



**PATIENT**

Bella Pineiro

**SPECIES**

Canine

**BREED**

Chihuahua

**SEX**

SF

**AGE**

11 years 9 months

**WEIGHT**

12.1 lbs.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Rivera

**HOSPITAL NAME**

DPC VH

**REFERRING VET**

Dr. Rivera

**INVOICE**

14305

**DATE**

7/20/22

**PRESENTING CLINICAL SIGNS**

CHRONIC HISTORY OF RENAL DISEASE

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm 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 was noted.

The area of the aortic trifurcation was free of pathology.

Overall normal size and margination were present in the kidneys. Both kidneys exhibited subjective mild primarily uniform cortical hypertrophy with mild to moderate loss of corticomedullary border demarcation. Overtly normal medullary volume was present. No evidence of pyelectasia was noted in either kidney. Variably sized cysts were present in both kidneys, primarily in the left kidney with the largest left kidney cyst present in the lateral cortex measuring 0.93 cm in diameter. The cysts were thinly walled containing anechoic fluid. No overt evidence of left or right retroperitoneal inflammation was noted. The left kidney measured 3.6 cm in length. The right kidney measured 3.6 cm in length.

**Adrenal Glands**

The bilateral adrenal glands were indistinctly visualized yet subjectively normal in size, position, and shape. The left adrenal gland measured 0.46 cm width. The right adrenal gland measured 0.40 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. The gallbladder was nondistended in size containing primarily anechoic content with mild, nondependent, mildly hyperechoic gallbladder debris. No evidence of gallbladder or peripheral gallbladder inflammation. The cystic duct and common bile ducts were normal without evidence of dilation.

**Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild subtle progressively shadowing ingesta, along with luminal gas.



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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.

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**Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

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**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- Bilateral nonspecific chronic renal changes with primarily left kidney cysts

**WEIGHT**

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**Secondary Findings**

- Mild gallbladder debris - likely incidental (non-mucocele)

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The appearance of the bilateral kidneys is consistent with chronic renal changes / CRD, given the patient's history. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Subjectively, the kidneys did not appear to be end-stage. Correlation with current renal parameters, if not done, is suggested. CRD therapy, which may include; dietary therapy with monitoring of electrolytes, CBC, and for evidence of hypertension, would be reasonable.

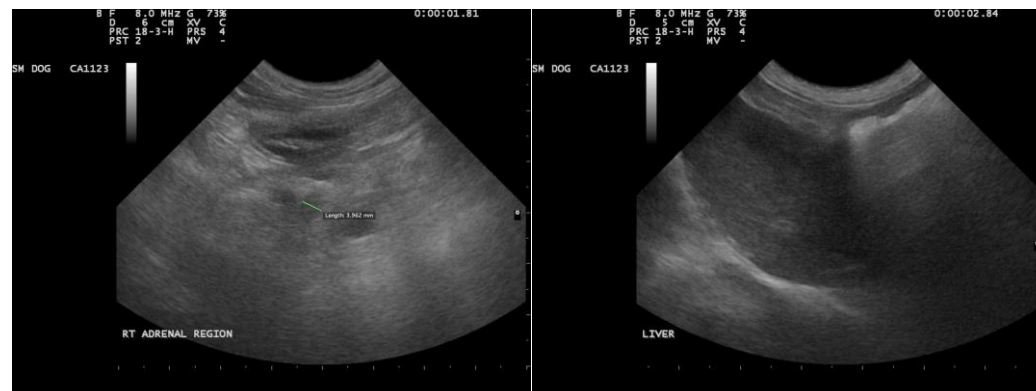
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As-needed subcutaneous or IV fluid therapy may be indicated pending current and future assessment of renal parameters.

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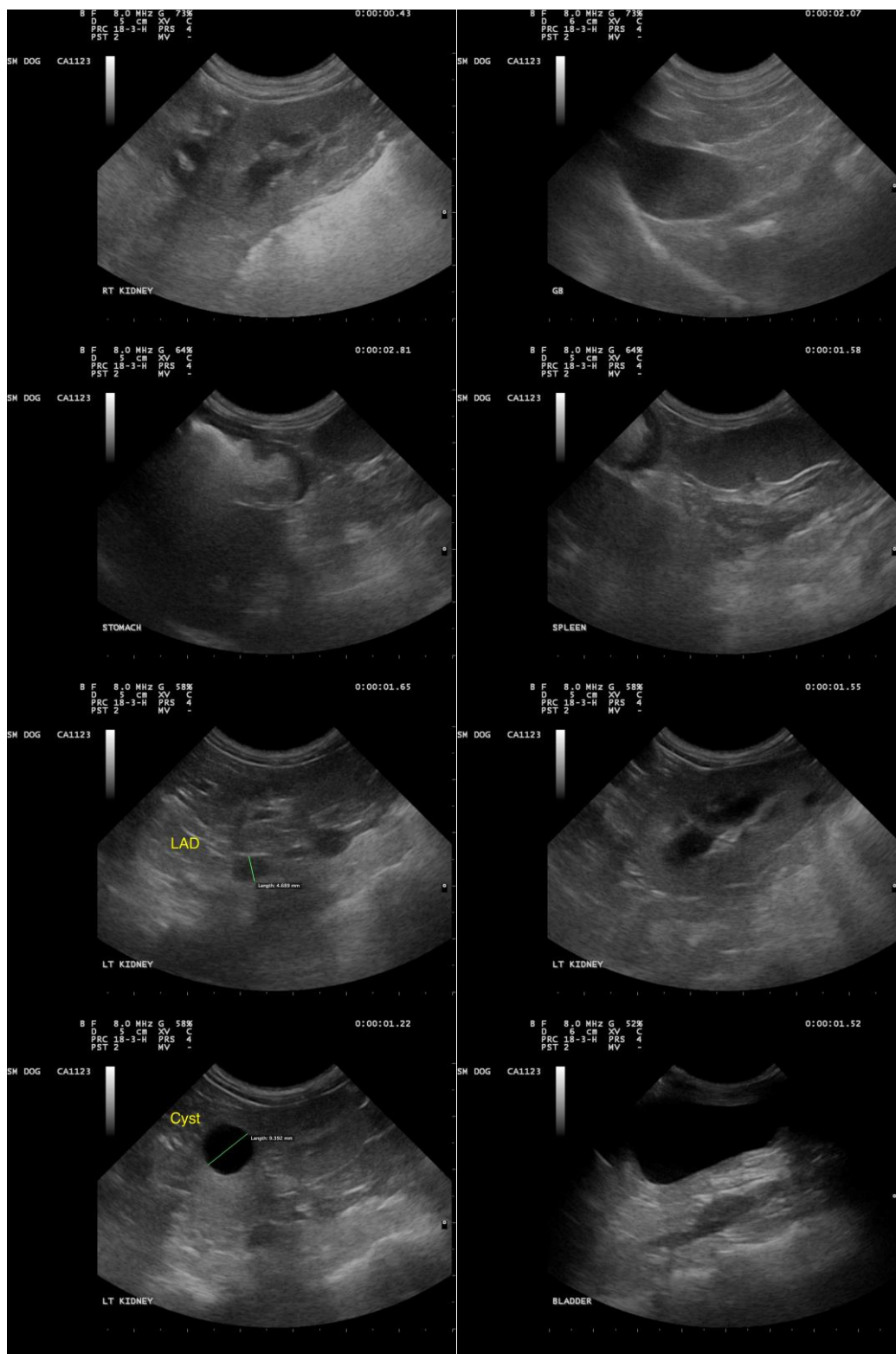
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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Chihuahua

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info@SonoPath.com

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