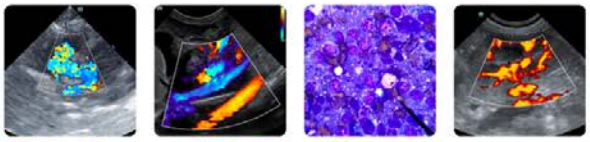

PATIENT

Emily Sperry

SPECIES

Canine

BREED

Lab Retriever

SEX

Spayed Female

AGE

10 Years 9 Months

WEIGHT

65.3

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sarah Green

HOSPITAL NAME

Healing Spirit Animal Wellness

REFERRING VET

Dr. Sarah Green

INVOICE

73914

DATE

3/21/26

PRESENTING CLINICAL SIGNS

History of chronic/ recurrent bacteria cystitis (E.coli), treated with based on result of culture and sensitivity. Recently noticed mild anemia and azotemia on serum chemistries.

Abnormal PE/Chem/CBC/UA Results: Exam unremarkable SDMA = 14 (0 - 14) µg/dL, Creatinine=2.4 (0.5 - 1.5) mg/dL, BUN=34 (9-31) mg/dL, Hematocrit=37.8 (41-60)%

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 exhibit mildly decreased corticomedullary differentiation. There is focal mineralization present within the cortex and medulla of both kidneys. There is no evidence of pyelectasia or hydronephrosis. The proximal ureter is not visible (normal). Left kidney measures 5.2 cm. Right kidney measures 6.0 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 measured 4.9 mm at the cranial pole and 5.4 mm at the caudal pole. Right measured 3.9 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 parenchyma is diffusely heterogeneous and subjectively enlarged, with sharp borders. 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

The stomach is moderately distended with ingesta. The gastric wall is 4.2 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 (1.5 mm) with intact wall layering. The ileocecal junction is not seen.

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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 renal mineralization with suspected nephrolithiasis.

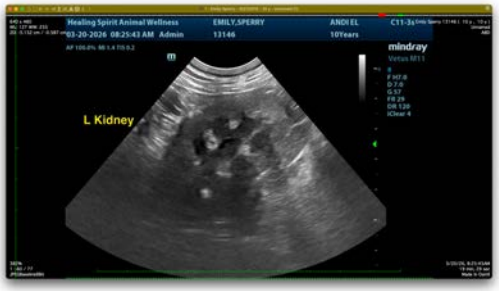
SECONDARY FINDINGS

- Diffusely hyperechoic, heterogeneous liver.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The focal mineralization seen within both kidneys has an appearance typical of nephrolithiasis. Given the history of confirmed recurrent urinary tract infections, it is possible that these are forming secondary to renal infection. If this is the case, they may be responsive to treatment with longer term antibiotic therapy and a dissolution diet. If they are not struvite stone secondary to infection, then they are not likely to be soluble, and chronic management would involve a high moisture diet, and ongoing monitoring for evidence of ureteral obstruction. Assessment of blood pressure is recommended if not already performed, as is a renal diet. A repeat urine culture is recommended to help further determine whether the azotemia and mineralization within the kidneys may be secondary to infection.

The changes in the liver are non-specific, but typical of a benign, reactive hepatopathy. While biopsies would be needed for definitive diagnosis, in the absence of elevated renal values this is most likely an incidental finding.



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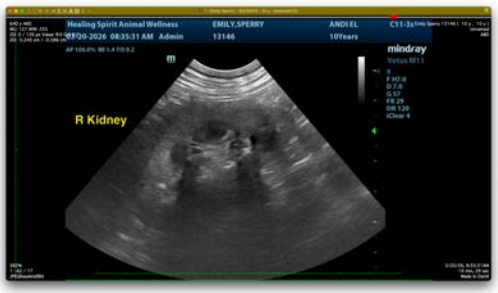

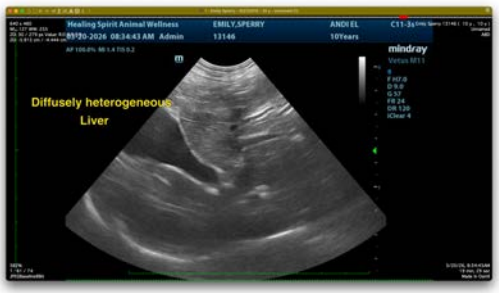

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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