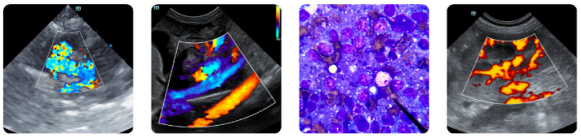


PATIENT

Lilly Parra

SPECIES

Canine

BREED

Cavalier King Charles Spaniel

SEX

Spayed Female

AGE

15 years

WEIGHT

25 lbs

INTERPRETED BY

Tam Mengine, DVM, DABVP (canine/feline practice)

IMAGING PERFORMED BY

Meghan Morse, LVT, CVT

HOSPITAL NAME

Midland Park Veterinary Hospital

REFERRING VET

Dr. Shokoff

INVOICE

10798

DATE

11/21/2025

PRESENTING CLINICAL SIGNS

Excessive licking of hind end +/- urinary incontinence Prev US revealed liver/panc/kidney changes Current meds: Galliprant.

Abnormal PE/Chem/CBC/UA Results: ALP 154, BUN 50, Creat 1.7, SDMA 17.4 U/A: 2+ protein, 2+ blood, wbc 2-3 hpf, rbc 4-10 hpf, upc 1.3, usg 1.018.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. A small amount of echogenic luminal sediment is present, which is freely movable. The ureteral papillae, trigone and pelvic urethra are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted. Urethra visualized to 3.0 cm.

Both kidneys are hyperechoic and exhibit mildly decreased cortico-medullary differentiation. There is trace pylectasia present in the left kidney, with anechoic contents. The renal pelvic fat is of normal echogenicity. There are multiple, non-obstructive nephroliths noted within the renal cortex and medulla of both kidneys. There is no evidence of hydronephrosis. The proximal ureters are not visible (normal). The left kidney is 3.7 cm in length. The right kidney is 4.4 cm in length.

Adrenal Glands

The adrenal glands are both identified in their normal locations. They are normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. Left adrenal measures 4.8 mm at the cranial pole and 5.6 mm at the caudal pole. Right adrenal measures 8.3 mm at the cranial pole and 4.4 mm at the caudal pole.

Spleen

The spleen is of appropriate size and has a normal, homogenous parenchyma with a smooth, continuous capsular surface. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal.

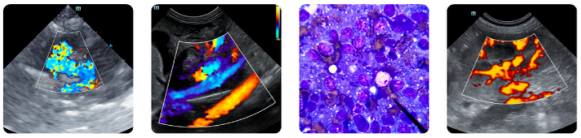
Liver

The liver is diffusely hyperechoic and subjectively enlarged, with sharp borders. There are hypoechoic nodules present throughout the parenchyma. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

The gallbladder is moderately distended with anechoic contents and a small amount of freely-moveable echogenic sludge. The wall was thin and continuous with small focal polypoid lesions. The cystic and common bile ducts are normal / not visible.

Gastrointestinal

The stomach is moderately distended with normal ingesta. The gastric wall is 4.4 mm with normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.



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The visualized portions of the duodenum, jejunum, and ileum are of normal thickness with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio. Intestinal motility appears normal.

The visible portions of the colon are of normal thickness, 1.4 mm, with intact wall layering. The ileocecal junction is not visualized.

Pancreas

The right limb of the pancreas is hypoechoic to the surrounding mesenteric fat, with an inhomogenous parenchyma and normal capsular appearance. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

Free Abdomen

There is no evidence of free fluid within the peritoneal cavity. The omentum and intra-abdominal fat are of appropriate echogenicity. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

PRIMARY FINDINGS

- Bilateral chronic renal changes with nephrolithiasis, consistent with the findings from March 2025.
- Hyperechoic liver with nodules, stable from the findings in March 2025.

SECONDARY FINDINGS

- Mottled pancreas, typical of chronic remodeling change. Stable from the findings in March 2025.
- Polypoid gallbladder wall hyperplasia, which is an incidental finding in older dogs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of both the liver and the pancreas are stable when compared to the findings in March of 2025, further supporting the suspicion that these are benign changes. The appearance of the kidneys are also similar to the findings from March.

Given the presence of white blood cells in the recent urinalysis, the significance of the mildly elevated urine protein-creatinine ratio cannot be accurately assessed. Given the history of urinary incontinence and peri-vulvar irritation reported, urine culture would be recommended to rule out the possibility of occult urinary tract infection.

If this is negative, then a trial with either Proin or Incurin could be considered to rule out the possibility of subclinical urinary incontinence. Given the presence of mild azotemia, a blood pressure measurement and renal diet would also be recommended.

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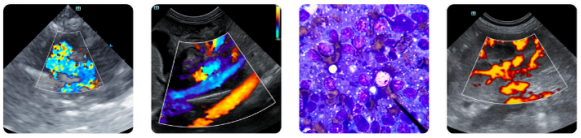

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Tam Mengine, DVM, DABVP (canine/feline practice)

info@SonoPath.com