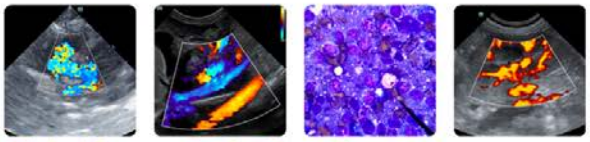


PATIENT

River Derakhshanfar

SPECIES

Canine

BREED

Pekingese

SEX

Spayed Female

AGE

5 Years 6 Months

WEIGHT

5.3 kg

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Mariusz Chmielinski, DVM

HOSPITAL NAME

Apex Veterinary Services

REFERRING VET

Alpine 24/7 ER

INVOICE

72292

DATE

1/20/26

PRESENTING CLINICAL SIGNS

- Acute onset blood in urine / hemorrhagic vulvar discharge
- Lethargy, vomiting, anorexia for several days
- Drinking water but not eating well
- History of intermittent, pink-tinged urine every 1–2 months despite being spayed (spay ~3 years ago)

Abnormal PE/Chem/CBC/UA Results: Mentation: QAR Vital Signs: T 39.6°C (febrile), HR 128 bpm, RR 28/min, BP 127/77 (MAP 84), Hydration: Tacky mucous membranes , Urogenital: Visible blood/clots around vulva; discomfort on bladder palpation Hematology WBC: 32.25 ×10^9/L (marked leukocytosis), Neutrophilia, monocytosis, Suspected bands and toxic/immature neutrophils, Platelets: 30 ×10^9/L, , HCT: 40%,)MCV/MCH: Low → microcytic pattern Chemistry BUN: 18.1 mmol/L (↑), Creatinine: 156 µmol/L (high-normal), Electrolytes: Sodium ↓, Chloride ↓, Na:K ratio 31, ALP: 985 U/L (markedly elevated), ALT, bilirubin (serum), lipase, amylase: WNL or high-normal Urinalysis, ,Color: Red, opaque, SG: 1.015, Protein: 500 mg/dL, Blood: 250 Ery/µL, Leukocyte esterase: 500 Leu/µL, Bilirubin: Positive Glucose: Positive with normoglycemia

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

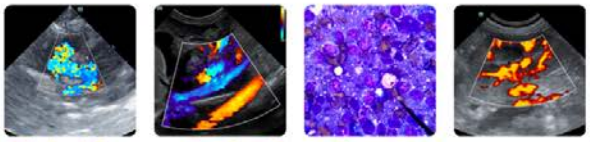
The urinary bladder is significantly distended. The Bladder wall appears of normal thickness with a smooth mucosal surface. There is a large amount of irregular hyperechoic suspended and dependent debris. Amongst the debris there is some shadowing foci consistent with mineralization/small stones, an example of which measures 0.57 cm. There is no evidence of vascular uptake with power doppler. The region of the trigone appears normal with a dilated echogenic termination of the right ureter measuring 0.61 cm. The visible urethra appears mildly distended.

The left kidney has a normal shape and size (4.39 cm) with pyelectasia at 0.60 cm and a shadowing stone visualized within the renal pelvis measuring 0.53 cm. Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

The right kidney is large, measuring 5.81 cm, with severe pyelectasia containing echogenic fluid. Pyelectasia measures 1.67 cm. Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of nephroliths or infarcts. The right ureter is severely dilated, containing echogenic material, measuring 0.80 cm proximally, 0.54 cm in the mid body, and 0.61 cm distally at the level of the ureteral papillae. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.36 cm at the cranial pole and 0.39 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.



PATIENT

River Derakhshanfar

SPECIES

Canine

BREED

Pekingese

SEX

Spayed Female

AGE

5 Years 6 Months

WEIGHT

5.3 kg

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Mariusz Chmielinski, DVM

HOSPITAL NAME

Apex Veterinary Services

REFERRING VET

Alpine 24/7 ER

INVOICE

72292

DATE

1/20/26

The right adrenal gland is normal in size measuring 0.53 cm at the crania pole and 0.50 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (1.3 cm), echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and likely incidental at this time. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains mild fluid. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Duodenum wall measures 0.40 cm. Jejunum wall measures 0.22 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

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.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is no significant lymphadenopathy. There is mild reactive mesentery around the kidneys.

ULTRASONOGRAPHIC FINDINGS

- Large amount of suspended and dependent echogenic debris in the urinary bladder as well as some focal mineralization/stones – Findings are suggestive of potential blood clots, debris, etc., and small stones. Recommend radiographs, urinalysis and culture.

PATIENT

River Derakhshanfar

SPECIES

Canine

BREED

Pekingese

SEX

Spayed Female

AGE

5 Years 6 Months

WEIGHT

5.3 kg

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Mariusz Chmielinski, DVM

HOSPITAL NAME

Apex Veterinary Services

REFERRING VET

Alpine 24/7 ER

INVOICE

72292

DATE

1/20/26

- Bilateral pyelectasia (right worse than left) with a partially obstructive stone in the left renal pelvis and significant hydroureter on the right side – Findings could be concerning for pyelonephritis, intermittent obstructions, strictures, etc.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

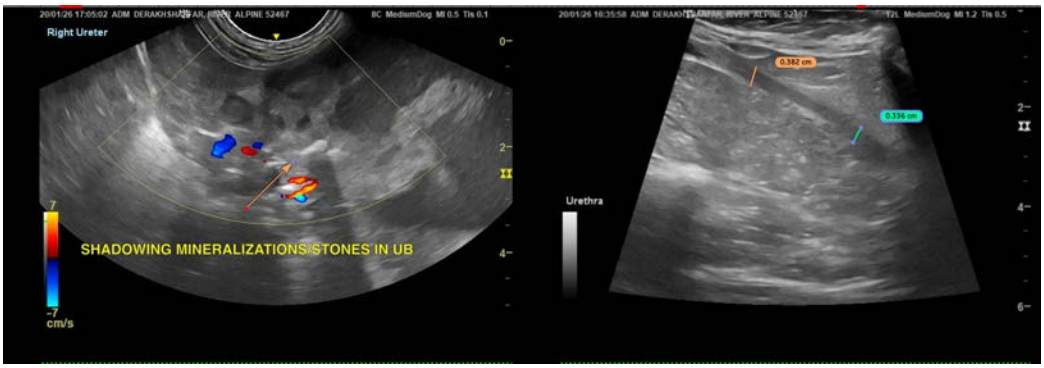
The urinary bladder is significantly distended with a large amount of echogenic debris. I suspect this represents blood clot, inflammatory debris, etc. Additionally, there is some focal shadowing material consistent with small mineralizations/stones. A larger example measures 0.53 cm. The urethra appears somewhat distended, but no obvious stones or mass lesions are visualized in the proximal urethra (a stone was noted to be passed with expression of the urinary bladder post-procedure, this likely represents a stone that was in the distal urethra).

The right renal pelvis and ureter are severely dilated with a large amount of echogenic debris. The left kidney has pelvic dilation with stone in the renal pelvis, which appears mildly to minimally obstructive at this time. Based on the severe leukocytosis and patient not feeling well, pyelonephritis would be a significant concern. Recommend a urine culture and radiographs to look for unseen stones as well as diuresis with close monitoring of urine output. A stone was reported to be collected after expression of the urinary bladder. Recommend stone analysis for mineral composition to see if there are options for dissolution, preventative measures, etc.

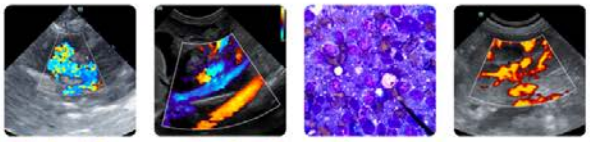
Consider reevaluation of the urinary bladder post-diuresis to see if the pyelectasia has improved or gotten worse. If there is improvement, this could mean that there is a partial obstruction that was alleviated (it is likely that some degree of dilation will be permanent). If dilation is more severe, a contrast CT scan should be considered, looking for evidence of an unseen obstruction, stricture, etc.

I don't see any evidence of uterine pathology at this time, but a concurrent stump pyometra or similar is possible but seems unlikely.

No significant abnormalities are visualized associated with the liver. Liver enzyme elevations could represent a reactive hepatopathy, a vacuolar hepatopathy, etc. Continued monitoring and potentially a fine needle aspirate of the liver could be considered in the future.



SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com | info@sonopath.com | 1.800.838.4268

PATIENT

River Derakhshanfar

SPECIES

Canine

BREED

Pekingese

SEX

Spayed Female

AGE

5 Years 6 Months

WEIGHT

5.3 kg

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Mariusz Chmielinski, DVM

HOSPITAL NAME

Apex Veterinary Services

REFERRING VET

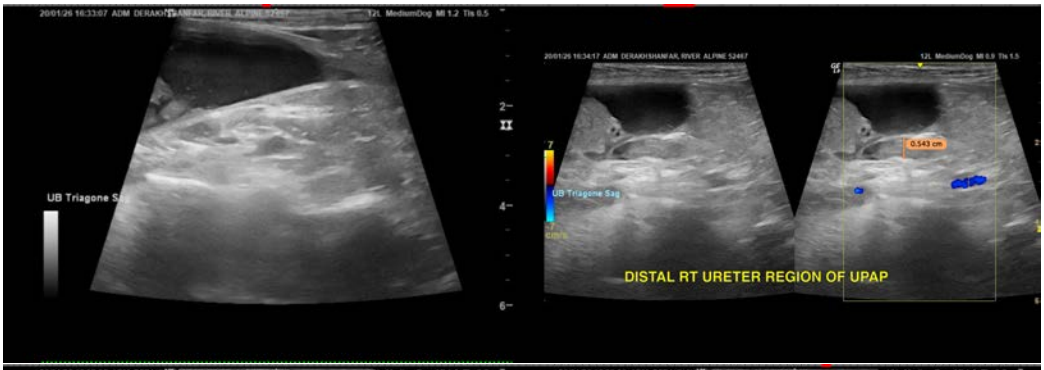
Alpine 24/7 ER

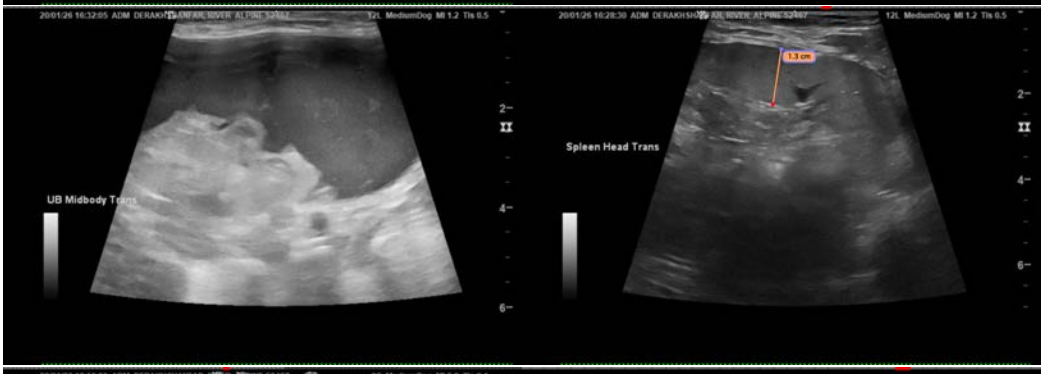
INVOICE

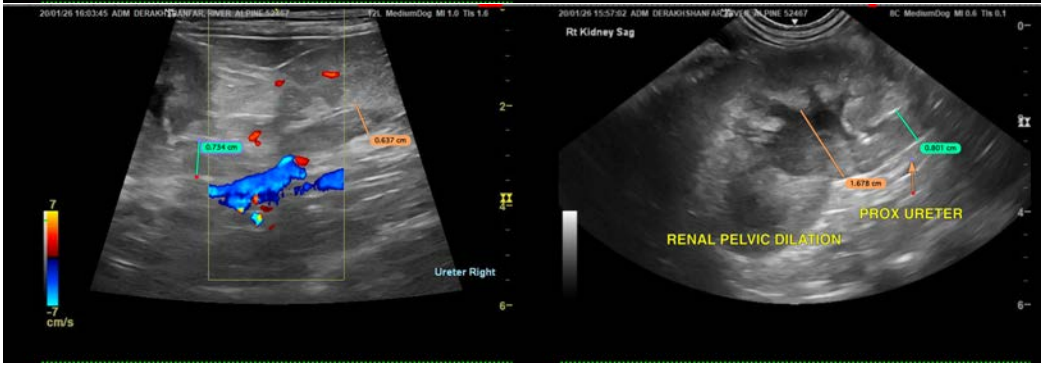
72292

DATE

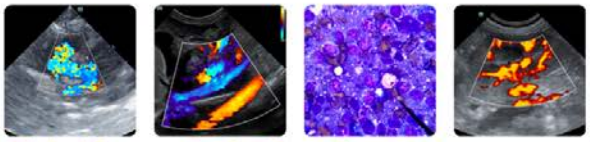
1/20/26







SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

River Derakhshanfar

SPECIES

Canine

BREED

Pekingese

SEX

Spayed Female

AGE

5 Years 6 Months

WEIGHT

5.3 kg

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Mariusz Chmielinski, DVM

HOSPITAL NAME

Apex Veterinary Services

REFERRING VET

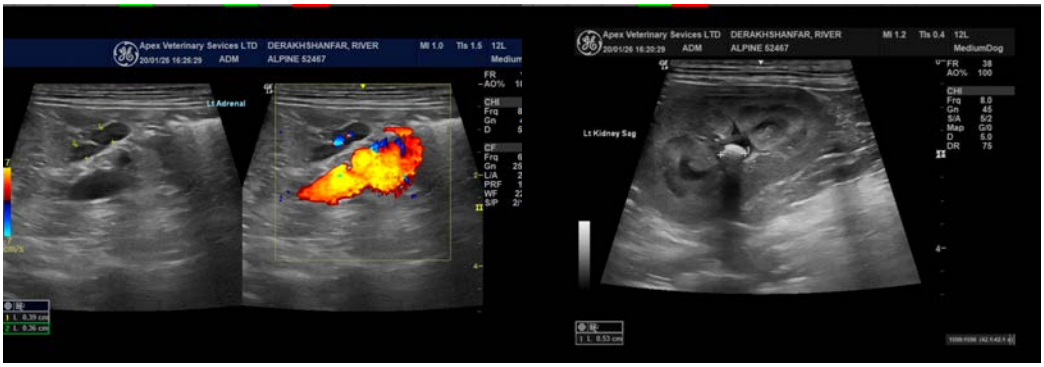
Alpine 24/7 ER

INVOICE

72292

DATE

1/20/26



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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)

info@sonopath.com