



PATIENT

Minnie Moran

SPECIES

Canine

BREED

Poodle

SEX

Spayed Female

AGE

13 Years

WEIGHT

10 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kristin Evans

HOSPITAL NAME

Emergency AH of
Crystal Falls

REFERRING VET

Dr. Alan Ralph

INVOICE

72792

DATE

2/8/26

PRESENTING CLINICAL SIGNS

P Came in yesterday for not eating, drinking and urinating a lot. Looked ok on exam, history of Some days does not eat. Sent bloodwork out. Urine sample dilute.

Abnormal PE/Chem/CBC/UA Results: BW CBC Hct 53%, BUN 104, Crea 7.6, Phos 12, Ca 12, Globs 4.1, USG 1.010. SDMA not run due to not enough sample. Accuplex negative. Called owner, dog eating at home. Discussed AKI, AoCKD, leptospirosis - not up to date for leptospirosis but everything else.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine, and no luminal sediment is present. The ureteral papillae, trigone and pelvic urethra (visible to 2.0 cm) are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted.

The kidneys are hyperechoic and exhibit moderately decreased cortico-medullary differentiation. There are small cortical cysts present within the kidneys. There is no evidence of pyelectasia or hydronephrosis. There is focal medullary mineralization noted within the right kidney. The proximal ureters are not visible (normal). Left measures 3.7 cm. Right measures 4.2 cm.

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 measures 4.7 mm at the cranial pole and 5.3 mm at the caudal pole. Right measures 5.6 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 of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. 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 ingesta. The gastric wall is 2.5 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.



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The visible portions of the colon are of normal thickness (1.3 mm) with intact wall layering. The ileocecal junction is not seen.

Pancreas

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.

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.

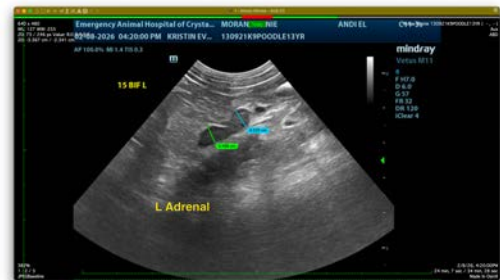
PRIMARY FINDINGS

- Bilateral chronic renal changes with mineralization - subjectively moderate in severity.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the kidneys would support an “acute on chronic” component to the patient’s renal failure. There is no evidence of underlying neoplastic disease or urethral obstruction. Additional recommendations include:

- Blood pressure measurement
- Testing for leptospirosis
- Urine culture, particularly if urine sediment is active
- Treatment with IV fluids, gastroprotectants, anti-emetics, phosphate binders and appetite stimulants
- Further dietary and supportive care recommendations, based on the staging of the disease as outlined in the IRIS guidelines.





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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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