**PATIENT**

Jack Williams

SPECIES

Canine

BREED

Chihuahua

SEX

MN

AGE

1 Year

WEIGHT

6 lbs

INTERPRETED BYSebastian Jawinski,
German Board
Certified Vet Specialist
in Diagnostic Imaging**IMAGING
PERFORMED BY**

Dr. Gromalak

HOSPITAL NAME

SVS Imaging

REFERRING VET

Dr. Reed

INVOICE

49322

DATE

1-5-22

PRESENTING CLINICAL SIGNS

Azotemia with lethargy and vomiting. Neutered on the 27th of December. Mild neutrophilia. Was given meloxicam this morning.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary system**

The urinary bladder, trigone and pelvic urethra present normal findings without evidence of uroliths or sediment. Wall layering is intact on all views without focal or diffuse thickening. Ureters are not visualized and considered to be normal. No evidence of an inflammatory or neoplastic process is noted.

Left kidney measures 3.45 cm length, right kidney 3.75 cm. The renal cortex appears hypoechoic and mildly coarse. Renal pelvises and exits to the ureters are unremarkable. The color doppler indicates a reduced subcapsular/cortical perfusion.

Reproductive tract

The prostate is small, inhomogeneous and presents a hyperechoic area of 0.45 cm. Maximum diameter measures 1.50 cm in length.

Adrenal glands

The left adrenal gland measures 1.53 x 0.31 x 0.41 cm, the right adrenal gland 1.31 x 0.48 x 0.50 cm. Both present normal size, shape and echogenic texture.

Spleen

The spleen is inconspicuous in terms of size, surface and echotexture and shows diameters of 0.65 cm. Splenic vasculature presents normal course of vessels and unremarkable perfusion of the splenic veins. There are no signs of nodular/focal changes noted.

Liver/Gallbladder

Liver images are inconspicuous. Echotexture, size and vasculature appear regular. Evidence of nodular or focal changes is not visible. The gallbladder is mildly filled without signs of relevant sludge, a florid process or cholestasis. The gallbladder wall is unremarkable.

Gastrointestinal

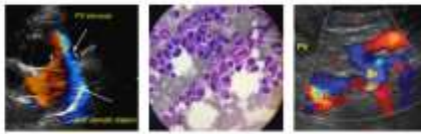
The gastric wall appears prominent although transverse diameters are in normal limits (0.23 cm). The stomach is empty. The small intestine and colon present intact wall layers being normal in width and echogenicity. Adjacent mesentery and fat tissue are of normal appearance. There is no overt evidence of an ileus, a florid-inflammatory or even neoplastic process. The mesenteric, epigastric and portal lymph nodes are considered to be normal.

Pancreas

All pancreatic parts displayed show isoechoic echogenicity to the surrounding omental fat. The pancreatic periphery reveals no signs of inflammatory changes or focal lesions.

Free Abdomen

There is no evidence of peritoneal or retroperitoneal effusion noted. The medial iliac lymph nodes are mildly enlarged. The abdominal fat and great vessels show no pathological findings.



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ULTRASONOGRAPHIC FINDINGS

Primary

- Bilateral, hypoechoic renal cortex with a coarse echotexture
- Suspected reduced renal perfusion
- Suspected gastritis

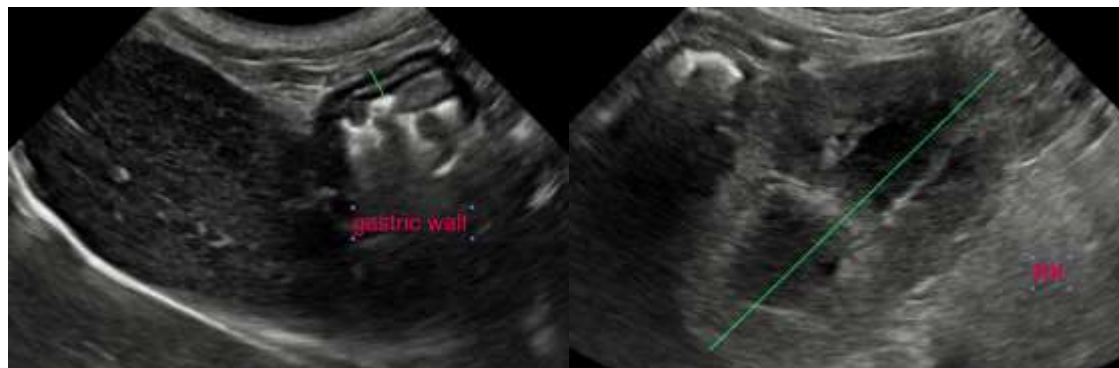
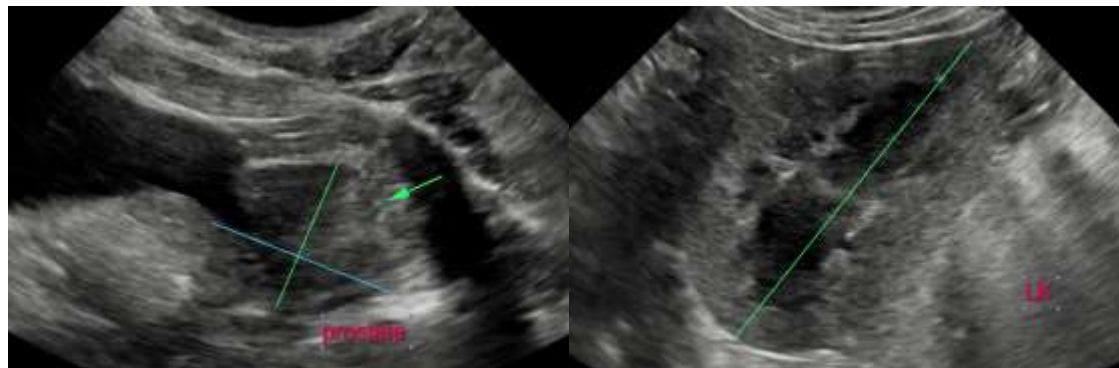
Secondary

- Prostate in regression
- Reactive and mild medial iliac lymph adenomegaly (due to castration)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

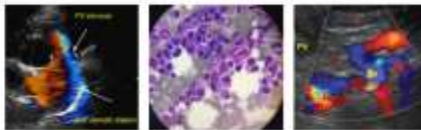
Ultrasonographic findings of the kidneys are significant for a young dog. There are multiple differentials possible including juvenile nephropathy, interstitial and/or glomerular nephritis/acute tubular nephrosis/necrosis (for example due to intoxication). Alternations of the cortical echotexture are commonly seen with renal insufficiency; congenital disease could have been a triggering factor. The assumed reduced perfusion is not compellingly a sign for renal failure and may be artificial or secondary to reactive/inflammatory changes.

Painful kidneys indicate an active nephritis/nephropathy. Rule out leptospirosis. Urinary testing is recommended (culture/UPC).



IMAGING PERFORMED BY

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Clinical Sonography & Telectology

EDUCATIONAL TELECONSULTATION SERVICES™

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The information and recommendations provided are based on the images presented by the referring veterinarian. 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.

Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging
info@sonopath.com