

<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Jaxon Smith	History: Presented for vomiting on 3/24, lab-work consistent with acute renal failure, urine culture pending
<b>SPECIES</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Canine	<b>Urinary System</b> The urinary bladder is moderately distended with anechoic urine, and luminal sediment is not present. The bladder wall is diffusely thickened and there are irregularities to the mucosal surface. The ureteral papillae, trigone and pelvic urethra are of normal appearance, and the ureters are not visible (normal). No masses or calculi are noted. Urethra visualized to 3.0 cm.
<b>BREED</b>	
Corgi	
<b>SEX</b>	The prostate is of appropriate size for patient age and neutering status, with a homogenous parenchyma and smooth capsule. The prostatic urethra is non-dilated with normal margins.
Neutered Male	Both kidneys are hyperechoic and exhibit poor corticomedullary differentiation. There are numerous, small cortical cysts present within both kidneys, as well as multiple small nonobstructive nephroliths. There is moderate pyelectasia noted in both kidneys. There is no evidence of hydronephrosis, and the proximal ureters are not visible (normal). The left kidney is 6.6 cm in length. The right kidney is 7.2 cm in length.
<b>AGE</b>	
12 years	<b>Adrenal Glands</b> 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 height is 5.6 mm at the cranial pole and 5.8 mm at the caudal pole. The right adrenal gland height is 9.1 mm at the cranial pole and 5.7 mm at the caudal pole.
<b>WEIGHT</b>	
30 lbs	
<b>INTERPRETED BY</b>	<b>Spleen</b> There are multiple hyperechoic masses within the splenic parenchyma measuring (up to) 1.0 cm in size, 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.
Tam Mengine, DVM, DABVP (canine/feline practice)	
<b>IMAGING PERFORMED BY</b>	<b>Liver</b> The liver is diffusely hyperechoic and subjectively enlarged. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.
Dr. Tam Mengine	
<b>HOSPITAL NAME</b>	The gallbladder is moderately distended with anechoic contents and a small amount of freely-moveable echogenic sludge. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.
Stoney Creek VH	
<b>REFERRING VET</b>	<b>Gastrointestinal</b> The stomach is mildly distended with anechoic fluid. The gastric wall is normal at 5.5 mm with normal deviations due to rugal folds, and exhibits appropriate wall layering, however the submucosal layer is disproportionately thickened relative to other layers. The pylorus is of normal appearance.
Dr. Keely Zhang	
<b>INVOICE</b>	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. The duodenal wall measures 4.4 mm. The jejunal wall measures up to 2.4 mm. Intestinal motility appears normal.
12592	The visible portions of the colon are of normal thickness, up to 1.5 mm, with intact wall layering. The ileocecal junction is visualized and appears normal.
<b>DATE</b>	
3.30.23	



**PATIENT**

**Pancreas**

Jaxon Smith

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.

**SPECIES**

**Free Abdomen**

Canine

There is no evidence of free fluid within the peritoneal cavity. The omentum and intra-abdominal fat are of appropriate echogenicity. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

**BREED**

**ULTRASONOGRAPHIC FINDINGS**

Corgi

**Primary Findings**

**SEX**

- Severe chronic renal changes with pyelectasia and nephrolithiasis
- Bladder wall changes typical of cystitis
- Mild gastric changes, consistent with gastritis

Neutered Male

**AGE**

**Secondary Findings**

12 years

- Reactive hepatopathy

**WEIGHT**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

30 lbs

Both kidneys have severe degenerative change, which appears to have been exacerbated by chronic nephrolithiasis. The presence of pyelectasia raises the concern for pyelonephritis as well, although mild renal pelvic dilation can also be the result of scarring from previous stone passage.

Recommendations include:

**INTERPRETED BY**

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

- CBC, chemistry and urinalysis with culture
- Blood pressure measurement
- If pyelonephritis is suspected, then empiric antimicrobial therapy may be started while awaiting culture results. The International Society for Companion Animal Infectious Diseases (ISCAID) Working Group recommends fluoroquinolones or cefpodoxime as initial empiric treatment choices, with a total therapy duration of 10 - 14 days.
- Chronic cases of pyelonephritis may require longer courses of treatment than the recommended 10 -14 days. Historically, treatment for up to 4-6 weeks has been recommended, with follow up culture shortly after discontinuation of therapy.
- Fluid therapy (either in-hospital or subcutaneous fluids at home) are recommended.
- A renal diet would be recommended.

**IMAGING PERFORMED BY**

Dr. Tam Mengine

**HOSPITAL NAME**

Stoney Creek VH

**REFERRING VET**

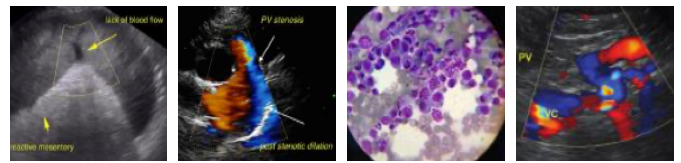
Dr. Keely Zhang

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**DATE**

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**PATIENT**

Jaxon Smith

**SPECIES**

Canine

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Corgi

**SEX**

Neutered Male

**AGE**

12 years

**WEIGHT**

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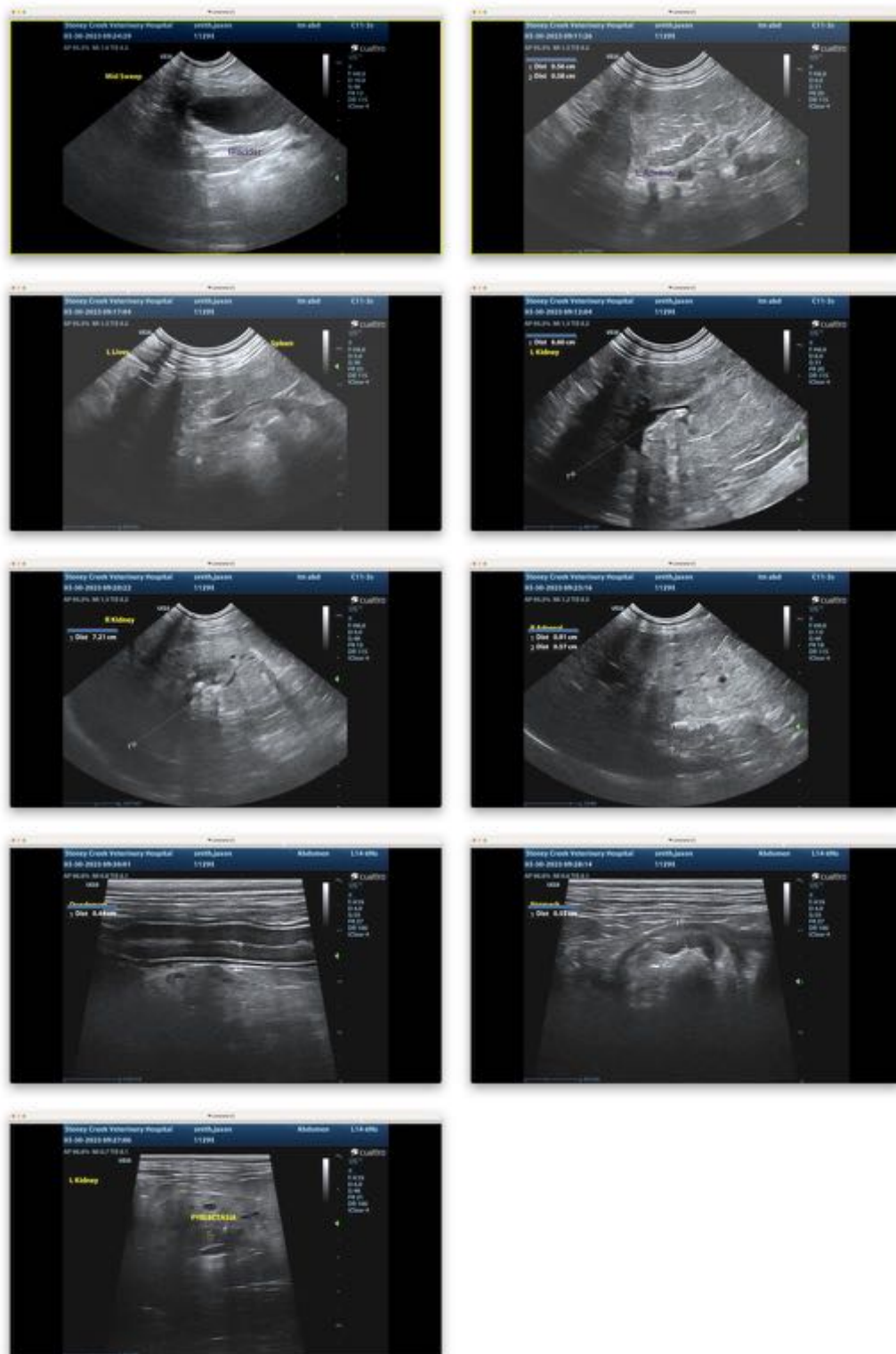
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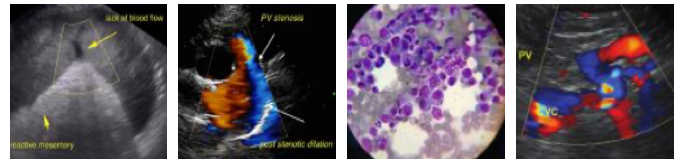
**DATE**

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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



**PATIENT**

can be of any further assistance, please contact me.

Jaxon Smith

**Tam Mengine, DVM, DABVP (canine/feline practice)** info@SonoPath.com

**SPECIES**

Canine

**BREED**

Corgi

**SEX**

Neutered Male

**AGE**

12 years

**WEIGHT**

30 lbs

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