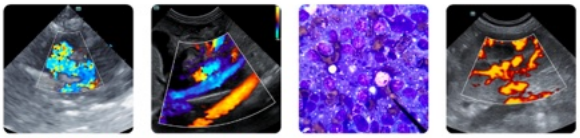

PATIENT

Oliver Ward Bull Terrier Rescue

SPECIES

Canine

BREED

Bull Terrier

SEX

Intact male

AGE

11 months

WEIGHT

63 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Animal Hospital Boone

REFERRING VET

Dr. Shutt

INVOICE

69464

DATE

12/19/25

PRESENTING CLINICAL SIGNS

History: P presented through rescue group for neuter- no problems reported. Pre anesthetic bloodwork showed BUN 56, Crea 2.1, and usg 1.010 with proteinuria

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 measured 6.3 cm, right measured 7.3 cm), increased echogenic appearance, loss of cortico-medullary differentiation, and normal pelvis and capsule. No infarcts, mineralization or renoliths evident. Normal color flow pattern is evident in both kidneys.

The iliac lymph node measured 0.9 x 1.9 cm in size.

Normal size and appearance of the prostate measured 3.0 x 3.4 cm in size, normal size and appearance of both testicles. The left measured 3.1 cm in length and the right measured 3.3 cm in length.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 2.52 cm in length x 0.4 cm and 0.41 cm in width. The right adrenal gland measured 3.26 cm in length x 0.49 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. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 1.7 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. A small amount of fluid is present in the stomach.

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.

The visible hepatic lymph node measured 1.0 x 1.1 cm in size and maintained normal shape ad echogenic appearance.

ULTRASONOGRAPHIC FINDINGS

- Renal disease.
- Urinary bladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

With the age and breed of animal the most likely diagnosis for the renal disease would be congenital, hereditary nephritis. With the previous episode of acute kidney injury or bacterial nephritis a less likely differential diagnosis.

The most likely etiology for the urinary bladder sediment would be incidental debris with crystalluria, hematuria and bacterial cystitis a less likely differential diagnosis.

Further assessment would be urine culture, UPC and blood pressure to confirm a diagnosis a renal biopsy would be required. However, this may not change the management.

Management of the renal disease would be feeding a renal diet, use of enteric phosphate binders as needed and either an ace inhibitor or receptor blocker.

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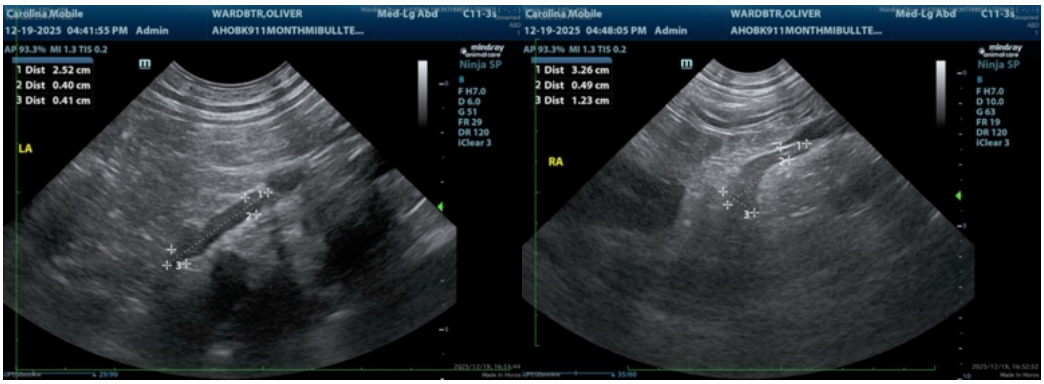

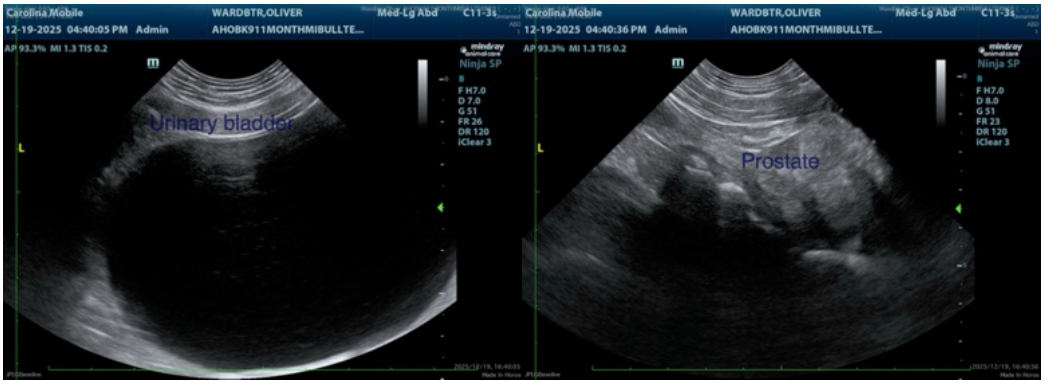

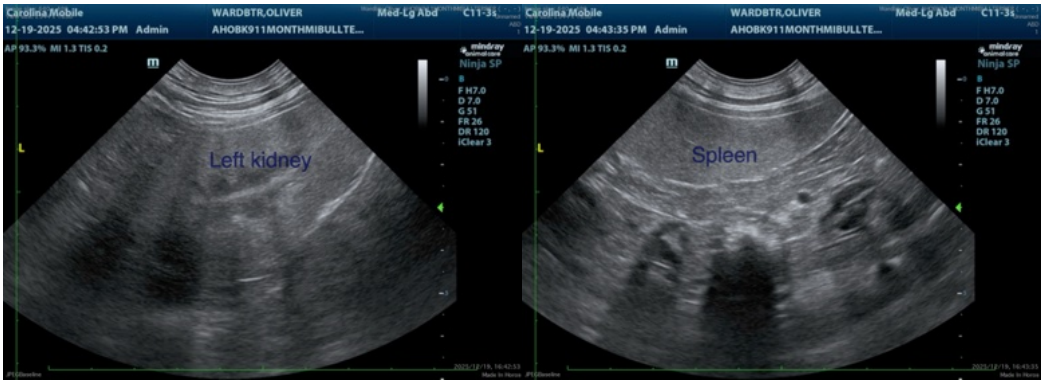

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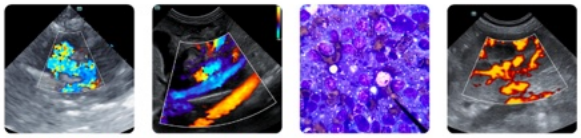

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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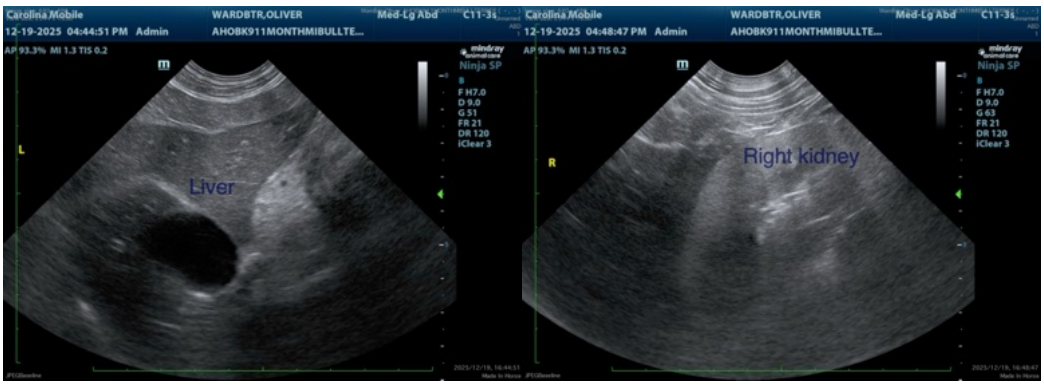

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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