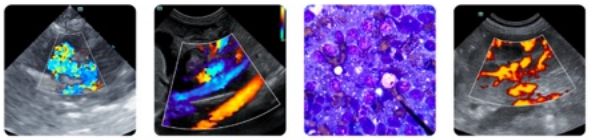


PATIENT

Pollie Liggett

SPECIES

Canine

BREED

Mix

SEX

Spayed female

AGE

13 ½ years

WEIGHT

8.2 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Haley Harasimowicz

HOSPITAL NAME

Waterbury VH

REFERRING VET

Dr. Crawford

INVOICE

72241

DATE

3/5/26

PRESENTING CLINICAL SIGNS

- Dog has IRIS Stage 2 CKD and history of recurrent UTIs.
- Last UTI E.coli 4/25, responded to 2 wk course of antibiotics.
- Dog has no clinical signs, no GI concerns, active and energetic.
- Dog started on Welactin and at least 50% of diet is now KD/ rx renal diet as of Jan 26.
- Dog has been on low-dose Proin (12.5mg q 24-48 hrs) since July 2022. On monthly preventives, no other meds.
- Owner is interested in obtaining all the information she can for dog and doing all she can to manage and slow progression of disease. Recommended abd US for full assessment of urinary tract, especially given history of UTIs.
- Last labwork done Jan 2026: SDMA 19, creat 1.8 (stable from 9/22/25), BUN 32, lytes all else wnl. Low normal HCT 40.6 USG 1.014, inactive sediment, protein negative. Urine cystatin B mild elevation 151 (high n =99) Urine culture NEG. Doppler BP wnl.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is small with a normal thickness and smooth appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

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.

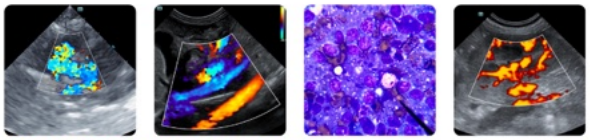
Normal renal size (left 3.7 cm, right 4.0 cm), increased echogenic appearance, some loss of cortico-medullary differentiation, mild pyelectasia and a regular curvilinear capsule. No infarcts or renoliths evident. Mild bilateral pinpoint cortical mineralization is evident.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.64 cm and 0.5 cm in width. The right adrenal gland measured 0.46 cm and 0.53 cm in width.

Spleen

Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. Small, focal, non-vascularized, hypoechogenic parenchymal nodule in the body of the spleen measuring 0.5 cm in size. The spleen measures 1.0 cm in width.



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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 and common bile duct.

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.

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

- Renal disease, splenic nodule.
- Gallbladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the kidneys is consistent with chronic kidney disease as per the patient's history.

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

The most likely etiology for the splenic nodule would be incidental reactive hyperplasia/extramedullary hemopoiesis with hematoma, granuloma and emerging neoplasia a less likely differential diagnosis.

The gallbladder sediment can be considered an incidental finding.

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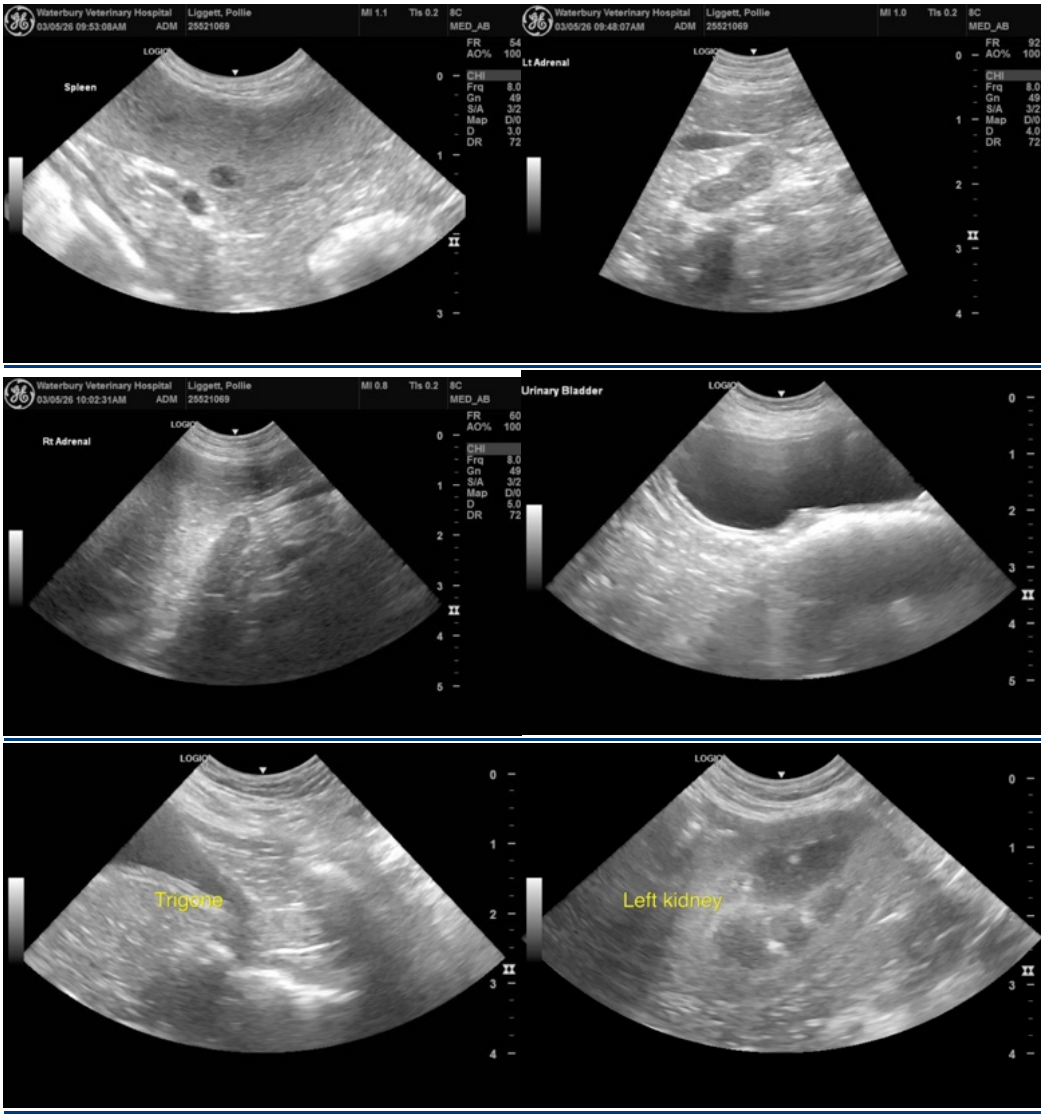
Monitoring of the urine for urinary tract infections and ultrasound monitoring of the splenic nodule is recommended.

If there is progressive enlargement of the splenic nodule or bulging of the overlying capsule noted then splenectomy should be considered.

Management of the renal disease would be to continue with the current therapy.



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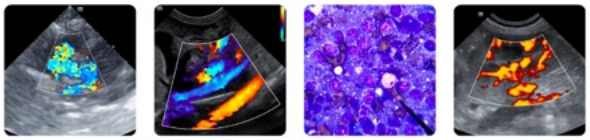

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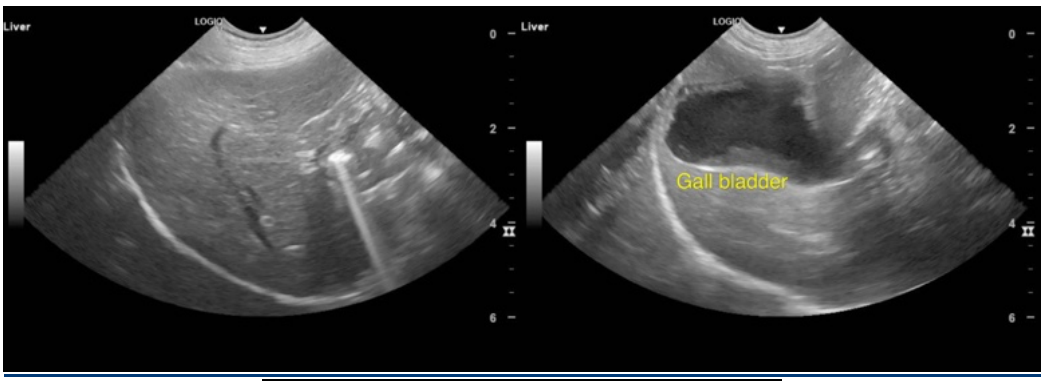

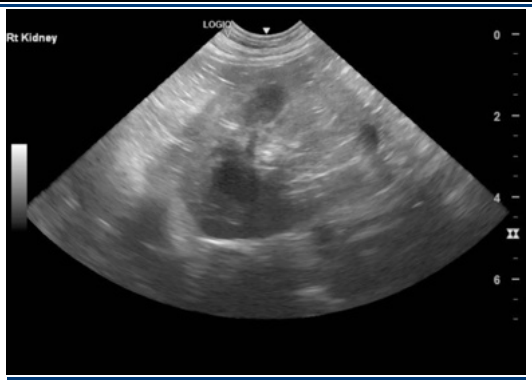

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com