



PATIENT

Pom Ma

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Normal physical exam, Intermittent cough with excitement/exertion - recent severe episode associated with transient collapse - suspected syncope. Employee pet.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Lab Findings: Mild normocytic, normochromic, non responsive anemia - chronic

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Pomeranian

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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 were noted.

SEX

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Normal size and margination was present in the left kidney. The right kidney was subnormal in size compared to the left. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Focal areas of non-obstructive medullary mineral were present. Right kidney pyelectasia was present. The left kidney measured 3.1 cm in length. The right kidney measured 2.1 cm in length.

AGE

10

WEIGHT

8.50

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.49 cm width in the cranial pole and 1.4 cm length. The right adrenal gland measured 0.42 cm width in the cranial pole and 1.6 cm length.

INTERPRETED BY

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

Spleen

The spleen was indistinctly visualized yet exhibited subjective subnormal size, symmetrical capsule contour and a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. 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.

IMAGING PERFORMED BY

Cassidy Braverman

Liver

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

HOSPITAL NAME

Bush Animal Hospital

REFERRING VET

Dr. Beyerink

Gastrointestinal

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained minor retained anechoic fluid with no signs of ileus, obstruction or foreign material.

DATE

09/28/2022

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.

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



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Pancreas

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The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum, likely consistent with age related pancreatic changes and considered incidental. No signs of active inflammation or neoplasia.

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Canine

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Bilateral moderate chronic renal changes with non-obstructive medullary mineral, subnormal right kidney size and mild right kidney pyelectasia
- Subjective splenic volume contraction-no evidence of neoplastic criteria
- Heterogeneous pancreas
- Mild age-related adrenal changes-no evidence of adrenal tumors

SEX

MN

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

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Largely a geriatric abdomen without evidence of significant visceral pathology.

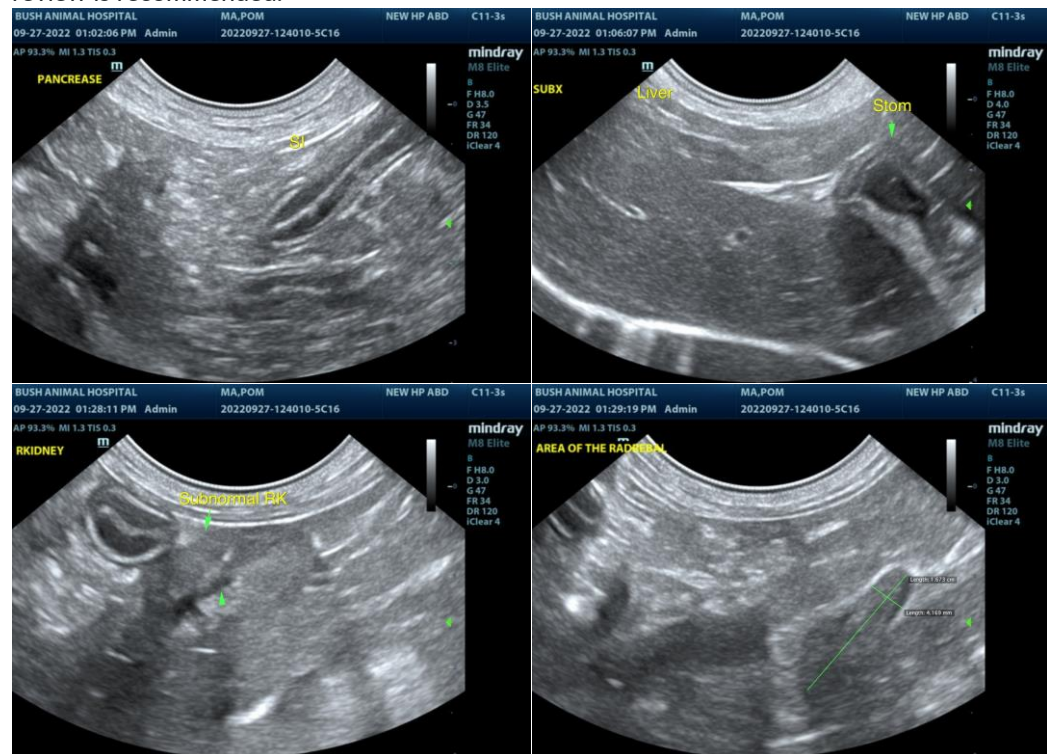
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The right kidney pyelectasia may be owing to chronic renal changes, potential pelvic scarring possibly owing to previous calculi passage, IV fluid therapy (if applicable). Urine C/S and protein: creatinine ratio on sterile urine sample is recommended as well as assessment of systemic blood pressure.

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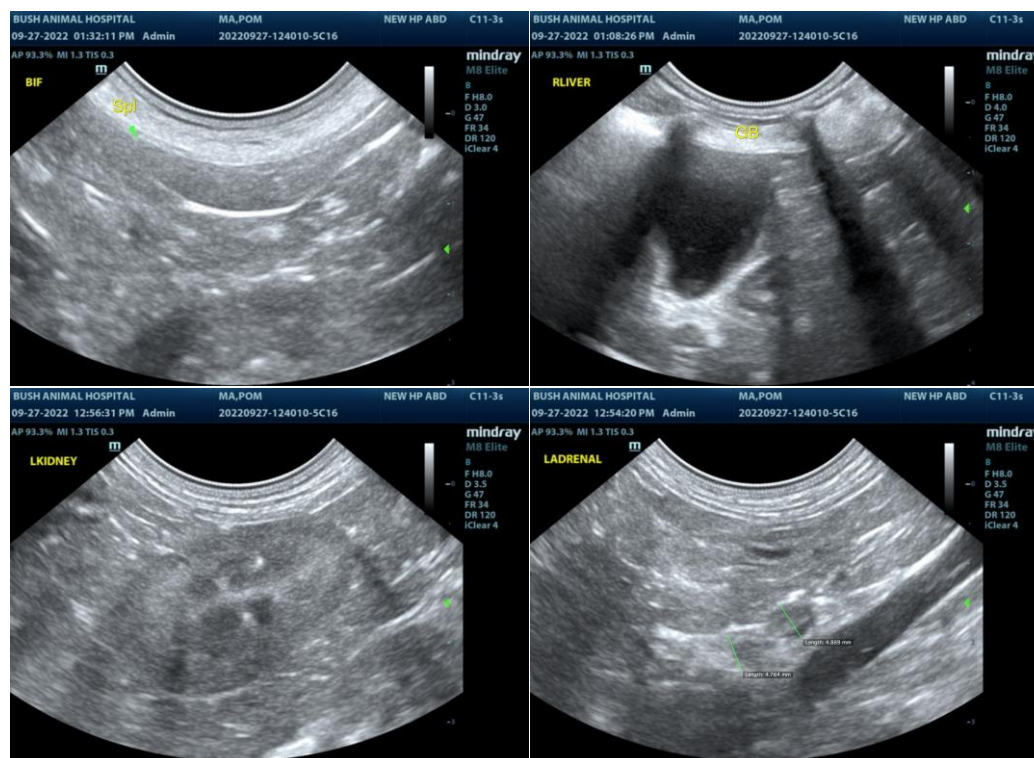
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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