



**PATIENT**

Pixie Leal

**SPECIES**

Canine

**BREED**

Morki

**SEX**

SF

**AGE**

3 years 10 months

**WEIGHT**

7.6 lbs.

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP  
(Canine and Feline)

**IMAGING PERFORMED BY**

Michaleen

**HOSPITAL NAME**

DPC VH

**REFERRING VET**

Dr. Feldt

**INVOICE**

15603

**DATE**

12/3/22

**PRESENTING CLINICAL SIGNS**

Rechecking: Back pain History: Pet presents for a follow-up on back pain, owner unsure if P is improving, P still active, e/d well, no c/s/v/d, owner giving prednisone but did not pick up diazepam prescription. owner called SEVN and declined referral.

Abnormal PE/Chem/CBC/UA Results: Exam Notes: Very difficult to examine today, P jumping all over owner Abdominal palpation = tense, spastic, unable to palpate organs CP still absent LR, slow RR, normal in forelimbs - withdrawls present Difficult to determine if painful along spine as P will not remain still Diagnostics & Testing: Cbc/chem/electrolytes = Amyl 315 Testing Performed: Ab Rads - normal spine Suspect renal calcinosis Spoke to Owner/LMOM? SW Mrs went over radiographs. Despite normal spine could still have IVDD....needs an MRI. She wants to pursue the possible renal calcinosis with an Ab US today. If Ab US NSF need to either take to SEVN (best option) or as rec prev take to Healing Paws for acupuncture, etc.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder was subnormal in size owing to a lack of urine distention. Mild anechoic urine was present with no sediment or calculi. No evidence of inflammatory or neoplastic urinary bladder changes was noted. The urethra exhibited normal structure and tone to a depth of 2.0 cm.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation or pyelectasia. Areas of nonobstructive medullary and lateral diverticuli mineral / renolithiasis were present. The left kidney measured 3.0 cm in length. The right kidney measured 3.2 cm in length.

**Adrenal Glands**

The bilateral adrenal glands were overtly normal in size, position, and shape, although indistinctly visualized. The left adrenal gland subjectively measured 0.43 cm width. The right adrenal gland subjectively measured 0.35 cm width.

**Spleen**

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

**Liver/ Gallbladder**

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. Normal hepatic vascular volume was noted. The



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gallbladder was non-distended in size containing primarily anechoic content with minor echogenic luminal gallbladder debris, which is considered incidental. The cystic and common bile ducts were normal.

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## Gastrointestinal

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic, non-shadowing ingesta without signs of obstruction or foreign material. This is likely consistent with recent meal ingestion.

## SEX

SF

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material.

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Normal visible colon wall layers were present with apparent formed feces in lumen.

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## Pancreas

The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.

## Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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## ULTRASONOGRAPHIC FINDINGS

- Bilateral nonobstructive medullary mineral / renolithiasis
- Sonographically unremarkable urinary bladder - no evidence of cystic calculi
- Normal hepatic vascular volume

## IMAGING PERFORMED BY

Michaleen

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This study confirms the presence of subjective mild nonobstructive bilateral renal mineralization / renolithiasis. Urine C/S on a sterile urine sample could be considered. No evidence of a portosystemic shunt is noted. Urinary diet could be considered with periodic sonographic monitoring of the kidneys.

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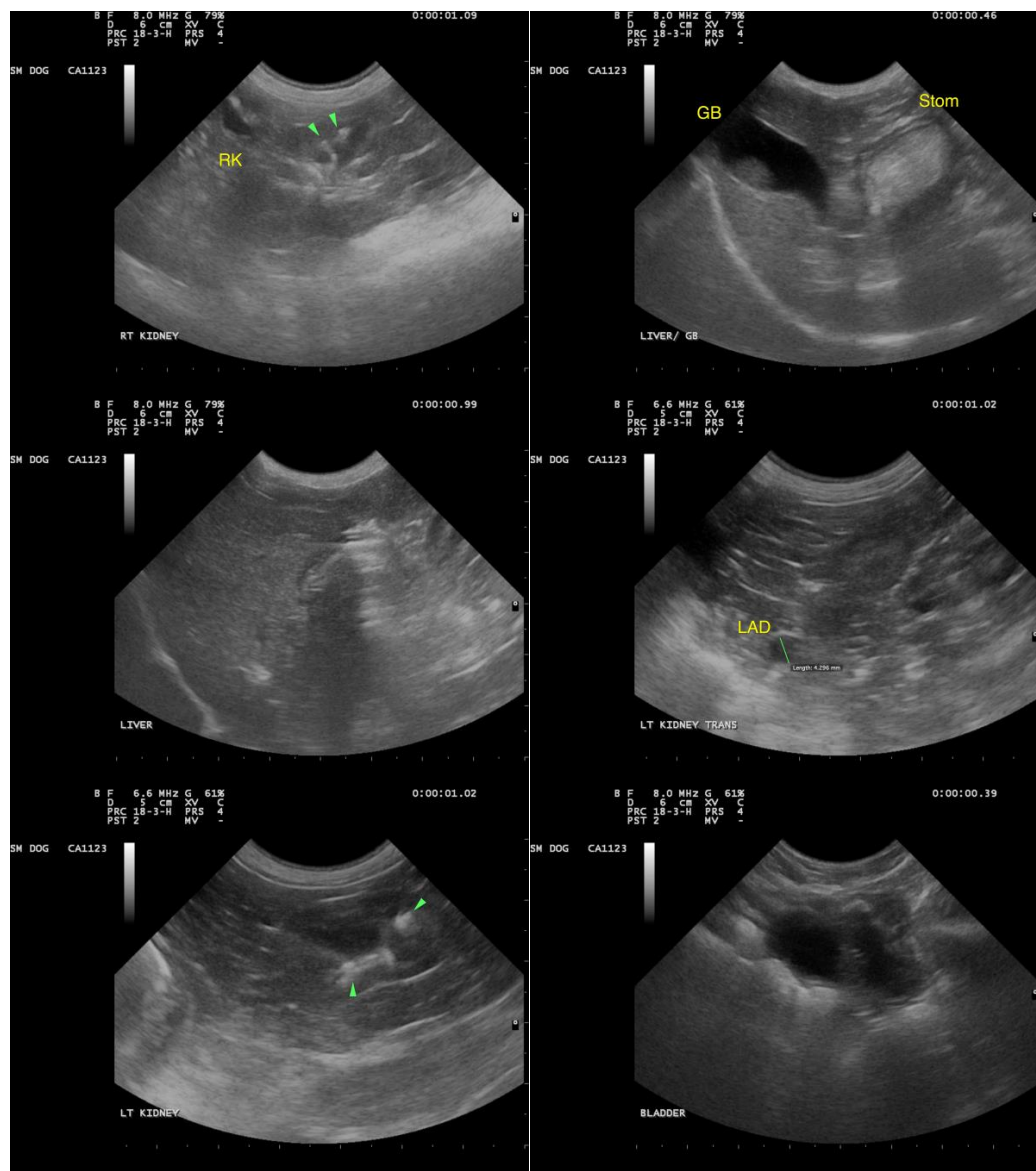
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)**  
info@SonoPath.com