



PATIENT

Lucky Birdi

SPECIES

Canine

BREED

Toy Poodle

SEX

Spayed Female

AGE

13 Years

WEIGHT

14 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Michael Schacher

HOSPITAL NAME

Emergency Vets of
Idaho, LLC

REFERRING VET

Dr. Juli Sorenson

INVOICE

74196

DATE

4/4/26

PRESENTING CLINICAL SIGNS

Seen at rDVM - they did bloodwork and CPL with CPL abnormal. Referred here for further care

Abnormal PE/Chem/CBC/UA Results: ALP 212, ALT 138 Amylase 1824, BUN 176, Phosphorous 12.9, Creatinine 3.4, Sodium 163, WBCs low end of normal, anemia of chronic disease (slight)

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 cortico-medullary differentiation. There is mild pyelectasia present in the right kidney with anechoic contents. The renal pelvic fat is of normal echogenicity. There are small cortical cysts present within the renal cortices of both kidneys. There is no evidence of nephrolithiasis, mineralization, or hydronephrosis. The proximal ureters are not visible (normal). Left kidney measures 3.2 cm. Right kidney measures 3.5 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 3.0 mm at the cranial pole and 4.0 mm at the caudal pole. Right measures 3.5 mm at the cranial pole and 4.0 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 mildly distended with gas. The gastric wall is 3.3 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 (1.4 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 chronic renal changes
- R renal pyelectasia without visible inflammation - this may be secondary to chronic degenerative change, fluid therapy, or less likely pyelonephritis

SECONDARY FINDINGS

- Diffusely hyperechoic liver, consistent with a benign reactive hepatopathy (though biopsy would be needed to definitively rule out other pathology)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The renal changes are most typical of chronic, age-related degeneration. The presence of pyelectasia raises the possibility of pyelonephritis, though in the absence of overt inflammation, it is more likely due to the chronic changes. The pancreas appears normal, making pancreatitis less likely, though occasionally sonographic changes can lag behind serum markers. Additional recommendations include:

- Urinalysis with urine protein creatinine ratio, if not already performed
- Urine culture, and empiric antibiotic therapy pending results, if there is an active sediment on urinalysis
- Blood pressure measurement
- Dietary and supportive care recommendations can be made, 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)

info@SonoPath.com