



PATIENT

Siena McKnight

SPECIES

Canine

BREED

English Shepherd

SEX

FS

AGE

13 years

WEIGHT

34.8 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Sara Hansen

HOSPITAL NAME

Healing Paws Wellness
Center

REFERRING VET

Dr. Radebaugh

INVOICE

10800

DATE

11/21/2025

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: RENAL AZOTEMIA ABNORMAL Labwork Values WILL EMAIL RESULTS
Current Medications None Radiographic Findings None.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is minimally distended with anechoic urine, and no luminal sediment is present. 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 exhibit mildly decreased corticomedullary differentiation. There are small, non-obstructed nephroliths present within the renal cortex of the left kidney. There is no evidence of pyelectasia or hydronephrosis. The proximal ureters are not visible (normal). The left kidney is 4.2 cm in length. The right kidney is 4.3 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 6.1 mm at the caudal pole, and the right adrenal measures 5.8 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 and a homogenous echotexture. 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 no focal lesions. The cystic and common bile ducts are normal / not visible.

Gastrointestinal

The stomach is moderately distended with gas. The gastric wall is 4.1 mm with normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.

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 with intact wall layering. The ileocecal junction is not visualized.

Pancreas



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The areas of the limbs and body of the pancreas are isoechoic to the surrounding mesenteric fat, with normal capsular appearance. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

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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.

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PRIMARY FINDINGS

- Mild, bilateral chronic renal changes with nephrolithiasis.

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SECONDARY FINDINGS

- Diffusely hyperechoic liver, typical of a benign reactive hepatopathy.

AGE

13 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the kidneys is typical of benign age-related degeneration, along with nephrolithiasis. In the absence of obstruction, no specific treatment for the nephrolithiasis is recommended. Additional recommendations if not already performed include:

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- Blood pressure measurement.
- Urine culture should also be considered, particularly if urine sediment is active.
- Dietary and supportive care recommendations can be made, based on the staging of the disease as outlined in the IRIS guidelines. Feeding a diet high in moisture, with added water, may help in decreasing kidney stone formation in the future.
- The positive leptospirosis antibody test should be interpreted in light of prior vaccination history. There are no sonographic changes that would support active leptospirosis infection.

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The changes in the liver are typical of a benign reactive hepatopathy, and with the minimal elevation in liver enzymes, more serious pathology is deemed less likely. Liver biopsy would be necessary for definitive diagnosis.

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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)

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