



**PATIENT**

Goldie Anderson

**SPECIES**

Canine

**BREED**

Pomeranian

**SEX**

FI

**AGE**

9 years

**WEIGHT**

5.15 pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Amanda Lacey-Crook

**HOSPITAL NAME**

Rivers Edge Pet  
Medcial Center

**REFERRING VET**

Dr. David Gray

**INVOICE**

11040ag

**DATE**

07/05/2022

**PRESENTING CLINICAL SIGNS**

History: Patient presented 7/3 for blood tinged vomited and stools - hx of full mouth extractions 2 months ago, decreased appetite; intact with heat cycle 4 months ago; heart murmur 4/6

Abnormal PE/Chem/CBC/UA Results: CBC/Chem panel 7-3-22 HCT 55.2, WBC 15.8 w/mild neutrophilia and lymphopenia, BUN >130 CREAT 10 PHOS 16.1 Chem 7-5-22 BUN 179 CREAT 6.1 See attached labwork for trending bloodwork

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with very minor particulate sediment which may indicate very minor cellular debris/protein crystalline debris. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

Both kidneys were overtly normal in size given the patient body size. Bilateral mild to moderate loss of corticomedullary border demarcation was noted with mild medullary mineral. 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. The left and right retroperitoneal space was overtly normal without evidence of inflammation or free fluid. The left kidney measured 2.8 cm in length. The right kidney measured 2.9 cm in length.

No overt pathology in the area of the uterus.

**Adrenal Glands**

No overt pathology in the area of the left and right adrenal glands.

**ULTRASONOGRAPHIC FINDINGS**

- Bilateral nephropathy-subjectively chronic or acute on chronic

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The bilateral kidneys exhibited subjective chronic changes. The lack of anemia may also suggest potential acute on chronic nephropathy if no previous history of elevated renal enzymes. Consideration for causes of acute on chronic renal failure which may include infectious disease or toxin exposure may be indicated. Leptospirosis titer/PCR may be considered if endemic to the area of potential exposure. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

Given the decrease in BUN/CREAT, continued empirical diuresis therapy with monitoring of body weight and urine output with assessment of renal response would be reasonable. Concurrent GI supportive care is suggested in light of potential uremic gastritis.

No evidence of uterine pathology i.e. pyometra.

A guarded prognosis is likely indicated given the degree of azotemia.



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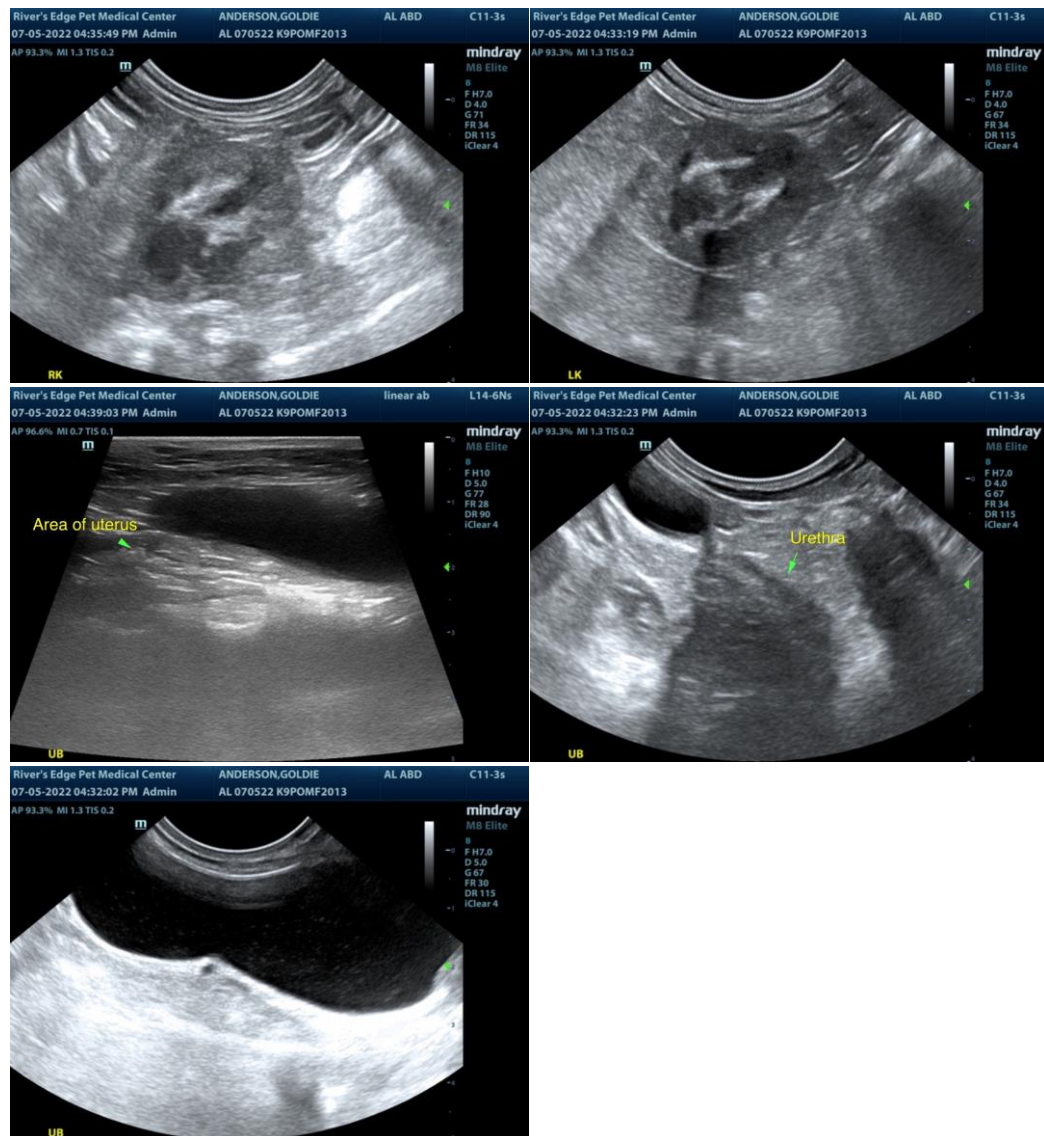
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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