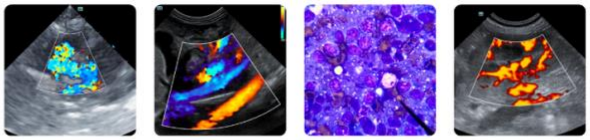


PATIENT

Madison Dominguez

SPECIES

Canine

BREED

Shih Tzu/Maltese

SEX

Spayed Female

AGE

14 Years 10 Months

WEIGHT

14.4

INTERPRETED BY

Remo Lobetti BVSc, MMedVet, PhD, DECVIM

IMAGING PERFORMED BY

Dr. Nader Shafik

HOSPITAL NAME

Kew Gardens AH

REFERRING VET

Dr. Bassem

INVOICE

37349

DATE

6/4/26

PRESENTING CLINICAL SIGNS

History: Vomiting, wobbly, arthritis, lethargy, with CKD
Abnormal PE/Chem/CBC/UA Results: Positive anaplasma and ehlrichia , high creatinine, high BUN and high phosphorus.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full urinary bladder, containing a small amount of floating hyperechogenic sediment, with a normal thickness and smooth appearance of the wall. Normal anechoic urine with no sediment or uroliths evident. 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 with increased echogenic appearance, loss of cortico-medullary differentiation, pyelectasia and an irregular capsule. No infarcts, mineralization or renoliths evident. The left kidney measured 3.8 cm. The right kidney measured 3.7 cm.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal 0.65 cm in width, right 0.58 cm in width.

Spleen

Normal size (1.3 cm in width) and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. Focal mottled echogenic mass in the tail of the spleen measuring 1.2 x 1.5 cm with bulging of the overlying capsule noted.

Liver

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

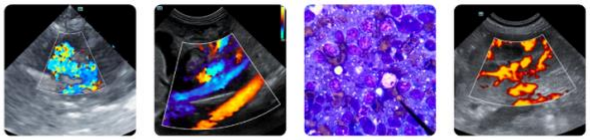
Gallbladder

Full gallbladder, containing a small amount of non-adhered hyperechogenic sediment. 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



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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.

ULTRASONOGRAPHIC FINDINGS

- Renal disease
- Splenic mass
- Urinary bladder sediment
- Gallbladder sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

The most likely etiology for the splenic mass would be neoplasia with hematoma a possible differential diagnosis.

The gallbladder sediment can be considered an incidental finding.

The most likely etiology for the urinary bladder sediment would be incidental debris, with bacterial cystitis a less likely differential diagnosis.

Further assessment of the splenic mass would be 3-view thoracic radiographs, echocardiography to evaluate the right atrium and auricle, and possibly FNA cytology.

Further assessment of the renal disease that could be considered would be urinalysis, urine culture, UPC (if sediment and culture negative), and blood pressure.

Management of the renal disease would be feeding a renal diet, enteric phosphate binders as needed, and possibly an ACE inhibitor or receptor blocker.

Splenectomy could be considered as it could be both diagnostic and therapeutic with further specific therapy dependent on an etiological diagnosis.

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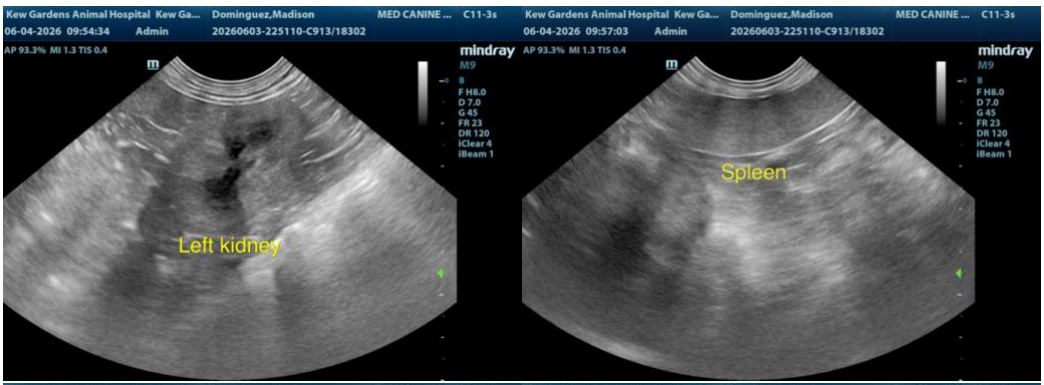

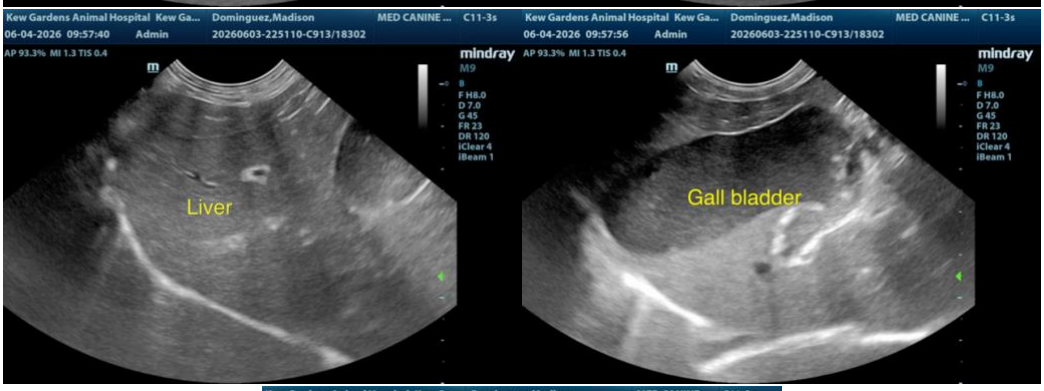

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com