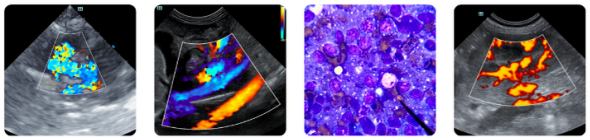


PATIENT

Animal Cassidy

SPECIES

Canine

BREED

Soft Coated Wheaton Terrier

SEX

MN

AGE

4 years

WEIGHT

14.9

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gira

HOSPITAL NAME

Fish Creek 24 Emergency

REFERRING VET

Dr. Erica Johnson

INVOICE

11535

DATE

3/20/2026

PRESENTING CLINICAL SIGNS

- Patient presented for acute vomiting and inappetence. PE revealed dehydration but was otherwise unremarkable.

Abnormal PE/Chem/CBC/UA Results: Blood work revealed marked azotemia (Crea 671, BUN 58.3) with hyperphosphatemia (3.15), and mild NR anemia (Hct 36.1%). UA revealed USG 1.010, Pro 5g/L, blood 250 Ery/uL, with manual cytology showing 1+ RBC, 1+ cocci. Cortisol was normal at 93. UPC in house: 5.33. Kidneys appear small and irregular in appearance on both POCUS exam and abdominal radiographs.

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 are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted. Urethra visualized to 4.0 cm.

The prostate is of appropriate size for patient age and neutering status, with a homogenous parenchyma and smooth capsule. The prostatic urethra is non-dilated with normal margins.

The kidneys are of subnormal size , with an irregular shape and loss of the normal corticomedullary architecture. The renal pelvis appears mildly dilated bilaterally. There is no evidence of nephrolithiasis, mineralization, cystic change or hydronephrosis. There are cortical cysts noted bilaterally. The proximal ureters are not visible (normal). The left kidney is 4.1 cm in length. The right kidney is 4.9 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 gland measures 4.6 mm at the cranial pole and 5.0 mm at the caudal pole. Right adrenal measures 4.4 mm at the cranial pole and 5.1 mm at the caudal pole.

Spleen

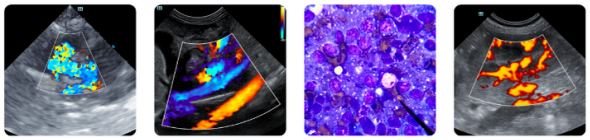
The spleen is of appropriate size and has a normal, homogenous parenchyma with a smooth, continuous capsular surface. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal.

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. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

Gastrointestinal



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The stomach is mildly distended with gas. The gastric wall is 3.2 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, up to 1.4 mm, with intact wall layering. The ileocecal junction is visualized and appears normal.

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 focal free fluid present with the abdomen in the region of the spleen. The associated omentum and intra-abdominal fat are hyperechoic. The mesenteric and ileocolic lymph nodes are mildly enlarged, with normal shape and echogenicity, up to 1.9 cm in length. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

PRIMARY FINDINGS

- Bilateral renal changes typical of renal dysplasia.
- Reactive mesenteric lymph nodes, as well as regional peritonitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the kidneys is typical of renal dysplasia, and the breed is known to have a predisposition towards this problem. Treatment goals would be aimed at managing this patient similar to any dog in renal failure, with protein losing nephropathy. The inflammation associated with the mesenteric region may be secondary to azotemia/uremia, or there maybe concurrent enteritis present. Treatment with gastroprotections and antiemetics is recommended. Additional recommendations include:

- Feeding a prescription renal diet.
- Blood pressure measurement if not already performed.
- Beginning either an ACE-inhibitor or telmisartan (as dictated by clinician preference), and monitoring UPC ratio and serum albumin, along with renal values and electrolytes, to optimize medication dosing.
- Omega-3 fatty acid supplementation.
- Clopidogrel at 1-2mg/kg once daily if albumin levels are <2.0.
- Abdominocentesis could be performed for patient comfort if needed.
- Definitive diagnosis would require biopsy of the affected tissue, ideally with intra-operative ultrasonographic guidance . If there is concurrent lymphadenopathy, ultrasound-guided sampling of the lymph node using a 25 or 22G needle could be considered.
- Intravenous or subcutaneous fluid therapy, especially initially may be helpful if the patient is dehydrated, and subcutaneous fluids could potentially be continued long term.

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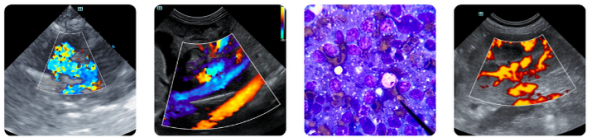

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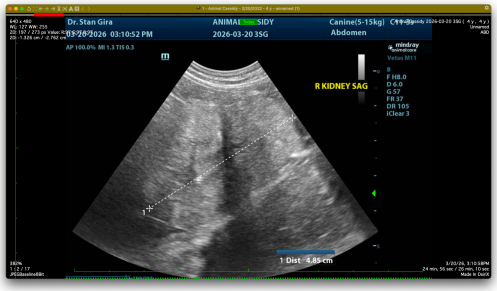

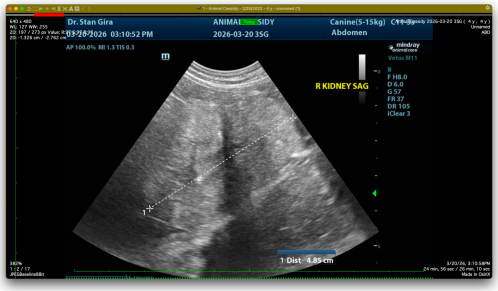

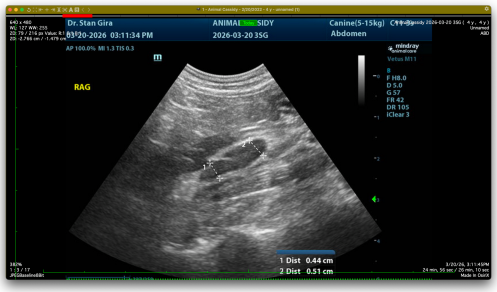

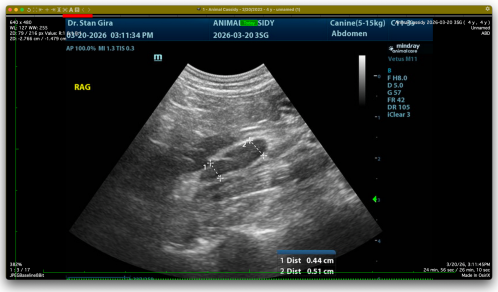

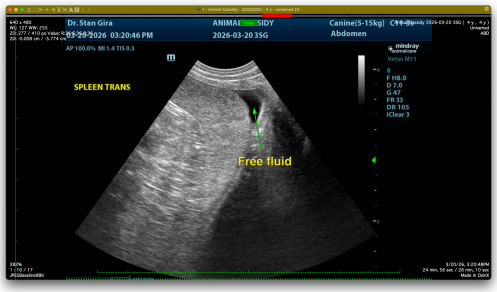

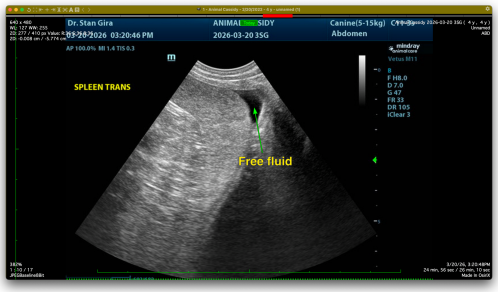

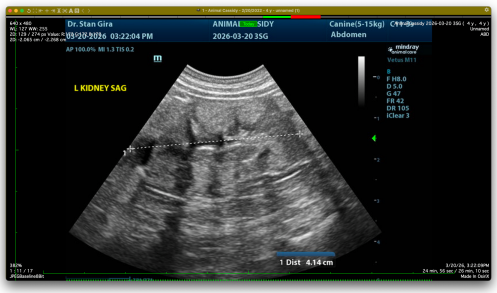

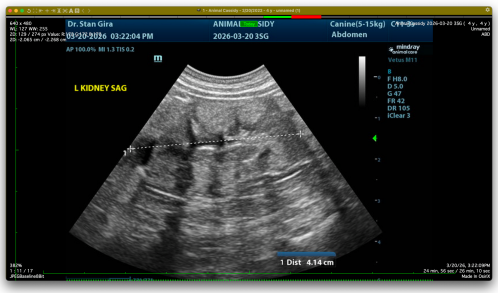

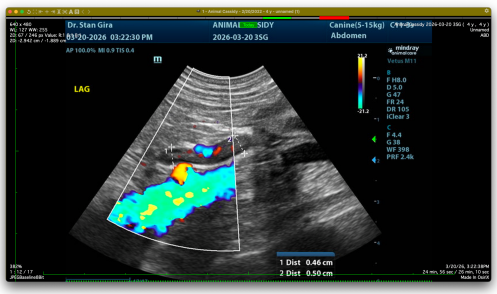

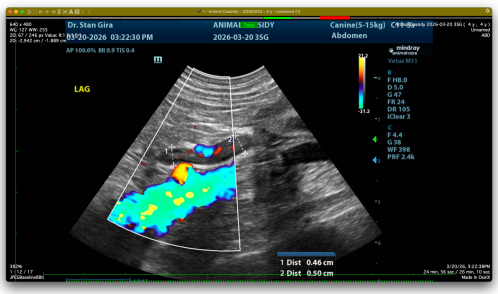

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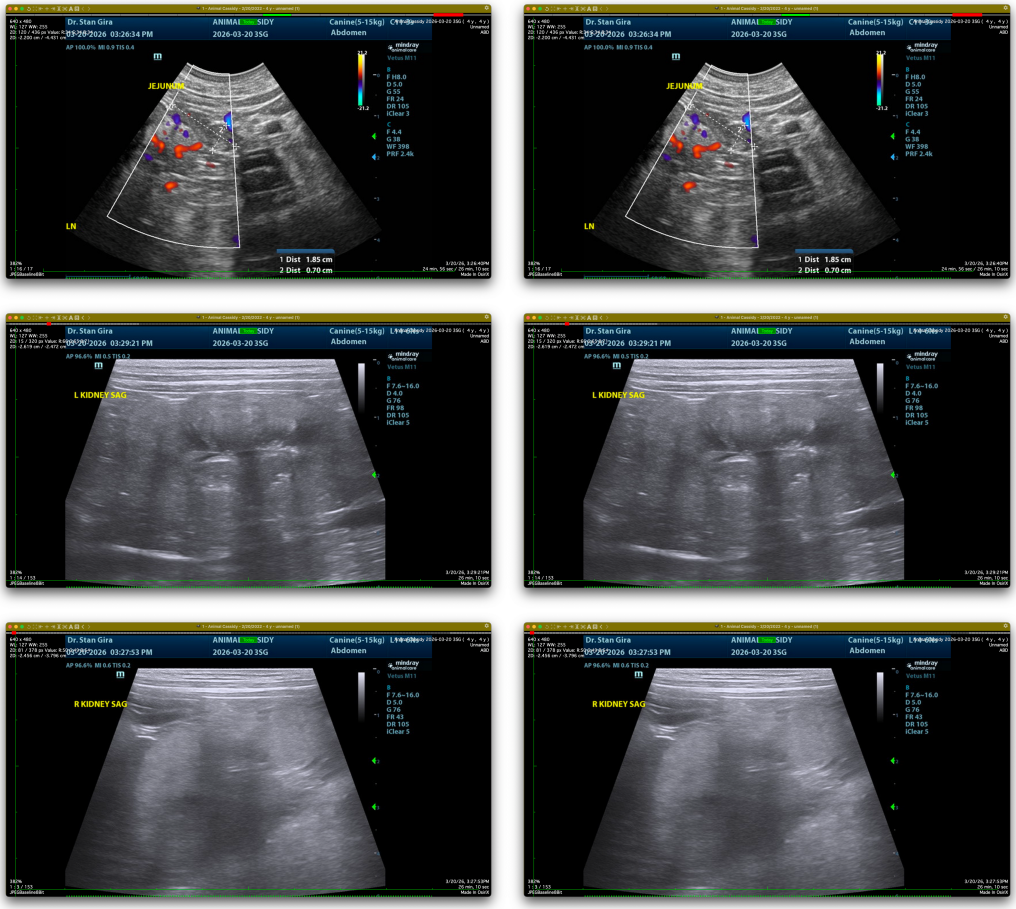

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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