

**PATIENT**

Sophie Nester

**SPECIES**

Canine

**BREED**

Dachshund

**SEX**

Spayed Female

**AGE**

12 Years

**WEIGHT**

9.2 kg

**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**

75588

**DATE**

6/1/26

**PRESENTING CLINICAL SIGNS**

AUS to further evaluate acute vomiting and hyporexia progressing to anorexia. Presented to ER and is currently hospitalized. BW shows marked azotemia, hyperphosphatemia, hyperbilirubinemia, hyperglobulinemia. Mild hypertension. Hospitalized tx: IV Baytril/Pantoprazole/Cerenia

Abnormal PE/Chem/CBC/UA Results: Doppler BPs during hospitalization: 163 mmHg average - 4DX: Neg x 4 - UA: USG 1.018, BIL +, pH 5.5, trace protein, quiet sediment - UC: Pending - PCV 42% TS 7.6. - EPOC- Cr 10.52, PO2 69.6, BEecf -7.5, BUN 87, sO2(c) 93.5%. - CBC- Lymphs 0.52 (Low), PLT 121, PCT 0.13% - Chemistry: Cr 6.1 (HI), PHOS 11.5 (HI), TBIL 0.6(HI), GLOB 3.7(HI), BUN 111.6 (HI) - CPLi 271 - Rad Review Pending

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The urinary bladder was mildly distended in size with normal tone. Normal wall without evidence of inflammation or tumors. The trigone and cystourethral junction were free of pathology. Normal urethra to a depth of 3.0 cm. Primarily anechoic urine was present in the lumen. Mild non-dependent 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.

The kidneys presented subjective borderline to possibly mildly enlarged, most notably in the left kidney. 1:3 cortex to medulla ratio maintained with symmetrical renal margination and adequate corticomedullary border demarcation. Normal medullary volume. No pyelectasia. Left and right increased perinephric to retroperitoneal tissue echogenicity and minor effusion. Left kidney measured 5.4 cm. Right kidney measured 4.9 cm.

**Adrenal Glands**

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. Left measured 0.66 cm at the caudal pole. Right measured 0.53 cm at the caudal pole.

**Spleen**

The spleen presented mild splenic folding. It 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. A well demarcated non-capsule deforming isoechoic to mildly non-homogeneous cranial splenic nodule was noted measuring 0.79 cm in diameter. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

**Liver**

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.



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## *Gastrointestinal*

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

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 pancreas was hyperechoic to adjacent omental fat with diffuse parenchyma remodeling. The capsule of the pancreas was mildly asymmetrical in contour without evidence of peripancreatic inflammation. These changes may suggest chronic inflammation, fibrosis, or saponification if previous history of pancreatitis. Mildly hyperechoic, non-homogeneous right pancreatic limb parenchyma noted with indistinct pancreatic capsule compared to adjacent non-inflamed omentum.

## *Free Abdomen*

No overt lymphadenopathy or peritoneal effusion was present.

## ULTRASONOGRAPHIC FINDINGS

- Bilateral acute nephropathy with evidence of mild bilateral perinephric/retroperitoneal inflammation.
- Subtle isoechoic, non-homogeneous splenic nodule with mild splenic folding.
- Sonographically normal empty gastrointestinal tract.
- Suspect mild chronic pancreatitis/fibrosis.
- Sonographically unremarkable mildly distended urinary bladder with mild urine sediment, normal visible proximal urethra.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of significant chronic or degenerative renal changes, which suggests probable acute renal insult. Consideration for infectious disease or renotoxic insult may be indicated. Correlation with pending urine diagnostics is recommended. No overt renal or abdominal neoplastic criteria. Leptospirosis titers/PCR warranted if considered clinically indicated. Non-structural metabolic gastroenteritis in conjunction with potential chronic pancreatitis as contributing factors to the gastrointestinal signs likely without evidence of structural gastroenteropathy or mechanical/metabolic ileus. If possible, effusion analysis +/- cytology or culture and sensitivity may be considered. Hospitalization with renal and gastrointestinal support with clinical monitoring recommended for further prognosis. Recheck sonogram indicated if progressive azotemia or gastrointestinal signs. Acute renal failure may be of concern.



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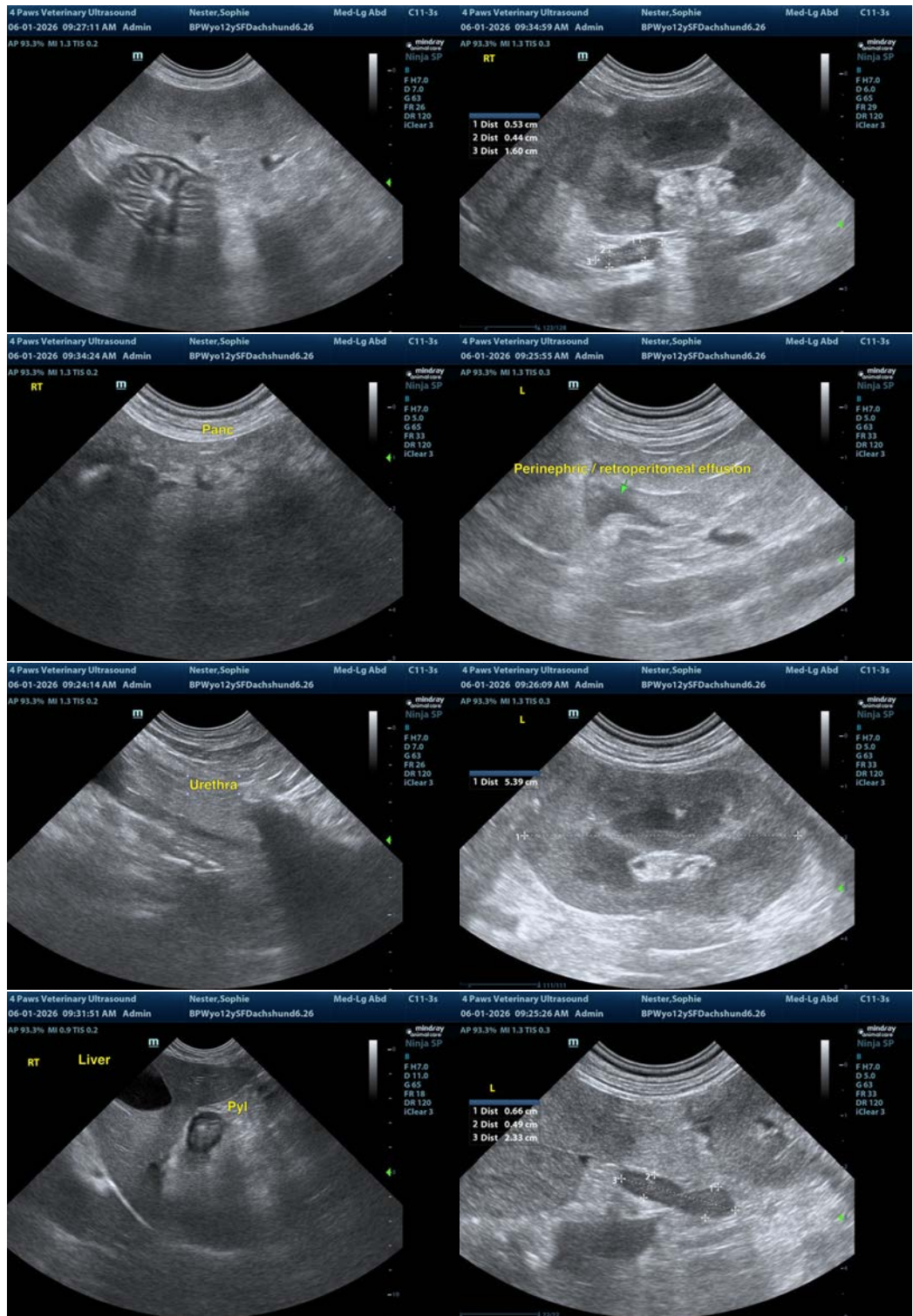
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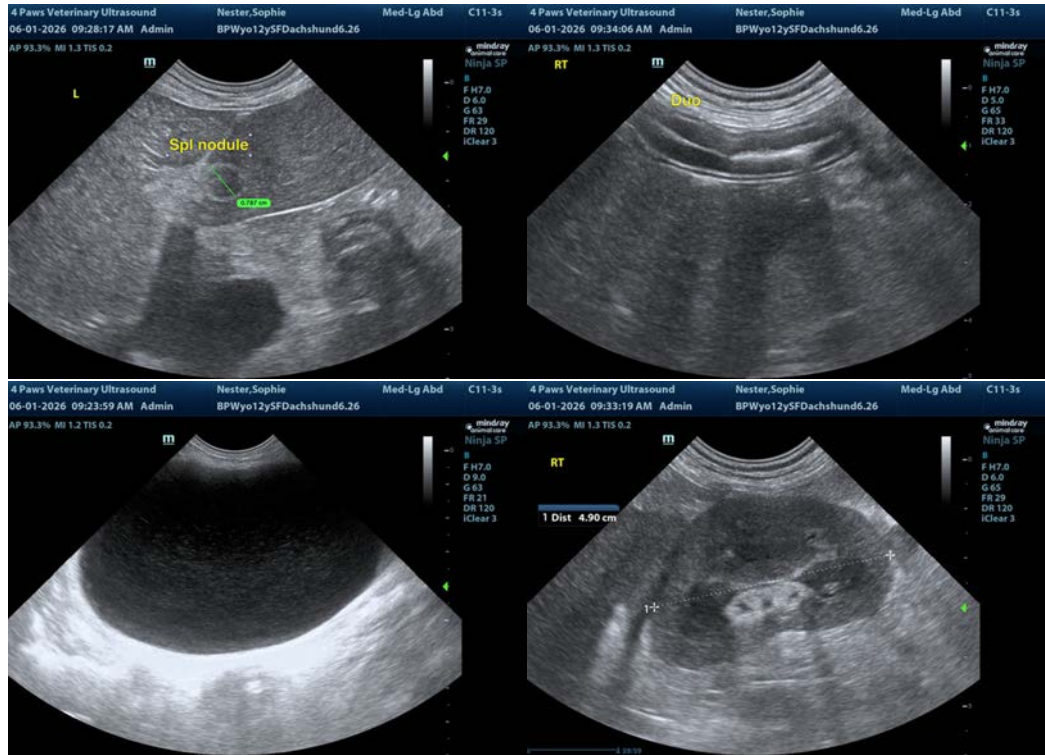
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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