



## PATIENT

Daisy Johnston

## SPECIES

Canine

## BREED

Miniature Schnauzer

## SEX

Spayed female

## AGE

13 Years

## WEIGHT

17.8 Lbs

## INTERPRETED BY

Remo Lobetti, BVSc,  
MMedVet (Med),  
PhD, Dipl. ECVIM

## IMAGING PERFORMED BY

Dr. Amanda Favis

## HOSPITAL NAME

Ruidoso Animal Clinic

## REFERRING VET

Dr. Favis

## INVOICE

68422

## DATE

11/7/25

## PRESENTING CLINICAL SIGNS

History: Waxing and waning lethargy, painful  
Chemistry - elevated cholesterol and triglycerides, CBC NSF. UA - USG 1.025, proteinuria.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder is small with a normal thickness and smooth appearance of the wall. A scant amount of floating, hyperechogenic sediment.

Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.

Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.

Normal renal size (left measured 4.4 cm, right measured 5.4 cm), increased echogenic appearance, loss of cortico-medullary differentiation, pyelectasia (left 0.6 cm and right 0.4 cm) and a regular curvilinear capsule. No infarcts, mineralization or renoliths evident. Incidental cortical cysts are noted and measured 0.6 cm present in the left kidney.

### *Adrenal Glands*

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.71 cm in width. The right adrenal gland measured 0.66 cm and 0.5 cm in width.

### *Spleen*

Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Incidental myelolipomas were noted. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 1.1 cm in width.

### *Liver*

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

### *Gallbladder*

The gallbladder is full containing a small amount of non-adhered hyperechogenic sediment. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic. The common bile duct measured 0.2 cm in diameter.



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## *Gastrointestinal*

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen. A moderate amount of ingesta is present within the stomach compatible with a recent meal. The duodenum measured 0.51 cm.

## *Pancreas*

The visible sections of the pancreas are of normal size and echogenic appearance with a regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

## *Free Abdomen*

Normal mesenteric lymph nodes.

No ascites evident.

## ULTRASONOGRAPHIC FINDINGS

- Age related renal changes versus early chronic kidney disease.
- Gallbladder sediment.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although the pyelectasia is most likely secondary to the chronic renal changes, underlying low-grade pyelonephritis needs to be considered.

The gallbladder sediment is most likely an incidental finding.

On this ultrasound there is no obvious etiology for the presenting clinical signs.

With the presenting clinical signs orthopedic and spinal disease needs to be considered.

Further assessment would be urine culture and if not already done full neurological and orthopedic examination.

Specific therapy would be dependent on an etiological diagnosis.



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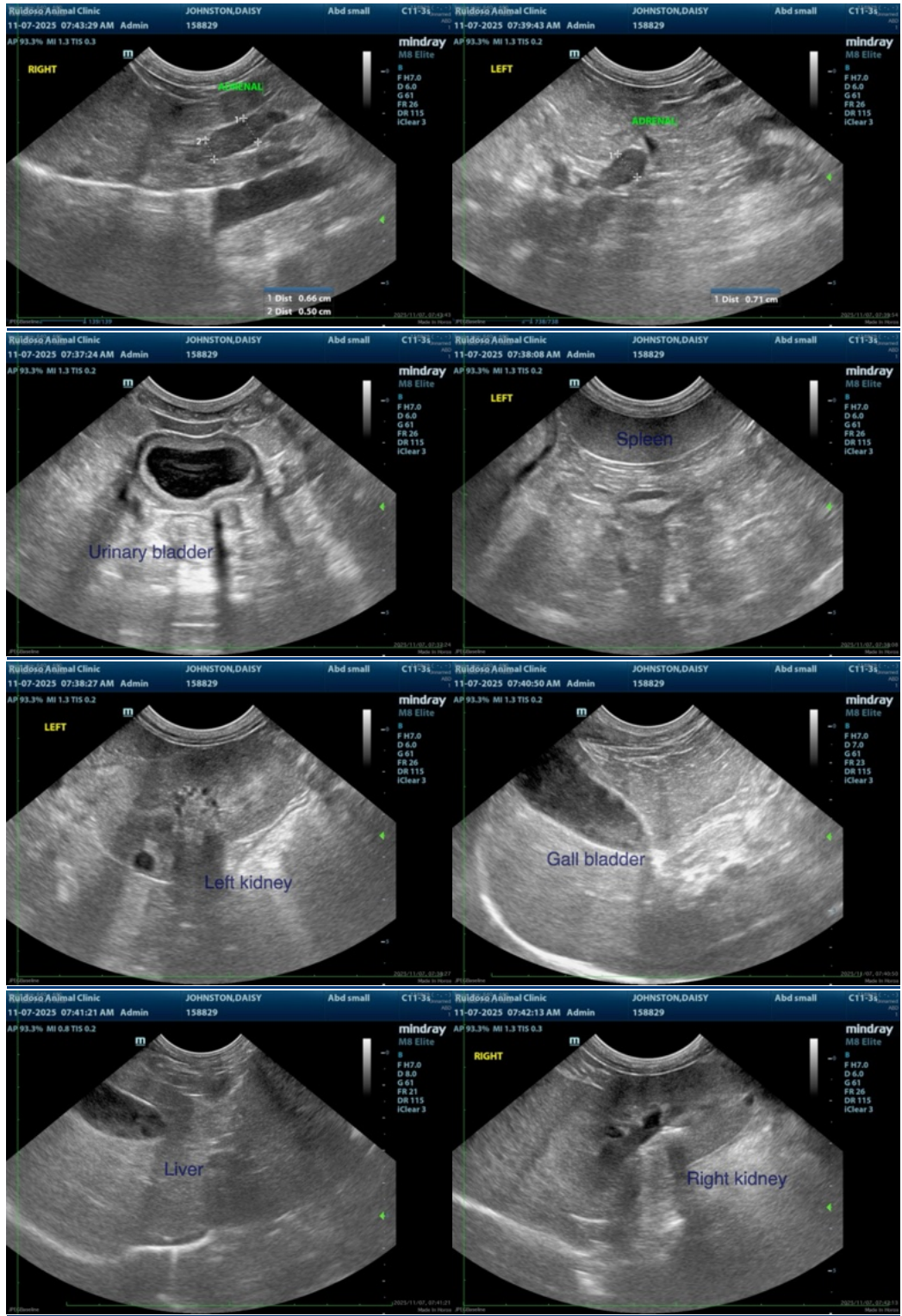
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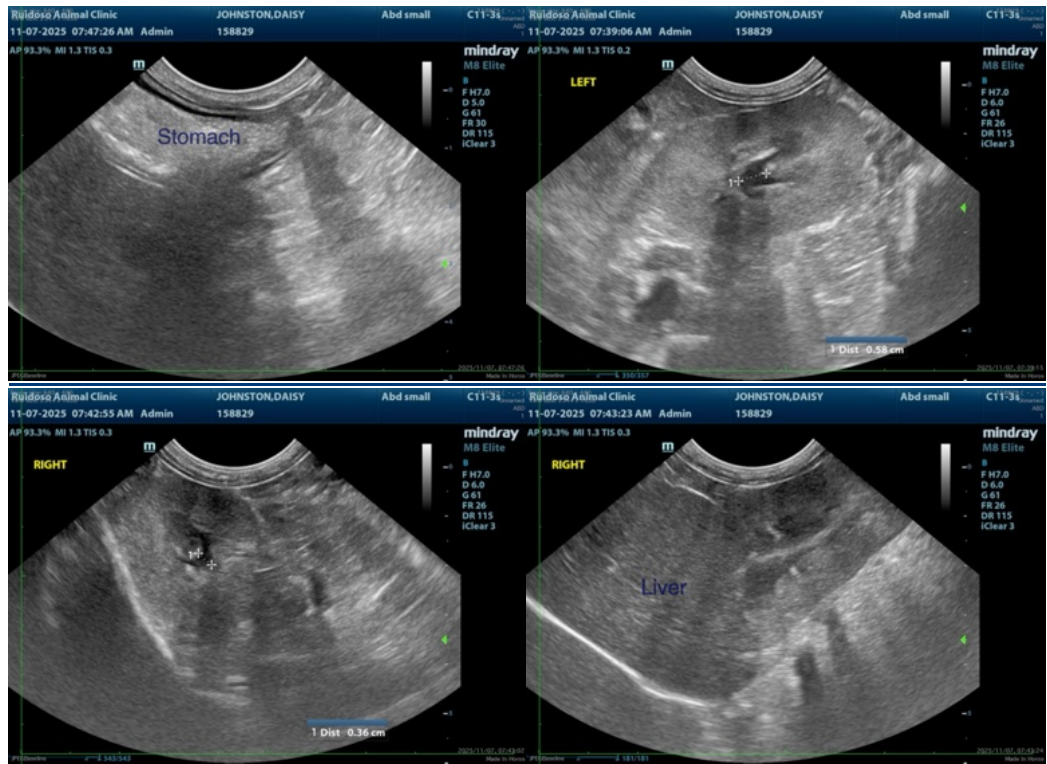
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)

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