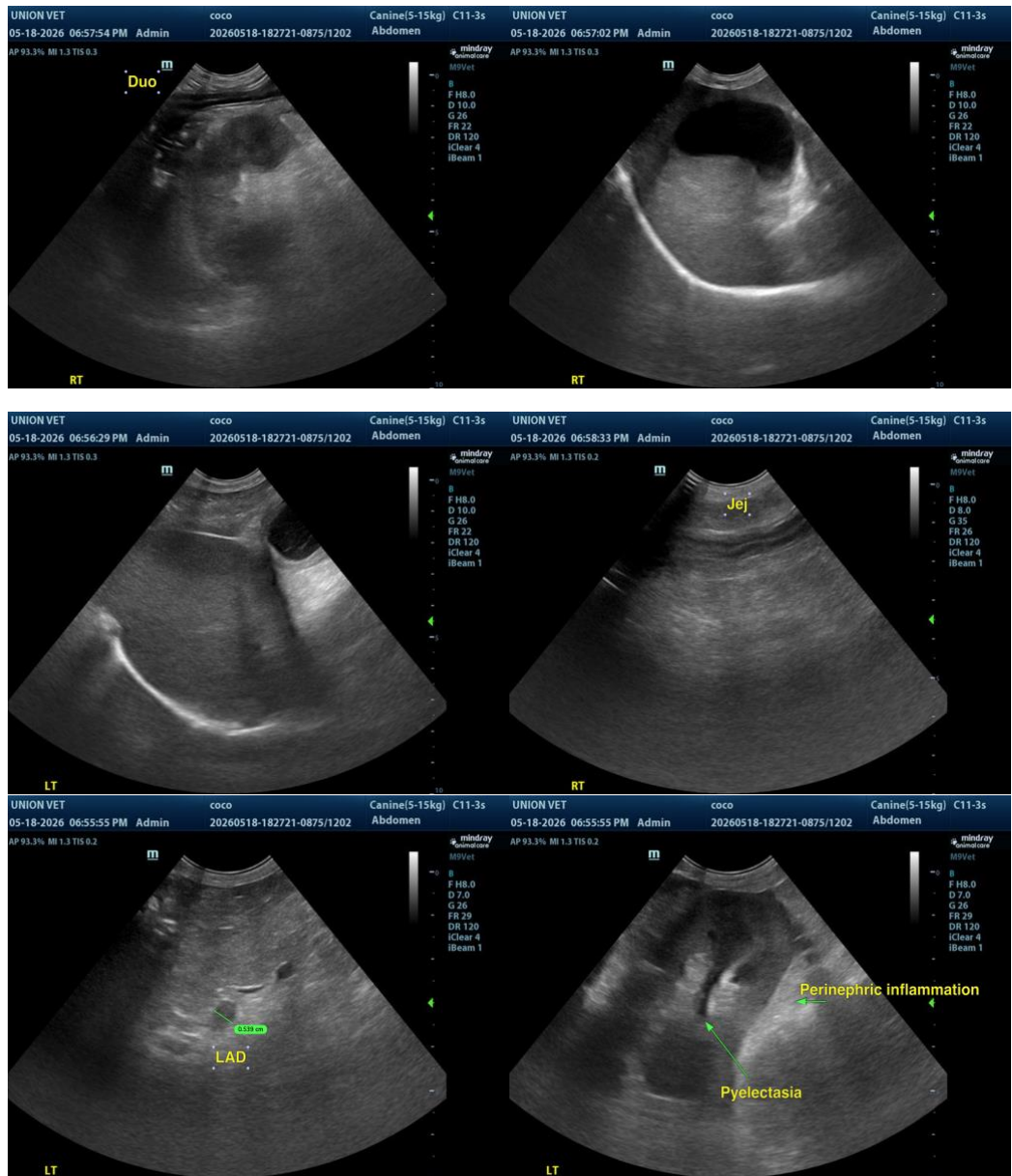
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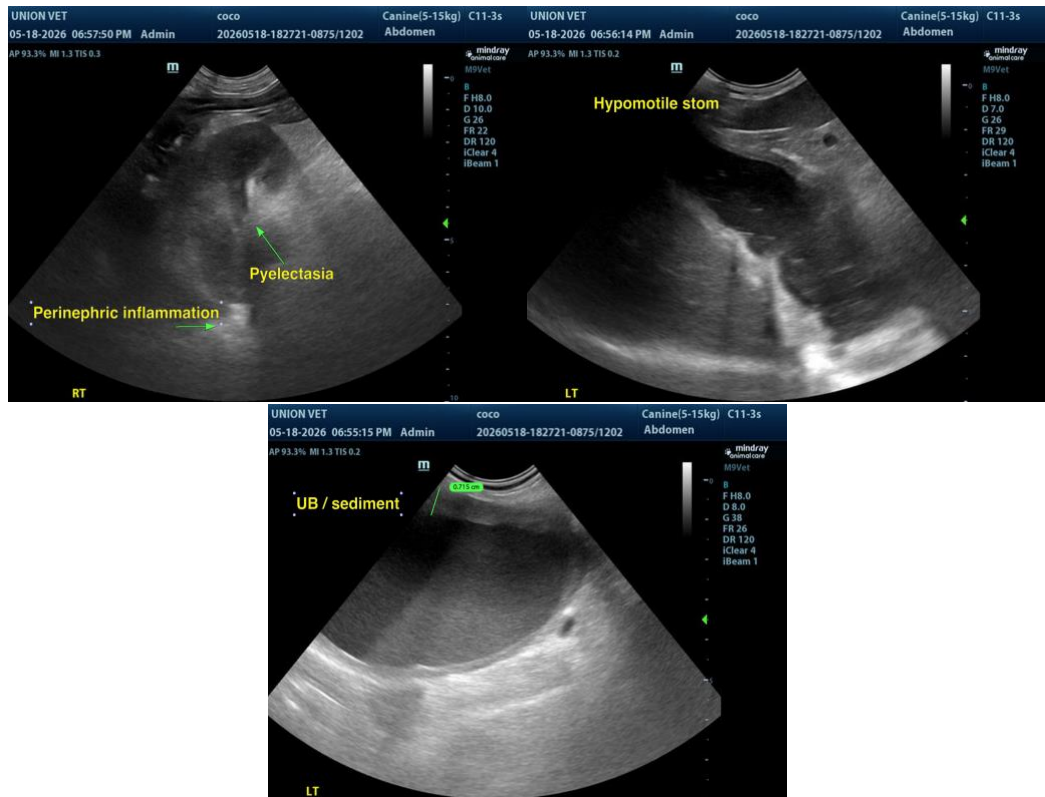
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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