

PATIENT

Leo Svytska

SPECIES

Canine

BREED

Pomeranian

SEX

Neutered Male

AGE

8 years

WEIGHT

10.8 lbs

INTERPRETED BY

Jessica Midence, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Ridge Road AH

REFERRING VET

Dr. Pathak

INVOICE

12829

DATE

4.21.23

PRESENTING CLINICAL SIGNS

History: Elevated renal and pancreatic enzymes. Hx of anorexia and vomiting for 3-4 days. Current meds: Cerenia, Famotidine, IVF

Abnormal PE/Chem/CBC/UA Results: Neuts 14.339, SDMA 49, BUN 202, Creat 6, Phos 159, Na 154, TC02 (bicarb) 11, Anion Gap 28, Amyl 2,035, Lipase >1800, T4 0.5. U/A-not performed/pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder mucosa, trigone, and visible urethra are normal in thickness and there is no evidence of mucosal irregularities. The bladder lumen is moderately distended with mostly anechoic urine (though there are some suspended hyperechoic speckles) and bladder thickness is considered normal for volume of urine.

The prostate measures appropriate (0.89 cm) for the neutered status of the dog. The parenchyma appears homogenous.

The left kidney is normal in size (3.62 cm). While the overall shape is mostly normal, the contour is mildly irregular. There is complete lack of corticomedullary distinction, and the kidney is diffusely hyperechoic and almost difficult to discern from surrounding tissues. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is only slightly small (3.81 cm). While the overall shape is mostly normal, the contour is irregular. There is complete lack of corticomedullary distinction, and the kidney is diffusely hyperechoic and almost difficult to discern from surrounding tissues. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal in size (cranial pole 0.36 cm / caudal pole 0.62 cm) with a bulbous appearance and is normal in appearance and echogenicity.

The right adrenal gland is normal in size (cranial pole 0.73 cm / caudal pole 0.69 cm). The right adrenal gland has normal shape and it is normal in appearance and echogenicity.

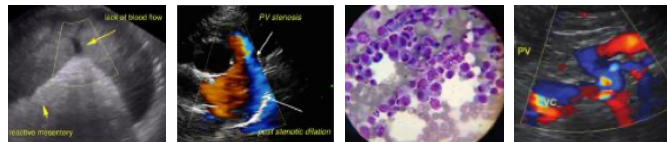
Spleen

The splenic echotexture is homogeneous with parenchyma isoechoic to liver and renal cortical parenchyma. The capsule is smooth with no irregularities. The splenic vasculature is normal without signs of congestion or thrombosis.

Liver

The liver is subjectively normal in size with rounded contours, normal structure, and smooth peripheral margins. The echogenicity is hyperechoic with decreased portal markings, and is isoechoic relative to the spleen. No overt evidence of inflammatory, infiltrative or regenerative pathology is evident. The visible portions of the vasculature and biliary tract appear normal. No pathological hepatic lymphadenopathy observed.

The gallbladder lumen is moderately distended. The wall is a normal thickness and smooth. There is a moderate volume of dependent echogenic debris. The cystic and common bile ducts are normal/not visible.



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Gastrointestinal Tract

The gastric lumen contains a small volume fluid. The stomach wall is of normal overall thickness (0.40 cm), though the layering is slightly blurred, with a subjectively thickened and mildly hyperechoic mucosa. There are no masses or focal lesions observed and the pyloric outflow tract appears normal.

SPECIES

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The visualized areas of duodenum, jejunum and ileum appear normal in thickness. The duodenum measures normal (0.42 cm) with distinct wall layering. The remainder of the small intestines also measures normal (0.38 cm) with normal wall layering. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material, except one segment of bowel that did contain a very small volume of fluid. No focal lesions observed.

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The sections of colon are visualized with formed fecal material and gas shadowing distally.

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Pancreas

The area of the pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid. The visible pancreatic duct was normal.

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Peritoneum

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

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Primary Findings

- Significant chronic kidney disease
- Gastritis

INTERPRETED BY

Jessica Midence, DVM,
DACVIM (SAIM)

Secondary Findings

- Gall bladder sludge
- Hyperechoic liver

IMAGING PERFORMED BY

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The appearance of the kidneys is more supportive of chronic kidney disease, as there is almost complete lack of any corticomedullary distinction. There does not appear to be an acute kidney injury superimposed over chronic kidney disease based on this sonographic examination, though consider urinalysis and urine culture to evaluate for this possibility. Continue to treat the causes of possible acute kidney injury with antibiotics, fluids, etc. Continue long-term monitoring of azotemia.

REFERRING VET

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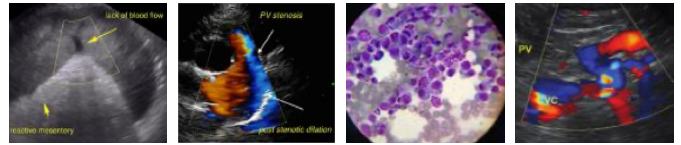
There is some evidence of gastritis which could be from uremia. Continue to treat for gastritis with antiemetics, appetite stimulants, antacids and other gastric protectants.

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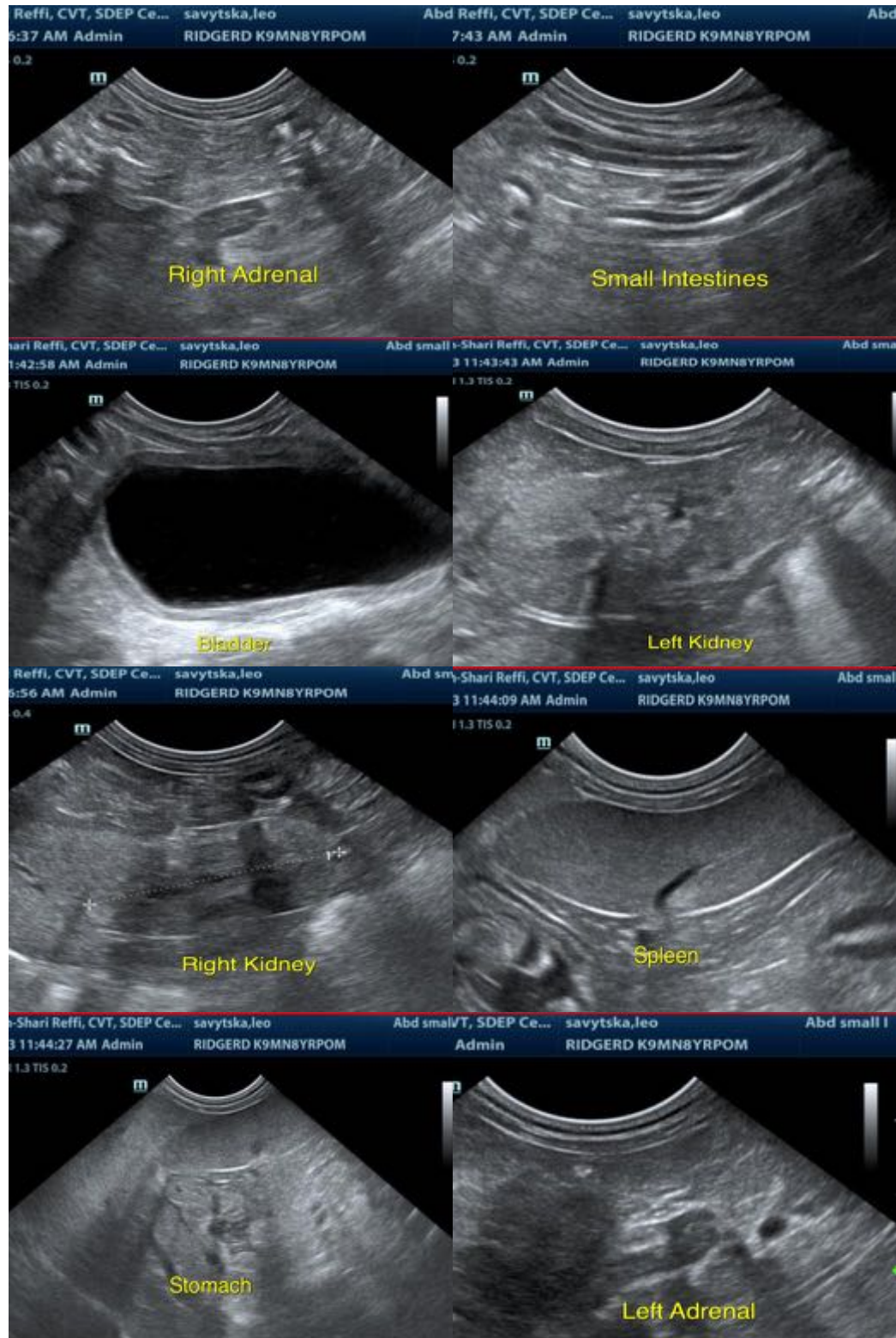
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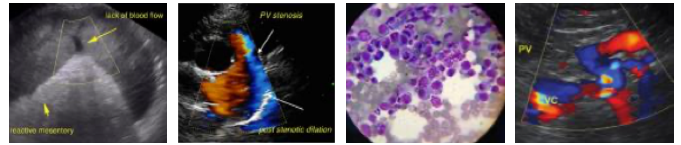
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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info@SonoPath.com

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