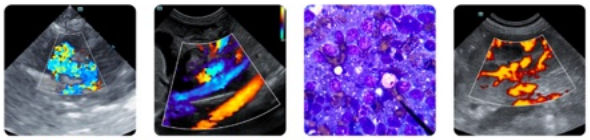


PATIENT

Honey Elliott

SPECIES

Canine

BREED

Doberman

SEX

Spayed female

AGE

1 year

WEIGHT

71 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Grace Jayne CVT

HOSPITAL NAME

Ark AH

REFERRING VET

Dr. Cronin

INVOICE

74604

DATE

4/20/26

PRESENTING CLINICAL SIGNS

History: 3/13 Honey presented to Ark for an exam. She has been shaking her head a little. Eating/drinking normally and acting normally otherwise. Still leaks urine and urinates in her crate. History of elevated renal values in October.
Today the owner reports she is doing well at home. No concerns.
Abnormal PE/Chem/CBC/UA Results: Renal values still increased and have gone up a little bit since October (SDMA 27, creatinine 2.2, BUN 53). History of lymphocytosis in October, but normal on most recent labs. Lepto PCR and urine culture pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

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 6.2 cm, right 5.9 cm), increased echogenic appearance, loss of cortico-medullary differentiation, mild pyelectasia (left worse than right) and an irregular capsule. No infarcts, mineralization or renoliths evident. A focal cyst was noted on the caudal pole of the left kidney measuring 1.1 x 2.6 cm in size.

Adrenal Glands

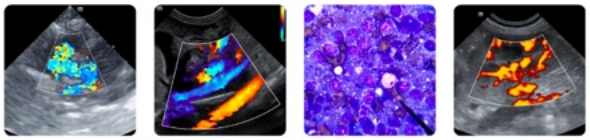
The left adrenal gland is normal in shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.4 cm and 0.43 cm in width. The right adrenal gland was not clearly visualized, but appears to be of normal shape, echogenic appearance and size.

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. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 2.5 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.



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Gallbladder

The gallbladder is full containing normal anechoic bile. 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.
- Urinary bladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the kidneys is consistent with chronic kidney disease with possible prior etiologies being bacterial nephritis and acute kidney injury. With the patient's age and breed renal dysplasia would be an important differential diagnosis. The pyelectasia is most likely secondary to the renal changes. Underlying low-grade pyelonephritis can be considered. Further assessment needs to be based on the pending results, but could include UPC (if sediment and culture is negative) and blood pressure.

Renal biopsy would be required for a final etiological diagnosis. However, this is unlikely change the management of the patient. Management of the renal disease would be feeding a renal diet, use of enteric phosphate binders as needed and possibly an ace inhibitor or receptor blocker.

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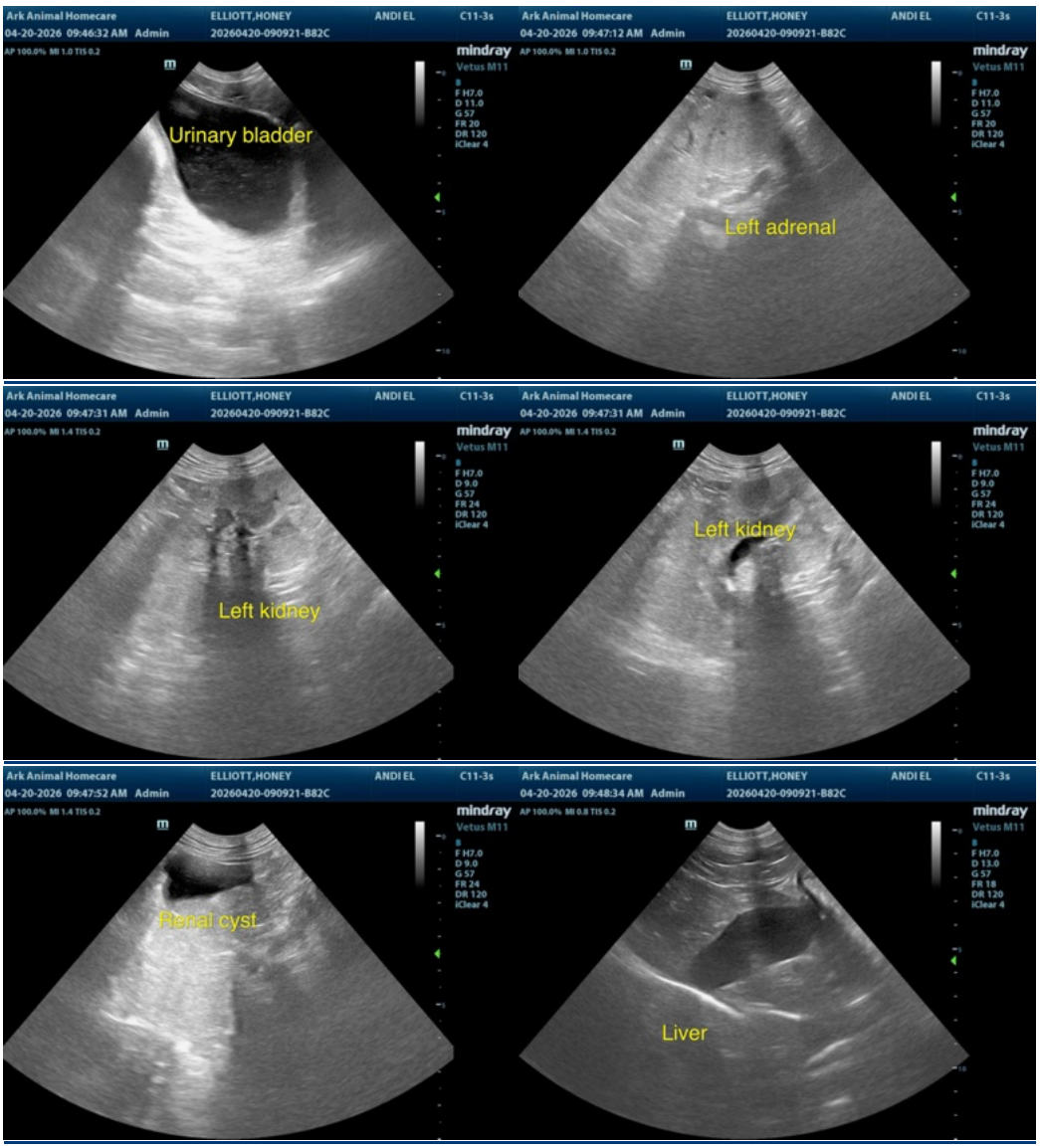

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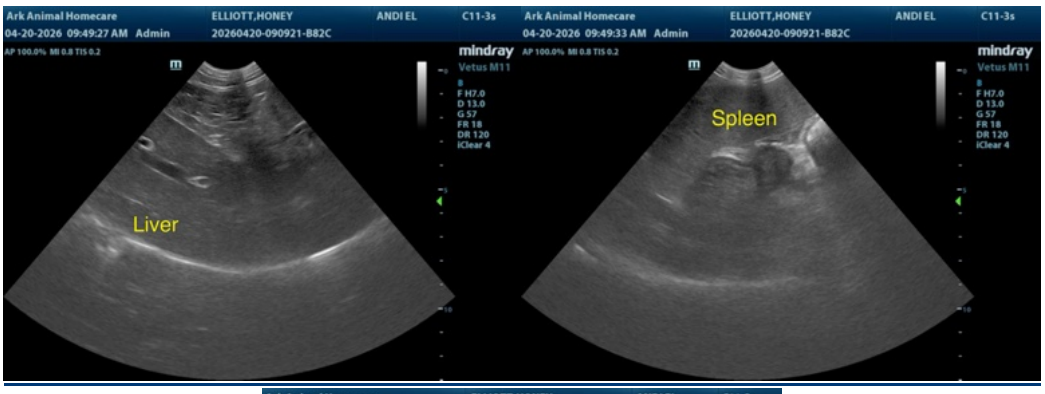

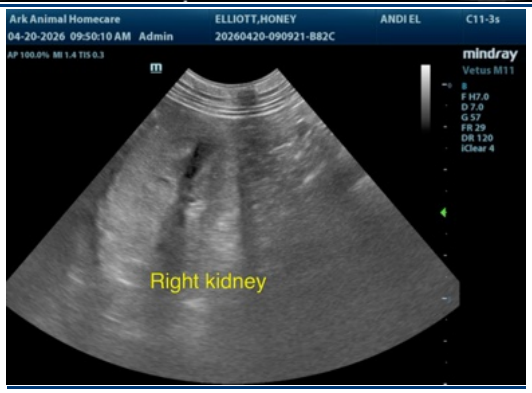

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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