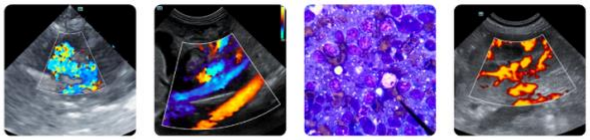

PATIENT

Lucy Reis

SPECIES

Canine

BREED

Shih Tzu

SEX

Spayed Female

AGE

3 Years

WEIGHT

8.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Brian Klug

HOSPITAL NAME

Sondel Family Veterinary Clinic

REFERRING VET

Dr. Kara Wallisch

INVOICE

15683

DATE

05/01/26

PRESENTING CLINICAL SIGNS

During routine pre-dental screening, azotemia noted on BW. O reports P is "normal" at home but has always drank a lot. Not on meds. No known toxin exposure. No other symptoms. Workup for congenital renal vs infectious vs other

Abnormal PE/Chem/CBC/UA Results: UA and culture pending CHEM: Cr 3.2, BUN 81, SDMA 29 4dx: negative

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 and trigone are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted. The urethra and prostate are not visible likely due to their intrapelvic location.

Both kidneys are hyperechoic and exhibit moderately decreased cortico-medullary differentiation. There is focal mineralization present within the renal cortex and medulla bilaterally. There is mild dilation of the renal pelvis, with anechoic contents. There is a medullary rim sign seen within both kidneys. There is no evidence of nephrolithiasis or hydronephrosis. The proximal ureters are not visible (normal). The left kidney is 3.0 cm in length. The right kidney is 3.3 cm in length.

Adrenal Glands

The left adrenal gland is identified in its normal location. It is of normal size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland height is 2.7 mm at the cranial pole and 4.0 mm at the caudal pole. The right is not distinctly visualized, but the region appears unremarkable.

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

The stomach is moderately distended with gas. The gastric wall is 2.2 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.

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The visible portions of the colon (1.6 mm) are of normal thickness 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 degenerative renal changes with mineralizations and left pyelectasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes in the kidneys are nonspecific and might be seen with toxic insult, inflammatory change, or possibly infection. The appearance is not typical of renal dysplasia. The pending urinalysis and culture should provide further insight into possible underlying causes, however, sometimes renal biopsy is the only way to achieve a definitive diagnosis, particularly in cases of a protein losing nephropathy.

Further supportive treatment and diagnostics, such as blood pressure measurement are recommended in accordance with 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