

**PATIENT**

Maya Molnar

**SPECIES**

Canine

**BREED**

Yorkshire Terrier

**SEX**

Spayed Female

**AGE**

13 years

**WEIGHT**

3.7 kg

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Hillview VC

**REFERRING VET**

Stevenson

**INVOICE**

12606

**DATE**

3.31.23

**PRESENTING CLINICAL SIGNS**

History: March 2nd seen for not eating and falling over (first noted in Feb - just one other time)Urinating lots for about 2 weeks. Has been on Glucosamine. PE - BAR, HR 160, RR32, BCS5/9. U/A at that time showed obvious bacteria and inflammatory response (see attached). Started two weeks Clavamox BID. Culture also showed E. Coli. March 27th return for same issues. Peeing on floor and reduced appetite. Antibiotics finished 10 days ago. REcheck U/A showed same inflammatory response and bacteria. Owner agreed to rads - no stones seen. Recommend restart antibiotics and investigate further. Owner reports lots of licking at hind end.

Abnormal PE/Chem/CBC/UA Results: Please see attached lab results and radiograph

**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 are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted. Urethra visualized to 1.00 cm.

Both kidneys are hyperechoic and exhibit poor corticomedullary differentiation. There are numerous small cortical cysts present throughout the cortex of the right kidney. There is moderate dilation of the left renal pelvis, with anechoic contents, and hyperechoic pelvic fat. There is no evidence of nephrolithiasis or hydronephrosis. The proximal ureter is not visible (normal). The left kidney is 3.2 cm in length. The right kidney is 4.2 cm in length.

**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 height is 4.3 mm at the cranial pole and 5.1 mm at the caudal pole. The right adrenal gland height is 9.5 mm at the cranial pole and 5.2 mm at the caudal pole.

**Spleen**

The spleen is of appropriate size and has a normal, homogenous parenchyma with a smooth, continuous capsular surface. 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.

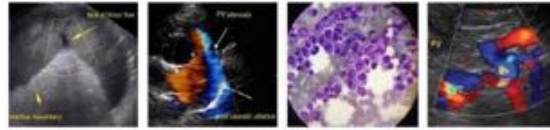
The gallbladder is markedly distended with anechoic contents and a moderate amount of freely-moveable echogenic sludge. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

**Gastrointestinal**

The stomach is empty. The gastric wall is 3.5 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. The duodenal wall measures 3.5 mm. The jejunal wall measures up to 3.1 mm. Intestinal motility appears normal.

The visible portions of the colon are of normal thickness, up to 1.2 mm, with intact wall layering. The ileocecal junction is visualized and appears normal.



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**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.

**SPECIES**

Canine

**Free Abdomen**

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**

Yorkshire Terrier

**ULTRASONOGRAPHIC FINDINGS**

**Findings**

- Significant chronic renal changes bilaterally
- Left renal pyelectasia, suggestive of pyelonephritis

**SEX**

Spayed Female

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**AGE**

13 years

The presence of pyelectasia raises the concern for pyelonephritis, though mild renal pelvic dilation can also be seen with recent fluid therapy or as a chronic degenerative change. Recommendations include:

**WEIGHT**

3.7 kg

- 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. Given the clinical history for this patient, chronic pyelonephritis is suspected, and lengthy treatment may be necessary. Treatment for up to 4-6 weeks is recommended, with follow up culture shortly after discontinuation of therapy.

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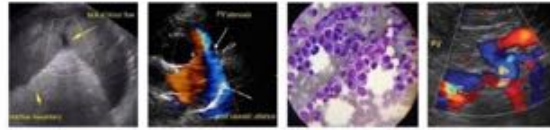


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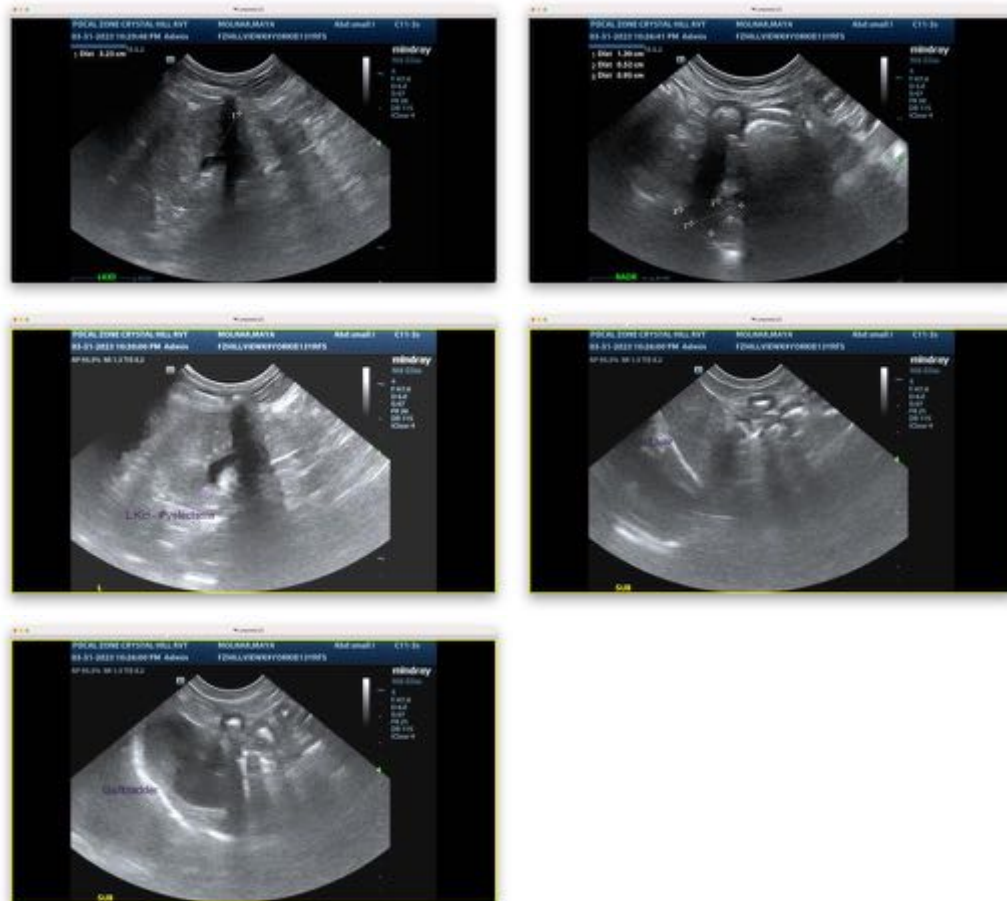
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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