



PATIENT

Luna Barrios

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Spayed Female

AGE

2 Years

WEIGHT

7.6 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Kelly Vazquez

HOSPITAL NAME

Parsippany Troy Hills

REFERRING VET

Dr. Linda Dulude

INVOICE

40825

DATE

8/29/22

PRESENTING CLINICAL SIGNS

Patient presents for azotemia and hyposthenuria. Current meds: Clavamox.
Abnormal PE/Chem/CBC/UA Results: SDMA 18, creat. 1.6, HCT 56.7. U/A WNL except USG 1.005.
UA C&S: (neg).

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 (visualized to 2.0 cm) are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted.

The kidneys are of normal size and shape and exhibit appropriate corticomedullary differentiation with a normal 1:3 cortex to medulla ratio. There is no evidence of nephrolithiasis, mineralization, pyelectasia, cystic change or hydronephrosis. The proximal ureter is not visible (normal). The left kidney measures 3.1 cm. The right kidney measures 3.0 cm.

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 measures 4.8 mm at the cranial pole and 3.3 mm at the caudal pole. The right adrenal gland measures 4.6 mm at the cranial pole and 3.3 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. 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 normal in thickness (3.1 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. Duodenum wall measures 4.3 mm. Jejunum wall measures 2.5 mm. Intestinal motility appears normal.

The visible portions of the colon are of normal thickness (1.3 mm) with intact wall layering. The ileocecal junction is visualized and normal.



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Pancreas

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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.

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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.

SEX

Spayed Female

ULTRASONOGRAPHIC FINDINGS

- Unremarkable canine abdomen

AGE

2 Years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The kidneys in this patient appear unremarkable, as does the urinary bladder. An acute insult may be to blame for the azotemia and dilute urine, such as Leptospirosis or toxin exposure. If no definitive cause is found, then a renal diet is recommended, along with periodic monitoring of renal values and urinalysis. A blood pressure measurement is also recommended. Finally, screening for Addison's disease with a resting cortisol could be considered, especially if clinical signs such as inappetence or lethargy are present.

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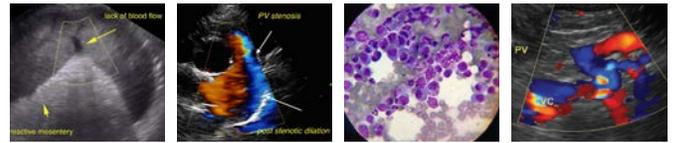
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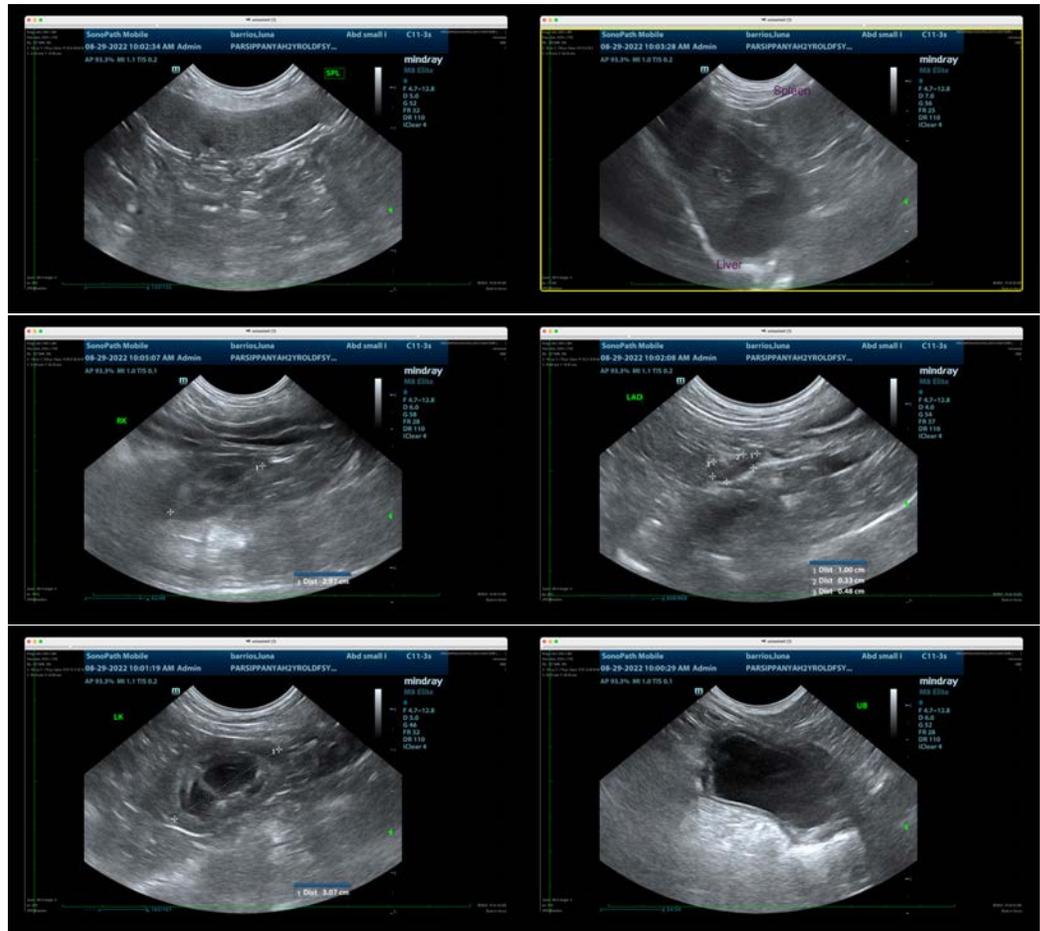
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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