



PATIENT

Rainbow Meyers

SPECIES

Canine

BREED

Pomeranian

SEX

Intact Female

AGE

15 Weeks

WEIGHT

1 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Alpine 24/7 AH

REFERRING VET

Dr. Zhao

INVOICE

15053

DATE

5/6/22

PRESENTING CLINICAL SIGNS

History: Vomiting lethargic previous corneal ulcer under treatment Oral ulceration seen Attending concerned about renal insult or con renal issues

Abnormal PE/Chem/CBC/UA Results: Severe elevation of kidney enzymes UA WBC RBC and Bact seen

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

Normal renal size with areas of asymmetrical margination with suspect cortical infarcts were present in both kidneys. Multiple thinly walled cortical cysts containing anechoic fluid noted. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild to moderate loss of corticomedullary border distinction was also present. Subjective mild medullary volume as well as mild pyelectasia was noted in both kidneys. The left kidney measured 2.9 cm in length. The right kidney measured 3.3 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.41 cm width.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.41 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

The liver exhibited overtly normal size and contour with normal hepatic parenchyma echogenicity and subjective normal portal vascular volume. No overt evidence of a portosystemic shunt.

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The gastric body wall measured –cm width. Mild gastric distension with mild retained anechoic fluid without evidence of retained ingesta or mechanical pyloric outflow obstruction noted.



PATIENT

Rainbow Meyers

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Minor segmental duodenojejunal ileus noted.

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

SPECIES

Canine

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 was evident.

BREED

Pomeranian

Free Abdomen

Mild volume peritoneal to possible minor retroperitoneal free fluid was noted and generalized mild reactive mesentery. No overt lymphadenopathy noted.

SEX

Intact Female

ULTRASONOGRAPHIC FINDINGS

- Bilateral dysplastic kidneys, exhibiting asymmetrical renal margination, suspect cortical infarcts, cortical cysts and mild pyelectasia- given the young age of the patient, this is consistent with congenital renal dysplasia while the possibility of concurrent nonspecific chronic nephritis (i.e., interstitial nephritis, glomerulonephritis, pyelonephritis) or acute on chronic renal insult possible.
- Mild volume peritoneal to possible retroperitoneal free fluid
- Uremic gastritis pattern with mild gastric stasis, likely generalized gastroenteritis

AGE

15 Weeks

WEIGHT

1 kg

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

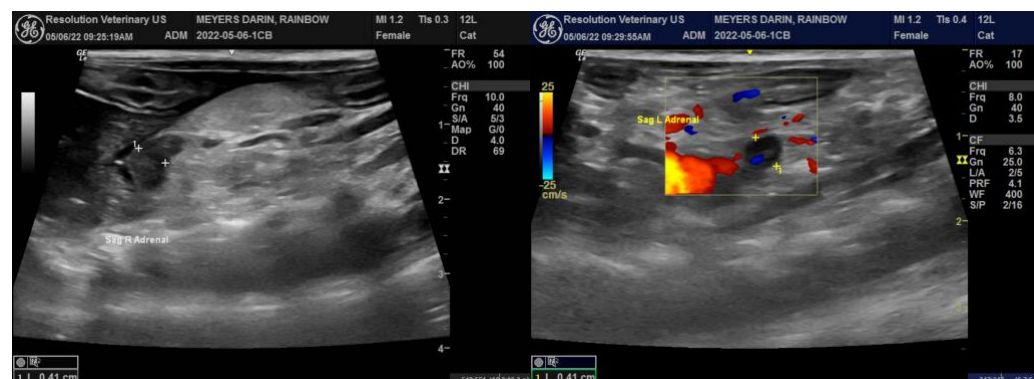
Sonographically, the appearance of the bilateral kidneys is consistent with overall chronic nephropathy as opposed to acute kidney injury or insult, although the possibility of acute on chronic renal insult or injury cannot be excluded. If no previous assessment of renal parameters, definitive pathology aside from renal biopsy may be unknown. Regardless, given the severe azotemia, diuresis protocol with monitoring of urine output, body weight, as well as full urinary work up, including culture and sensitivity and baseline UPC recommended. Monitoring of systemic blood pressure is advised. Very guarded prognosis given the reported severe azotemia and sonographic appearance of the bilateral kidneys.

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Alpine 24/7 AH



REFERRING VET

Dr. Zhao

INVOICE

15053

DATE

5/6/22



PATIENT

Rainbow Meyers

SPECIES

Canine

BREED

Pomeranian

SEX

Intact Female

AGE

15 Weeks

WEIGHT

1 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Alpine 24/7 AH

REFERRING VET

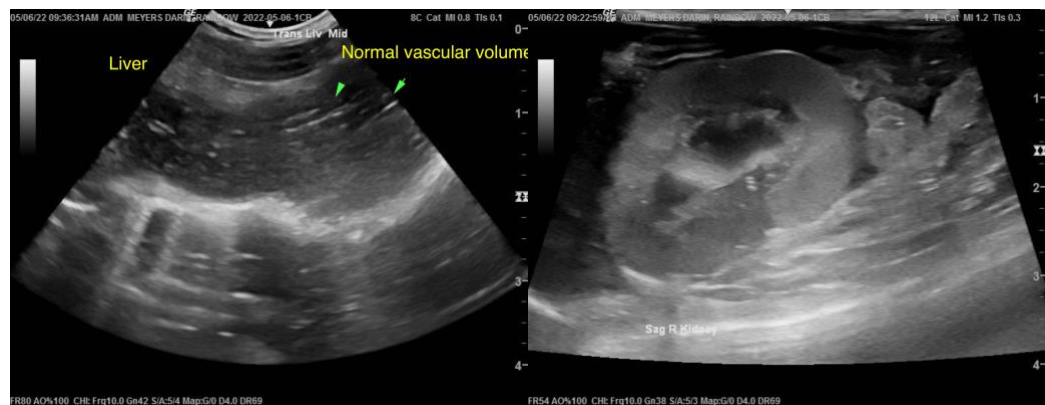
Dr. Zhao

INVOICE

15053

DATE

5/6/22





PATIENT

Rainbow Meyers

SPECIES

Canine

BREED

Pomeranian

SEX

Intact Female

AGE

15 Weeks

WEIGHT

1 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Belan

HOSPITAL NAME

Alpine 24/7 AH

REFERRING VET

Dr. Zhao

INVOICE

15053

DATE

5/6/22



The information and recommendations provided are based on the images presented by the referring veterinarian. 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