



PATIENT

Ace Hammond

SPECIES

Canine

BREED

Boxer

SEX

MN

AGE

7.5 yrs

WEIGHT

60 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Rodriguez

HOSPITAL NAME

Foxfield Veterinary
Services

REFERRING VET

Rodriguez

INVOICE

10885

DATE

5/19/26

PRESENTING CLINICAL SIGNS

Proteinuria and renal disease. Abnormal PE/Chem/CBC/UA Results: Creat: 2, BUN: 55, SDMA: 18.8, Chol: 347, AmyL: 1642 PSL: 219, UA: USG: 1.019, WBC: 2-3, Rods: 26-50, prot/creat ratio: 1.3.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, 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. Mild, nondependent, particulate to hyperechoic 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.

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

No evidence of pathology in the area of the aortic trifurcation.

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild indistinct corticomedullary border demarcation was noted. The left kidney measured 6.8 cm in length. The right kidney measured 6.2 cm in length, with possible mild underestimation of right kidney size.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.67 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 0.77 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. Normal hepatic vascular volume was present. 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, variably echogenic, nonshadowing ingesta, consistent with food echogenicity without signs of obstruction or foreign material.



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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 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

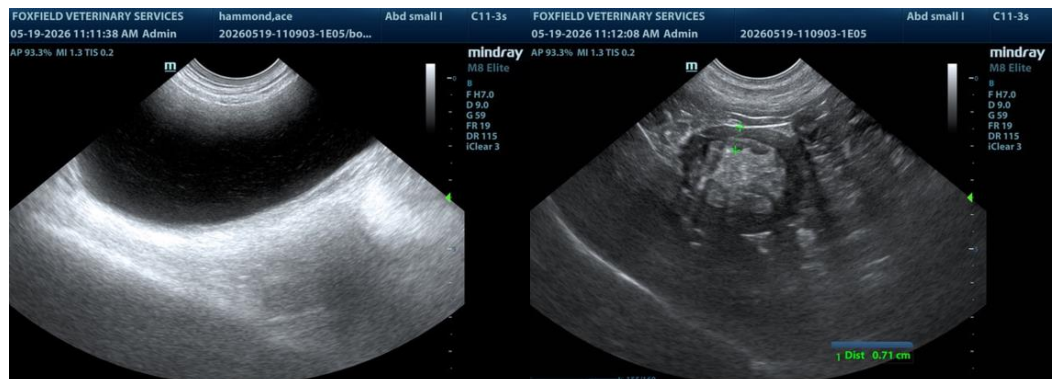
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Nonspecific chronic nephropathy
- Mild urine sediment
- Normal adrenal glands
- Normal area of pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The kidneys are most consistent with chronic nephropathy criteria with considerations including chronic kidney disease, nonspecific nephritis such as glomerulonephritis, or other glomerulopathy given proteinuria, amyloidosis, or other. Empirical therapy for protein-losing nephropathy is warranted, given increased UPC in conjunction with evidence of azotemia. Urine C/S on a sterile urine sample is recommended if not done. Concurrent CKD therapy with monitoring of renal parameters, systemic BP, urinalysis, and as-needed UPC is recommended.





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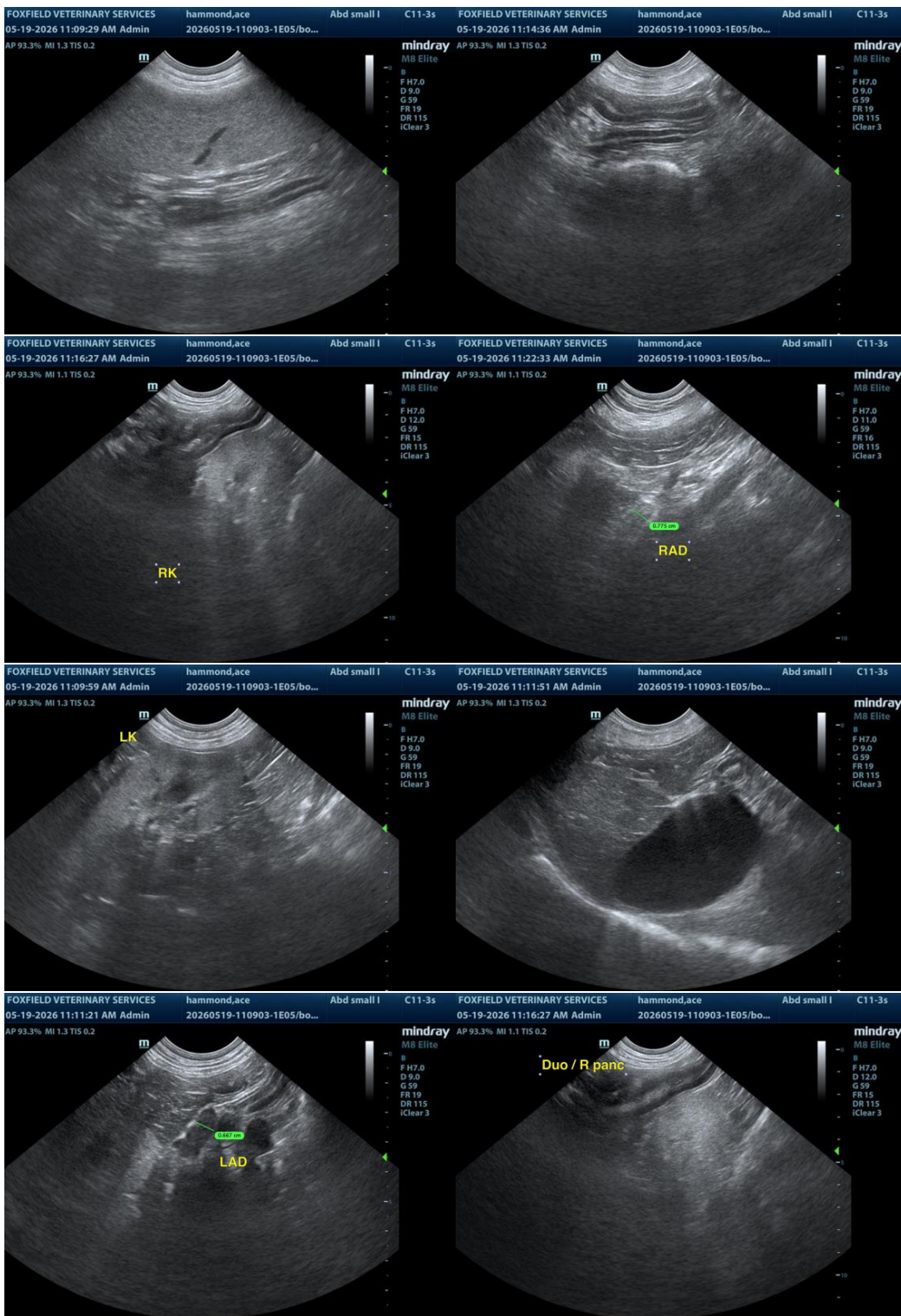
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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