



PATIENT

Gizmo Binam

SPECIES

Canine

BREED

Pomeranian

SEX

Spayed Female

AGE

14 Years

WEIGHT

7.7 pounds

INTERPRETED BY

Tam Mengine, DVM,
 DABVP (canine/feline
 practice)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Vetco Total Care-
 Salem Center St.

REFERRING VET

Dr. Zittel-Harless

INVOICE

12147

DATE

11/07/25

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Patient presented for hematuria on October 16th. Patient has had two prior instances of hematuria of unknown cause, owner also reports history of slightly elevated renal values, head tilt, chronic cough, and skin issues. On exam, patient had a tense abdomen, grade 3 dental disease, and otitis externa (bacterial). Patient presented on October 24th for follow up. Exam findings include prior notes in addition to grade 2 heart murmur. **ABNORMAL Labwork Values** SDMA 17, BUN 34, Cystatin B 796, Potassium 5.8, Na:K Ratio 26, USG 1.025, Urine Protein 2+, >100 RBCs in urine. Will send labs via email. Current Medications TrizEDTA ear flush, Posatex suspension. Radiographic Findings Will send radiographs via email. Radiographs done on October 24th showed a large mass in the abdomen.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine, and no luminal sediment is present. The ureteral papillae, trigone and pelvic urethra (visible to 2.0 cm) are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted.

The right kidney exhibits moderately decreased corticomedullary differentiation. There is focal mineralization present within the renal cortex and medulla. There is no evidence of nephrolithiasis, pyelectasia or hydronephrosis. The proximal ureters are not visible (normal). The right kidney measured 3.7 cm in length.

The left kidney has completely lost any evidence of its normal architecture and appears as a 4.5 cm x 4.0 cm cystic heterogeneous and mineralized structure surrounded by hyperechoic omental fat.

Adrenal Glands

The adrenal glands are both identified in their normal locations. They are normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland measured 3.4 mm at the cranial pole and 3.8 mm at the caudal pole. The right adrenal gland measured 4.1 mm at the cranial pole and 5.0 mm at the caudal pole.

Spleen

There are multiple hyperechoic masses within the splenic parenchyma, with no visible deviation of the splenic capsule. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal.

Liver

The liver is of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

The gallbladder is distended with sludge and a moderate amount of bile which shows some evidence of early striations. The wall is normal with no evidence of regional inflammation or rupture. The cystic and common bile ducts are normal / not visible.

Gastrointestinal



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The stomach is mildly distended with gas. The gastric wall is 2.8 mm with normal deviations due to rugal folds and exhibits appropriate wall layering. The pylorus is of normal appearance.

The visualized portions of the duodenum, jejunum, and ileum are of normal thickness with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio. Intestinal motility appears normal.

The visible portions of the colon (1.1 mm) are of normal thickness with intact wall layering. The ileocecal junction was not seen.

Pancreas

The areas of the limbs and body of the pancreas are isoechoic to the surrounding mesenteric fat, with normal capsular appearance. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

Free Abdomen

There is no free fluid noted within the abdomen. There is hyperechoic, inflamed omental fat noted in the region of the left kidney. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

PRIMARY FINDINGS

- Mineralized cystic left kidney with complete loss of normal architecture.
- Moderate chronic change and mineralization within the right kidney.
- Possible emerging gallbladder mucocele without evidence of inflammation.

SECONDARY FINDINGS

- Benign splenic myelolipomas which are an incidental finding in the dog.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes to the left kidney may represent either an end stage of renal dysplasia or possibly a neoplastic process. Nephrectomy for histopathology should be considered for a definitive diagnosis. The changes to the right kidney are most typical of chronic degenerative change although the possibility of very mild dysplastic change in this kidney cannot be excluded. Blood pressure measurement, urine culture and dietary/supportive care measures in accordance with high-risk guidelines would be recommended.

The sludge in the gallbladder shows early evidence of striation which may indicate the emergence of a mucocele. Recommendations include:

- ❖ monitoring for progression in 2-3 months time is recommended
- ❖ treatment with ursodiol could be considered, especially if there are concurrent elevations in cholestatic enzymes



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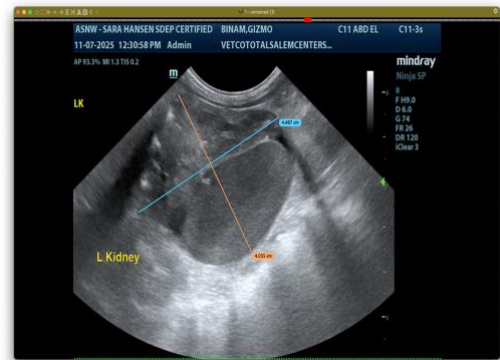
Dr. Zittel-Harless

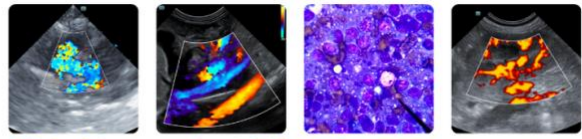
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Tam Mengine, DVM, DABVP (canine/feline practice)

info@SonoPath.com