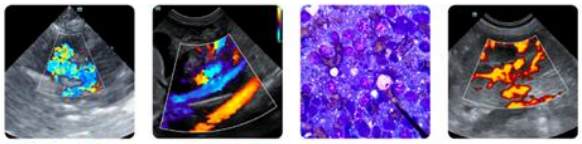


PATIENT
Parker Manley

SPECIES
Canine

BREED
Italian Greyhound

SEX
MN

AGE
14yr

WEIGHT
4.9kg

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

IMAGING PERFORMED BY
Renee Trionfetti, VMD

HOSPITAL NAME
Blue Pearl Wyomissing

REFERRING VET
Blue Pearl Wyomissing

INVOICE
24856

DATE
05/18/2026

PRESENTING CLINICAL SIGNS

AUS to further evaluate azotemia, acute vomiting (vs. regurgitation) past 4 days. Currently in the ER. Past 4 days O reports increased drinking, and then what sounds like regurgitation. Still eating normally and keep that down per O. Seen today for routine wellness care and BW diagnosed mild azotemia. Referred to ER for further care. Solitary pulmonary nodule incidentally diagnosed on screening radiographs today.

Abnormal PE/Chem/CBC/UA Results: CBC: Hct 46.8%, WBC 9, neut 3.7, lymph 3.74, plt 302k Chem: SDMA 20 (H), creat 2 (H), BUN 62 (H), BG 106, alb 3.3, glob 4.3, ALT 49, ALP 90, tbili 0.3, Na 154, Cl 113, K 4.1 4DX: neg x 4 UA & culture: PENDING TO ANTECH rads (2 view chest, 2 view abdomen): single pulmonary nodule R cranio-dorsal lung field (~1.2 cm) BP (Doppler): 145 mmHg

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. The ventroapical urinary bladder wall thickness measured 0.44 cm. 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 no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible, which is normal.

The residual prostate appeared normal and free of pathology measuring 0.66 cm in diameter.

Normal size and margination were 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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. Mild left kidney pyelectasia was present. Bilateral medullary mineral to mild renoliths were present. The left kidney measured 3.0 cm in length. The right kidney measured 2.8 cm in length.

The area of the aortic trifurcation was free of pathology.

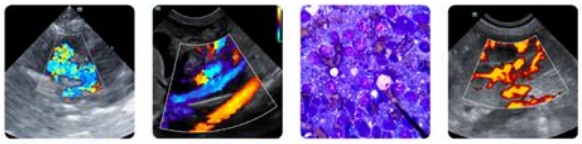
Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.41 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 measured 0.39 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



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The liver presented borderline enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with mild non-organized debris. 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 fluid and lumen gas with no signs of obstruction or foreign material.

The small intestine presented intact wall layering exhibiting subjective propensity for mildly prominent mucosa with intermittent discreet hyperechoic mucosal speckling. The lumen of the small intestine was empty with no signs of mechanical/metabolic ileus, obstruction or foreign material. The duodenum wall measured 0.54 cm width. The jejunum wall measured 0.43 cm width.

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

Pancreas

The pancreas was normal in size and contour with mild hyperechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

Primary

- Mild cystitis pattern
- Chronic renal changes exhibiting medullary mineral/ small renoliths and mild left kidney pyelectasia
- Borderline non-congested hepatomegaly-subjective benign
- Non-organized gallbladder debris (non-mucocele)
- Mild gastroenteritis pattern
- Pancreatic remodeling with possible mild fibrosis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Correlation of pending UA and urine C/S recommended. Concurrent UPC level for additional renal staging could be considered if non-inflammatory proteinuria. The left kidney pyelectasia may be secondary to renal scarring or previous mineral passage. Assessment for cranial abdomen or sub-xiphoid discomfort on palpation, which may suggest chronic pancreatitis is recommended. A spec CPL could be considered if clinically indicated.

Renal and gastrointestinal support is recommended with clinical monitoring and for further renal prognosis. Recheck sonogram indicated if progressive gastrointestinal signs or azotemia.

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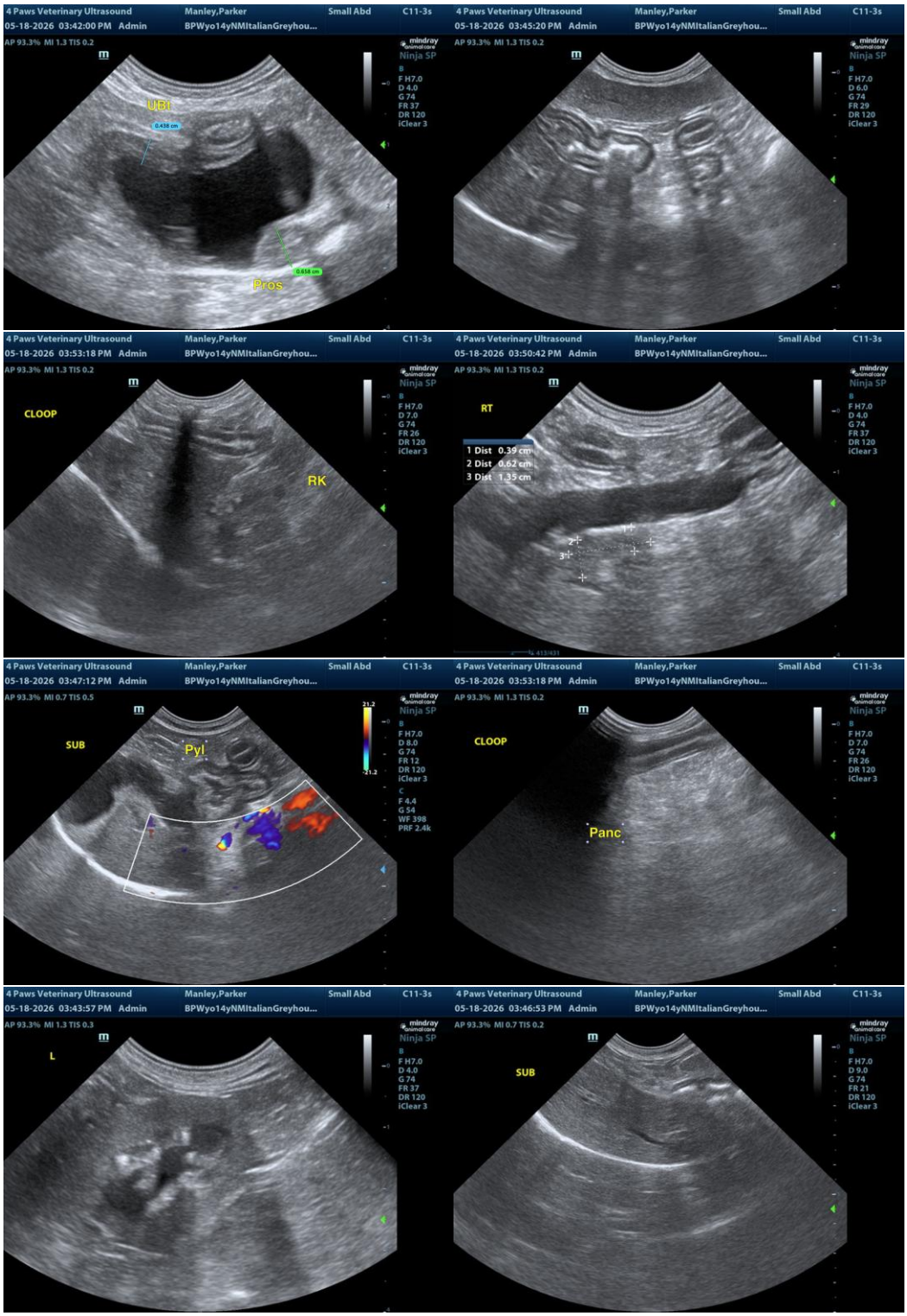

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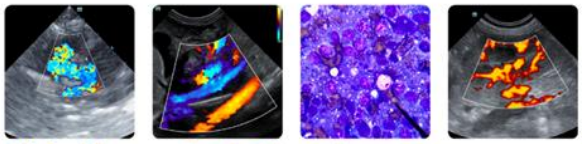

Clinical Sonography & Telecytology
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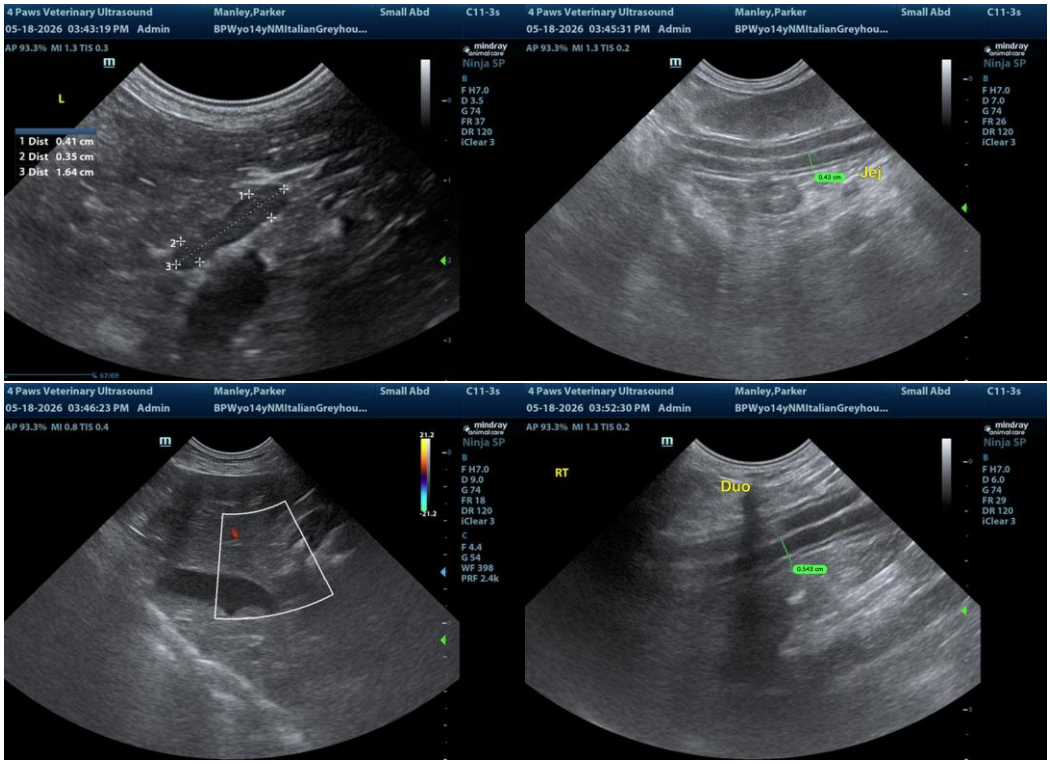

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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