

**PATIENT**

Khloe Robles Sanchez

**SPECIES**

Canine

**BREED**

Yorkshire Terrier

**SEX**

Female Intact

**AGE**

7 Years

**WEIGHT**

6.76 lbs

**INTERPRETED BY**

Sebastian Jawinski,  
German Board Certified  
Vet Specialist in  
Diagnostic Imaging

**IMAGING PERFORMED BY**

Dr. G. Ferrer, DVM

**HOSPITAL NAME**

Paseos Veterinary  
Center

**REFERRING VET**

Dra. Cruz

**INVOICE**

48820

**DATE**

12-6-21

**PRESENTING CLINICAL SIGNS**

Khloe presented as a referral for an abdominal ultrasound. She was referred as pt has been inappetence and having hyperthermia. Referring veterinarian wants to evaluate the kidneys as Kidney stones are suspected.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary system**

The urinary bladder shows a normal wall thickness and layering but presents a somehow structured iso- to hypoechoic sediment, which is not overtly associated with the bladder wall. The trigone and pelvic urethra present normal findings without evidence of swelling or uroliths. Ureters are not visualized and considered to be normal. No evidence of an inflammatory or neoplastic process is noted.

Both kidneys show mineralization of the renal pelvises causing distal acoustic shadowing. Renal pelvises and exits to the ureters are inconspicuous apart from that without signs of obstruction/distension.

Left kidney measures 3.22 cm length, right kidney 3.35 cm.

**Reproductive tract**

The uterus and ovaries are inconspicuous.

**Adrenal glands**

Both adrenal glands are normal.

**Spleen**

The spleen is inconspicuous in terms of size, surface and echotexture and shows diameters of 0.89 cm. There are no signs of nodular/focal changes noted.

**Liver/Gallbladder**

Liver echogenic texture appears generally and mildly hyperechoic but is homogeneous, size and vasculature appear regular. Evidence of nodular or focal changes is not visible.

The gallbladder shows a small amount of sludge but is inconspicuous. The gallbladder wall is unremarkable without signs of a florid process or cholestasis.

**Gastrointestinal**

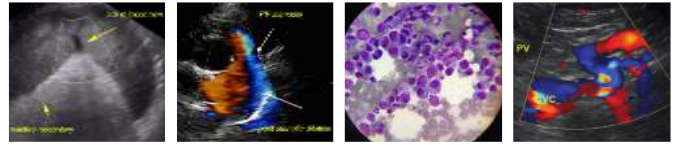
The stomach, the small intestine and colon present intact wall layers being normal in width and echogenicity. Adjacent mesentery and fat tissue are of normal appearance. There is no overt evidence of an ileus, a florid-inflammatory or even neoplastic process.

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

**Pancreas**

The left pancreas appears mildly hyperechoic but is well defined with normal surrounding fat/omentum. All other pancreatic parts displayed show isoechoic echogenicity to the surrounding omental fat.

**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.

**SPECIES**

Canine

**Primary**

- Bilateral pelvic nephroliths/renal mineralization
- Urinary bladder “sludge”

**BREED**

Yorkshire Terrier

**Secondary**

- Mildly hyperechoic liver
- Mildly hyperechoic left pancreas

**SEX**

Female Intact

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Ultrasonographic findings of both kidneys represent pelvic calcification/calculi (nephroliths). Currently signs of an active pyelonephritis are not recognized. Chronic nephritis/pyelonephritis and long-term medication (allopurinol?) may have been a triggering factor, clinical relevance is questionable since this is often an incidental finding and ureteral obstruction/distension are not noted.

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Ultrasonographic findings of the bladder likely represent debris/organized hemorrhage. Initial polypoid cystitis due to chronic inflammation is possible as well but is unlikely. Neoplasia is not suspected. Uroliths are not detected.

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Cystocentesis for urine culture/cytology/sediment as well as a follow-up ultrasound in 8 weeks could be the next diagnostic steps (use color doppler to rule out vascular perfusion of the sludge). If specific sediment/calculi are detected dietary therapy will be recommended.

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Ultrasonographic findings of the liver are commonly seen with mild lipidosis. This is a secondary finding. There are no signs of nodular or focal changes that are suspicious for neoplasia. The mildly hyperechoic left pancreas may represent residual pancreatitis. Signs of a relevant/active inflammatory process are not detected.

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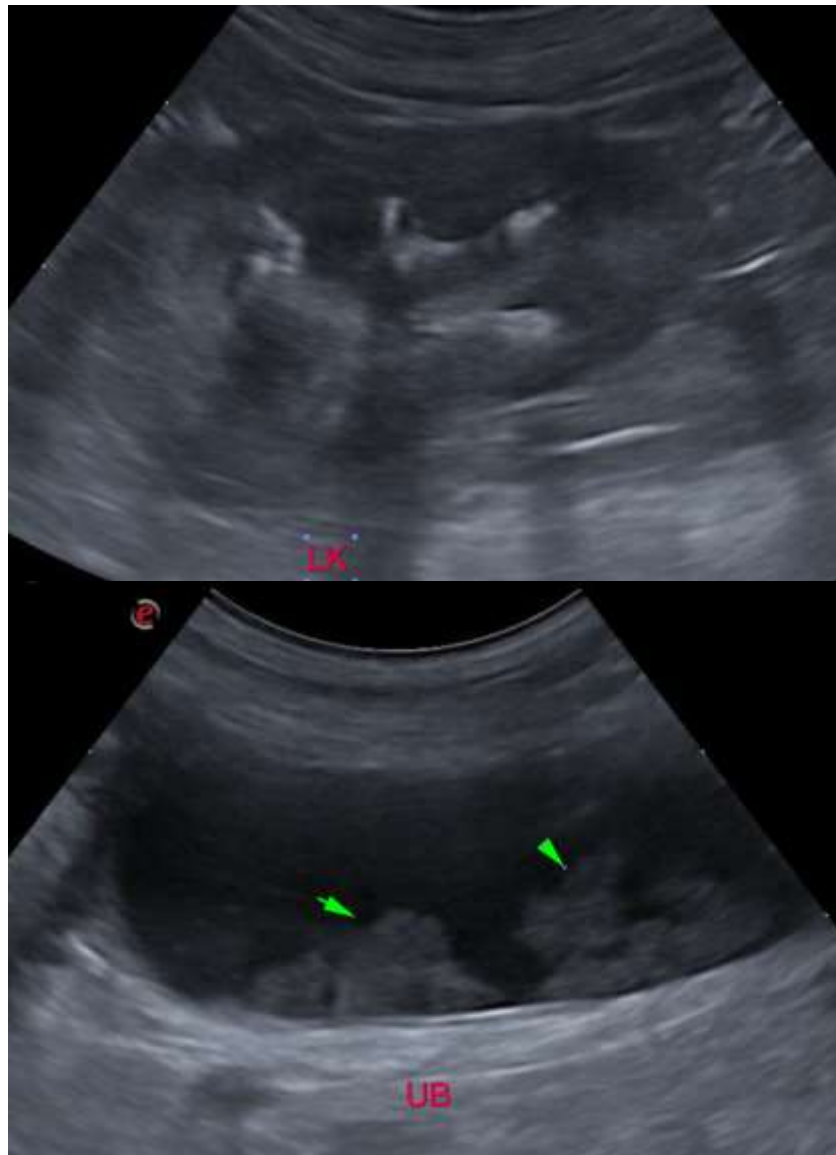
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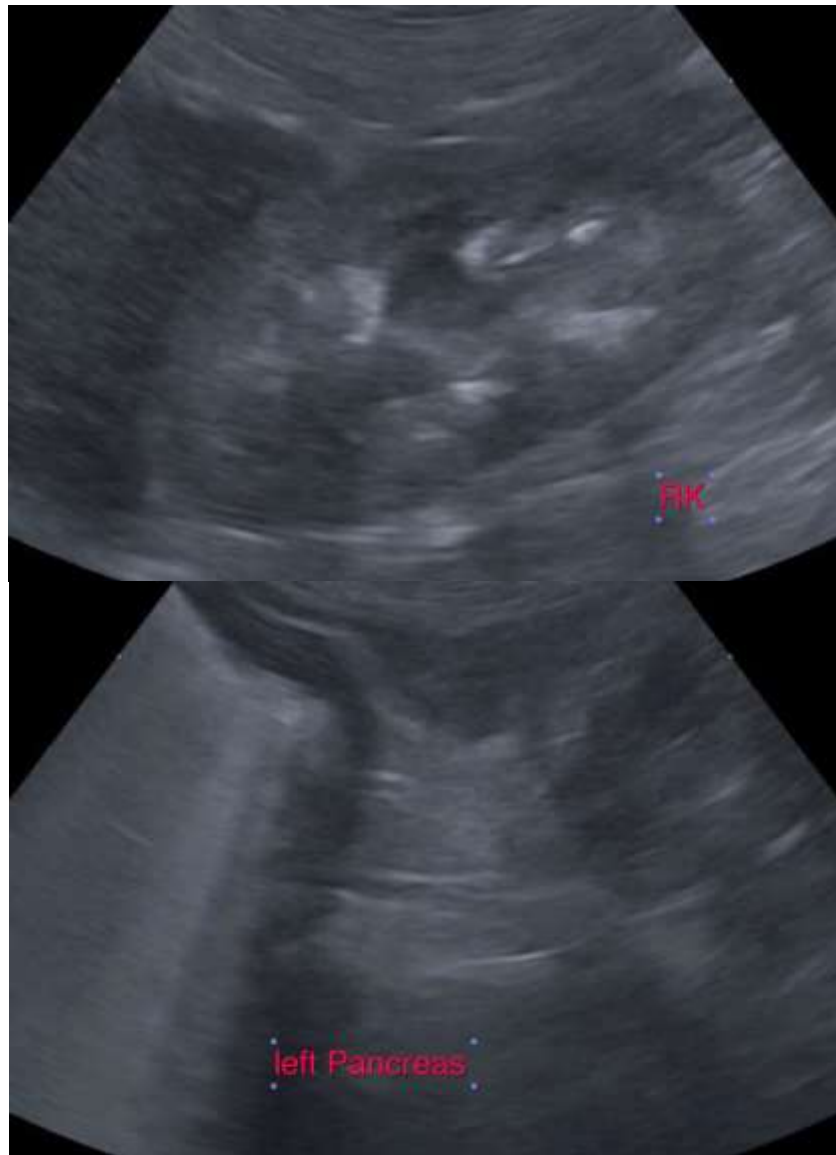
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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