

PATIENT

Mia Zingaro

SPECIES

Canine

BREED

Chihuahua

SEX

Spayed female

AGE

15 years

WEIGHT

5.9 lbs

INTERPRETED BY

Remo Lobetti, BVSc,
MMedVet (Med),
PhD, Dipl. ECVIM

IMAGING PERFORMED BY

Danielle Shemanski,
DVM, MA

HOSPITAL NAME

Western New York
Veterinary Service

REFERRING VET

Dr. DeLucia

INVOICE

74254

DATE

4/7/26

PRESENTING CLINICAL SIGNS

- RDVM REASON FOR REFERRAL: Patient was diagnosed with kidney disease last year with mild elevations to creatinine and BUN. Patient will not eat renal diets and is a picky eater in general. Values were elevated on recent blood work and owner would like an ultrasound to assess the kidneys. Most recent visit was due to decreased appetite and diarrhea.
- History: Owner reports BUN has gone from 45 in August to 69 last week. She recently had an episode of bloody diarrhea and vomiting, but is doing better now. She is currently eating Pet Fresh with low-sodium broth and rice added. She has lost weight, going from 7 lbs down to 5.4 lbs, and is now back up to 5.9 lbs. She is on Prozac, but the owner is unsure if it is helping.
- MEDICATIONS: Fluoxetine 10mg 1/2 PO SID, Nephrodoxyl capsules 1 PO SID, Propectalin gel 1ml PO BID-TID, Metoclopramide (5mg/ml) 1ml PO BID
- *Was given butorphanol 0.05 mL IM for the exam
- Bloodwork 4/3/26 WBC 4.91 (ref 5.05 - 16.76 K/ μ L) LOW LYM 0.53 (ref 1.05 - 5.10 K/ μ L) LOW PLT 620 (ref 148 - 484 K/ μ L) HIGH PDW 8.2 (ref 9.1 - 19.4 fL) LOW PLT CRIT 0.67 (ref 0.14 - 0.46 %) HIGH CREA 2.3 (ref 0.5 - 1.8 mg/dL) HIGH BUN 69 (ref 7 - 27 mg/dL) HIGH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is small with a normal thickness and smooth appearance of the wall. Small, mineralized nodule measuring 0.3 x 0.4 cm in size at the level of the ureteral papilla.

Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.

Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.

Normal renal size (left measured 3.0 cm, right measured 2.9 cm), increased echogenic appearance, some loss of cortico-medullary differentiation, mild bilateral pyelectasia and irregular curvilinear capsule. No infarcts, mineralization or renoliths evident. Normal color flow pattern is evident in both kidneys.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 1.91 cm in length x 0.53 cm and 0.6 cm in width. The right adrenal gland measured 1.34 cm x 0.52 cm and 0.53 cm in width.

Spleen

Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 0.9 cm in width.



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Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

Gallbladder

The gallbladder is full containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

Gastrointestinal

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen.

Pancreas

The visible sections of the pancreas are of normal size and echogenic appearance with a regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

Thorax

Normal appearance of the heart. No pericardial or pleural effusion evident.

ULTRASONOGRAPHIC FINDINGS

- Renal disease.
- Urinary bladder nodule.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the kidneys would be consistent with chronic kidney disease, although the pyelectasia is most likely associated with the chronic kidney changes. Underlying low-grade pyelonephritis should still be considered.

The urinary bladder nodule is most likely an incidental finding.



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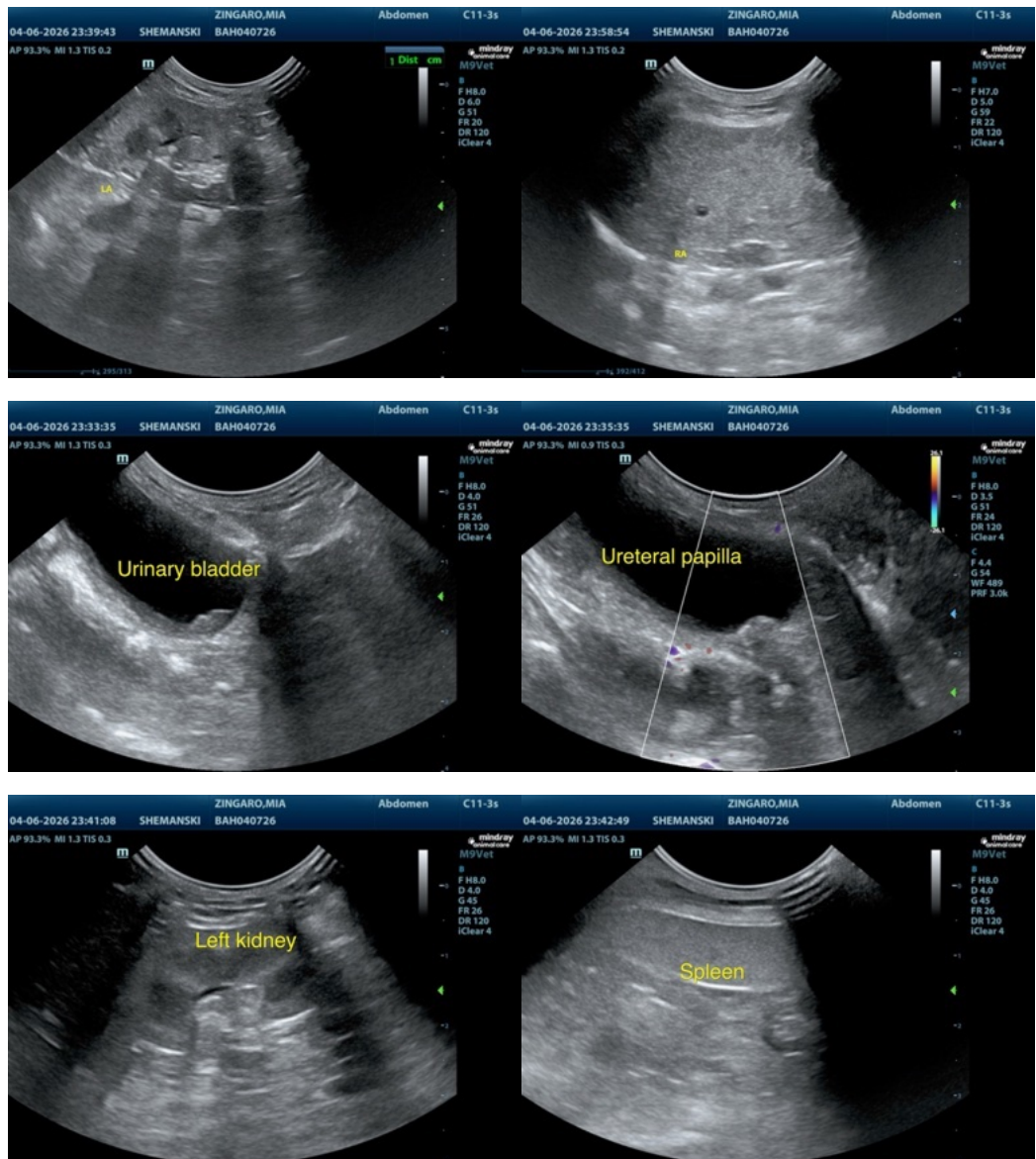
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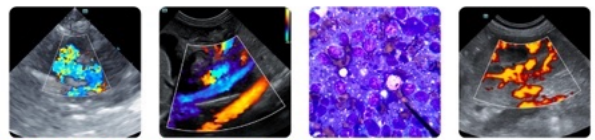
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Further assessment if not already done would be urinalysis, urine culture, UPC and blood pressure.

Further specific therapy would be dependent on an etiological diagnosis.

Ideally management of renal disease would be feeding a renal diet and the use of enteric phosphate binders as needed.





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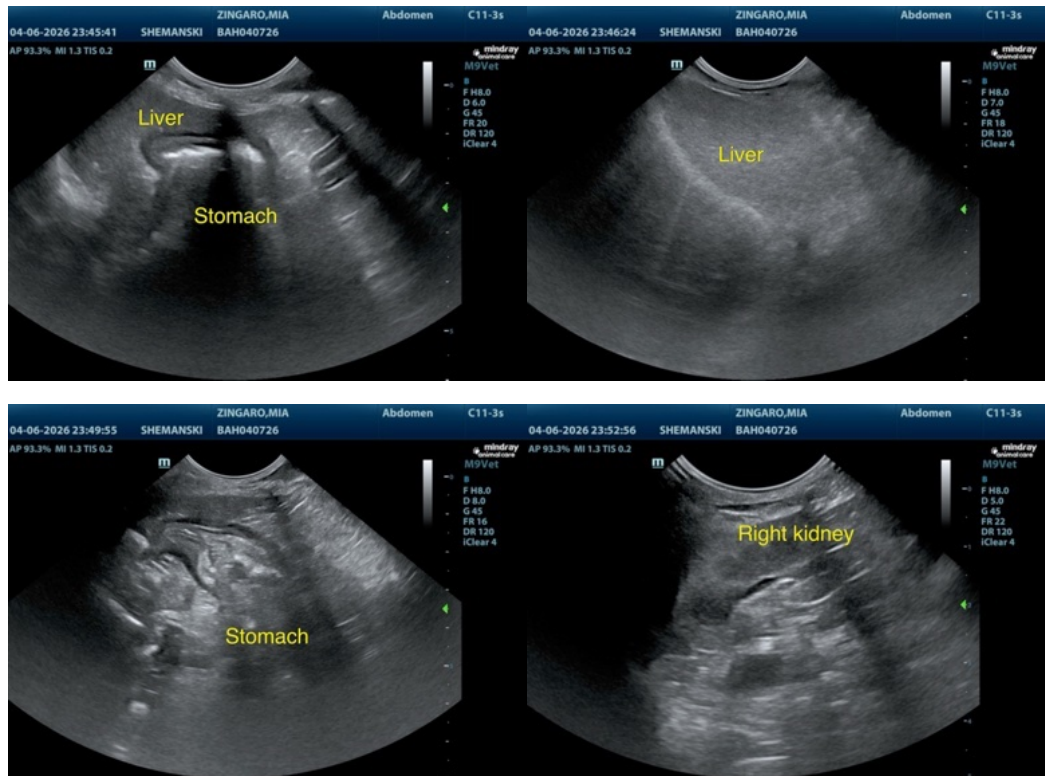
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)

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