

**PATIENT**

Yumi Tomizawa

**SPECIES**

Canine

**BREED**

Mixed

**SEX**

Female Spayed

**AGE**

9 Months

**WEIGHT**

43 lbs

**INTERPRETED BY**

Sebastian Jawinski,  
German Board Certified  
Vet Specialist in  
Diagnostic Imaging

**IMAGING  
PERFORMED BY**

Dr Gabriel Ferrer DVM

**HOSPITAL NAME**

Pulse: Pet Ultrasound  
Services

**REFERRING VET**

Dr. Gaspar Davila

**INVOICE**

48296

**DATE**

11-12-21

**PRESENTING CLINICAL SIGNS**

Presented as a refer for an abdominal ultrasound. Yumi as is having urinary problem. There is evidence of renal failure and patient has Azotemia.

Abnormal PE/Chem/CBC/UA Results: PE: Pain on abdominal palpation BW: CBC: unremarkable  
CHEM: Creatinine 7.1 (0.5-1.8) BUN: 71 (7-27) Phosp: >16.1 (2.5-6.8) Amylase: 1514 (500-1500) U/A:  
USG: 1.020, protei: 5.0 g/L Blood 25ery/mcL

**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.

Both kidneys show a significant hyperechoic and mildly coarse cortex. The renal surface on both sides is irregular and presents multiple wedge-shaped, hyperechoic areas and a subjectively hyperechoic capsule. A prominent hyperechoic medullary rim is recognized. The renal-aorta ratio still is in normal limits (normal 5.5 – 9.1: measured 8.6).

The renal pelvises show mild distension with a maximum diameter of approximately 0.16 cm.

**Adrenal glands**

Both adrenal glands are normal.

**Spleen**

Splenic margins are mildly rounded. The spleen is inconspicuous in terms of surface and echotexture and shows diameters of 1.8 cm. 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 shows a small amount of sludge. The gallbladder and -wall are unremarkable without signs of a relevant florid process or cholestasis.

**Gastrointestinal**

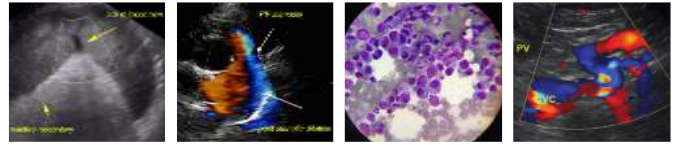
The stomach is mildly fluid filled showing a thickened gastric wall and presenting prominent rugae with maximum transverse diameters of 0.74 cm. The gastric periphery and the area of the left pancreas appear hyperechoic. The small intestine and colon present intact wall layers being normal in width and 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.

Mesenteric, epigastric and portal lymph nodes are considered to be normal.

**Pancreas**

All pancreatic parts displayed show isoechoic echogenicity.

**Free Abdomen**



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There is no evidence of peritoneal or retroperitoneal effusion noted. Abdominal fat and great vessels show no pathological findings.

**ULTRASONOGRAPHIC FINDINGS**

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- Highly hyperechoic renal cortex, multiple renal infarcts, significant medullary rim sign and mild distension of the renal pelvises
- Secondary uremic gastritis

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Mixed

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Ultrasonographic findings of the kidneys are severe. There are multiple differentials possible including juvenile nephropathy, interstitial and/or glomerular nephritis, acute tubular nephrosis/necrosis (due to ethylene glycol, grapes) and end-stage renal disease. A hyperechoic cortex is commonly seen with renal insufficiency, congenital disease could have been a triggering factor. The thickened renal capsule and the renal infarcts a more chronic findings, whereas hyperechoic cortices and pelvic distension may be more acute. Painful kidneys indicate an active nephritis/nephropathy. Rule out leptospirosis.

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Controlled fluid therapy, symptomatic therapy of secondary disease (infection/uremic gastritis/hyperkalemia) and body weight control are indicated. Regarding the blood results and the sonographic findings, a bad prognosis is assumed.

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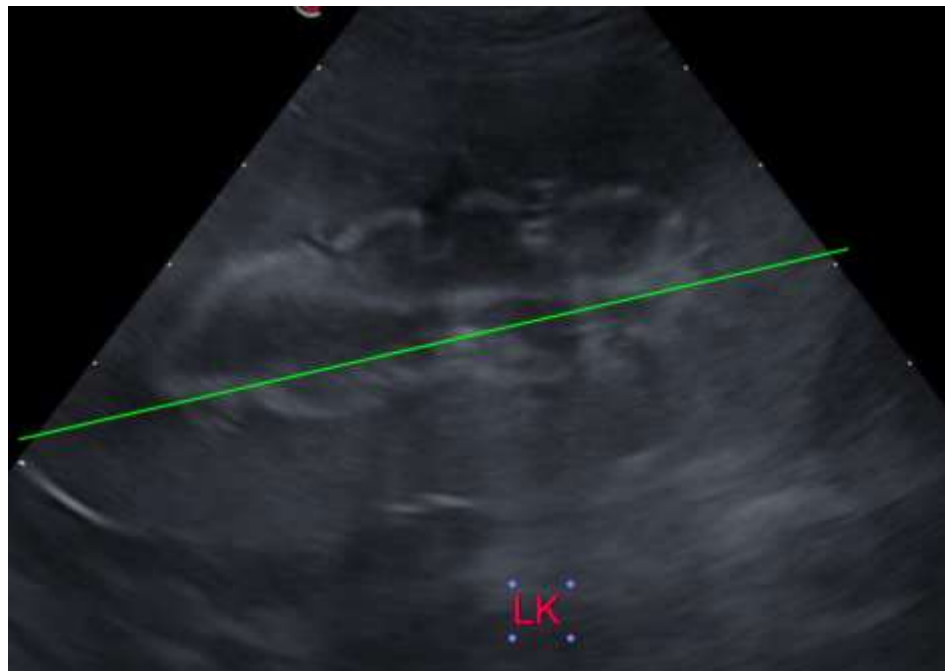
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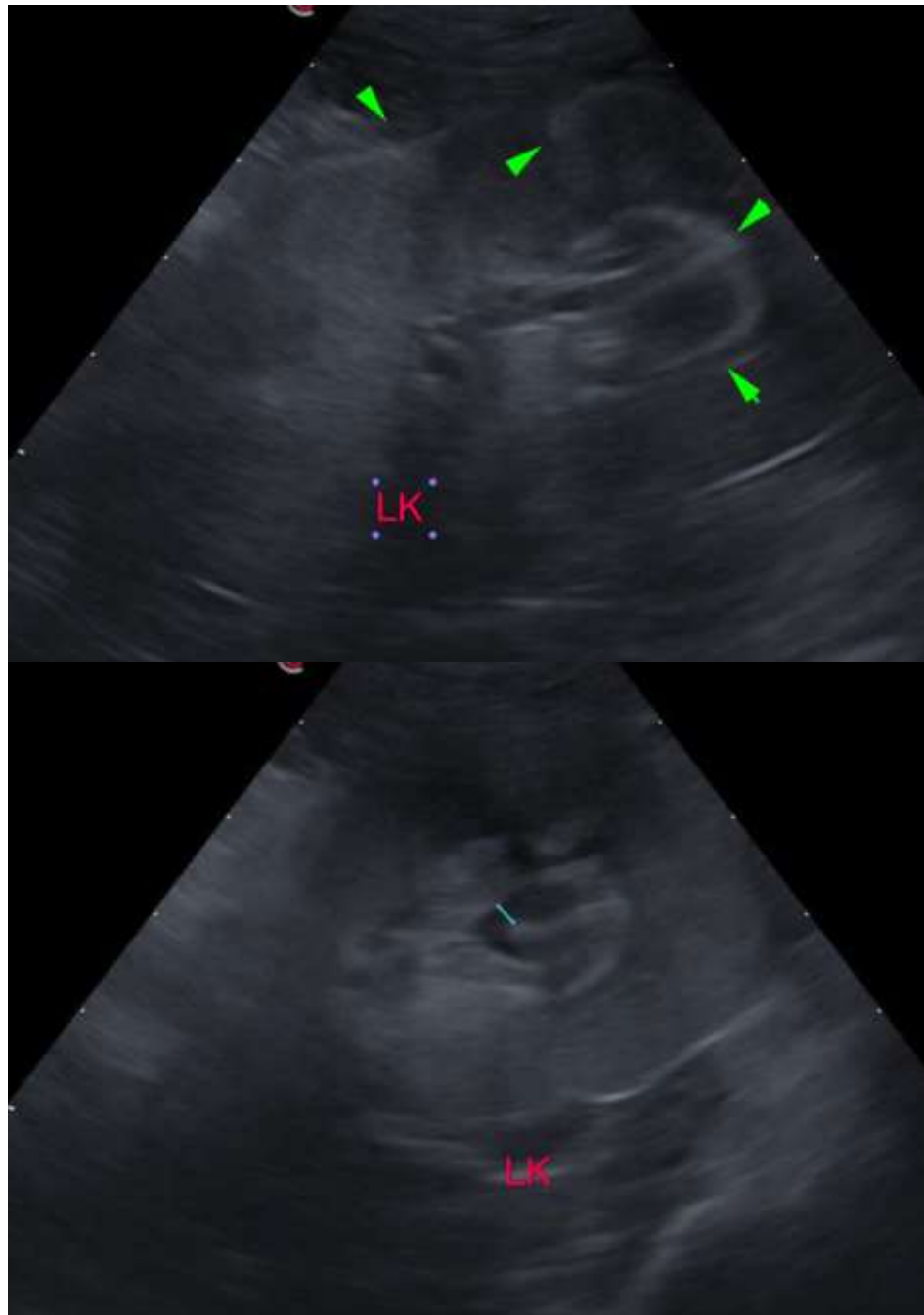
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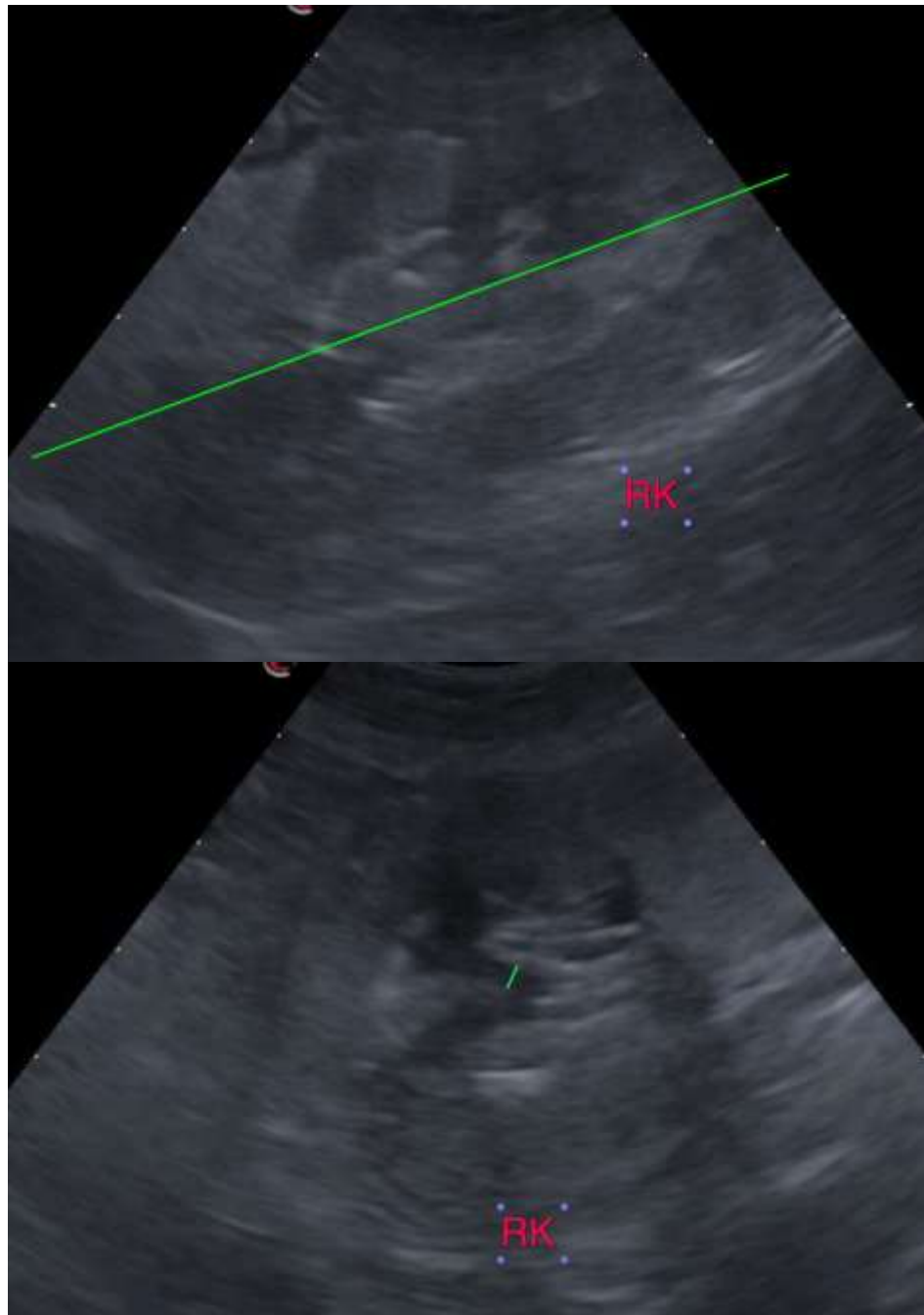
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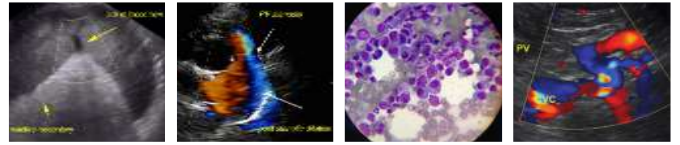
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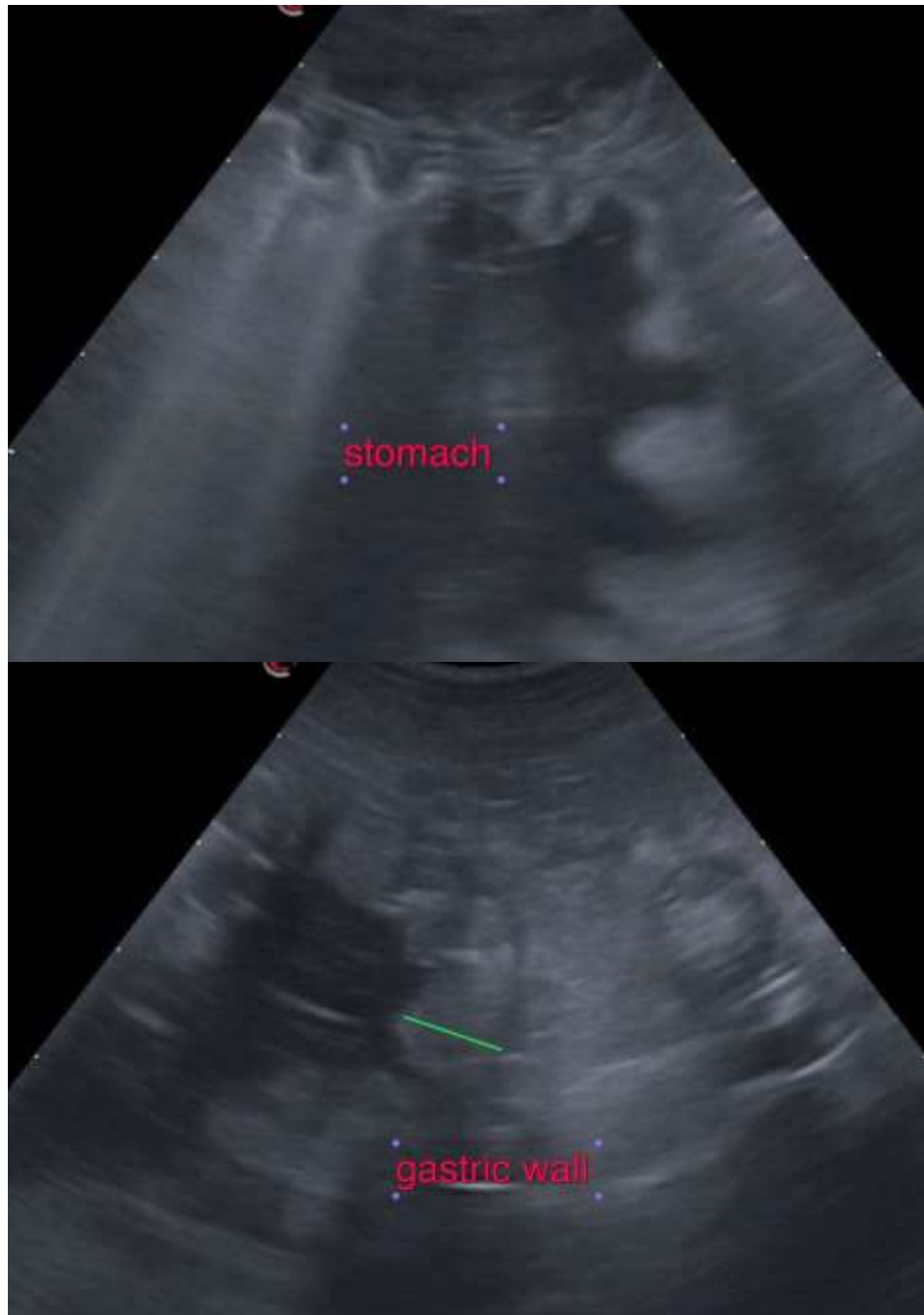
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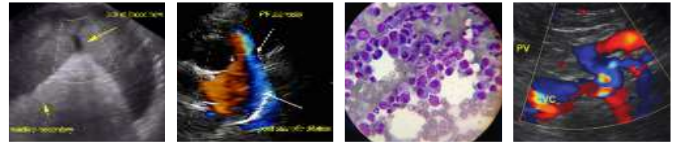
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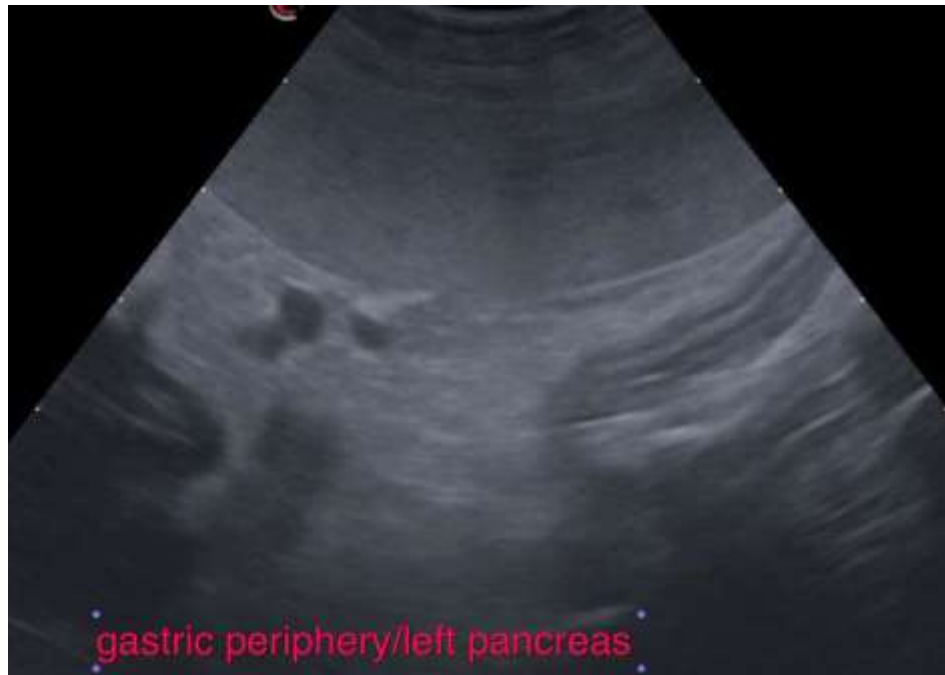
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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