



**PATIENT**

Topsy Lazak

**SPECIES**

Canine

**BREED**

Morkie

**SEX**

Spayed female

**AGE**

11 years

**WEIGHT**

7.8 lbs

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Kelly Vazquez

**HOSPITAL NAME**

Northvale VC

**REFERRING VET**

Dr. Simon

**INVOICE**

42999

**DATE**

2/27/23

**PRESENTING CLINICAL SIGNS**

History: Not eating for 2 days  
Abnormal PE/Chem/CBC/UA Results: RBC 3.44, Hematocrit 23.7, Hemoglobin 9.4, MCH 27.5, MCHC 39.8, RDW 12.3, WBC 35.81, Neutrophils 30.41, Monocytes 4.14, Eosinophils 0.01, Platelets 878, MPV 13.4, Plateletcrit 1.18, BUN >130, Phos >16.1, Calcium 4.5, Potassium >10, ALP 257, Amy >2,500, Lipase 4,249

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is moderately distended with anechoic urine, and no luminal sediment is present. The bladder wall is of normal thickness, however, there is a 1.5 cm mass effect near the trigone. The ureteral papillae, trigone and pelvic urethra are of normal appearance, and the ureters are not visible (normal). No calculi are noted. Urethra visualized to (3.0) cm.

Both kidneys are hyperechoic, and exhibit poor cortico-medullary differentiation. The left kidney also has several small cortical cysts. There is mild dilation of the renal pelvises, with hypoechoic contents. There is no evidence of nephrolithiasis, mineralization, or hydronephrosis. The proximal ureters are not visible (normal). The left kidney is (3.9) cm in length. The right kidney is (4.3) cm in length.

**Adrenal Glands**

The right adrenal glands is identified in its normal location. The right adrenal is normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The right adrenal gland height is (8.6) mm at the cranial pole and (7.4) mm at the caudal pole. The left adrenal gland is not distinctly visualized.

**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 moderately distended with anechoic contents and a large 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.



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***Gastrointestinal***

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The stomach is mildly distended with anechoic fluid. The gastric wall is thickened at (7.6) 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 hypertrophied.

**BREED**

Morkie

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 (5.0) mm. The jejunal wall measures up to (2.5) mm. Intestinal motility appears normal.

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Spayed female

The visible portions of the colon are of normal thickness, up to (1.7) 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.

**WEIGHT**

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***Free Abdomen***

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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.

**ULTRASONOGRAPHIC FINDINGS**

**PRIMARY FINDINGS:**

- Chronic renal changes with pyelectasia.
- Mass effect in the bladder, which may be a clot or less likely neoplasia.
- Gastritis, presumably secondary to uremia.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The bilateral pyelectasia, lesion in the bladder, as well as the elevated WBC and acute renal failure on lab work, all support the possibility of acute pyelonephritis. Urinalysis with culture is recommended if not already performed. Given the significant gastritis, which is presumably secondary to uremia, supportive care is also recommended. Additional recommendations include:

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- Blood pressure measurement.
- If urinalysis supports pyelonephritis, then empirical, anti-microbial therapy can be started while awaiting culture results. The international society for companion animal infectious diseases

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working group recommend Fluroquinolones or Cefpodoxime as initial empirical treatment choices, with a total therapy duration of 10-14 days.

- Gastroprotectants, anti-emetics, fluid therapy and appetite stimulants are all recommended for supportive care.

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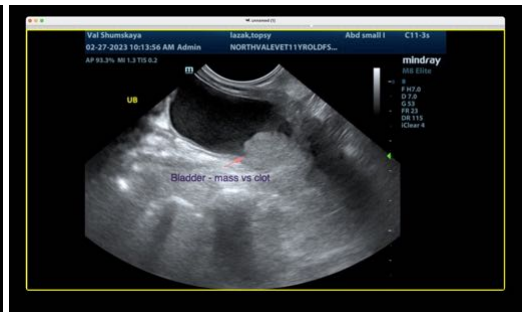
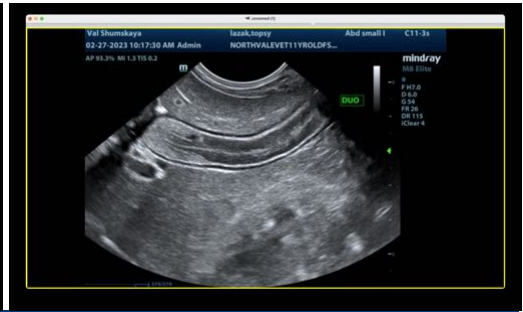
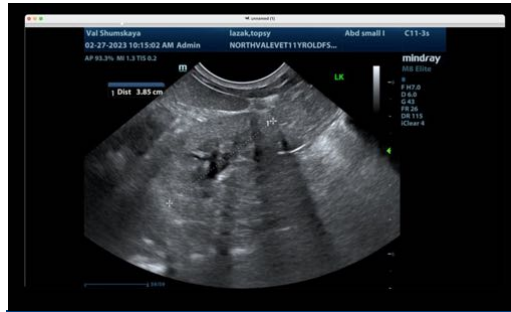
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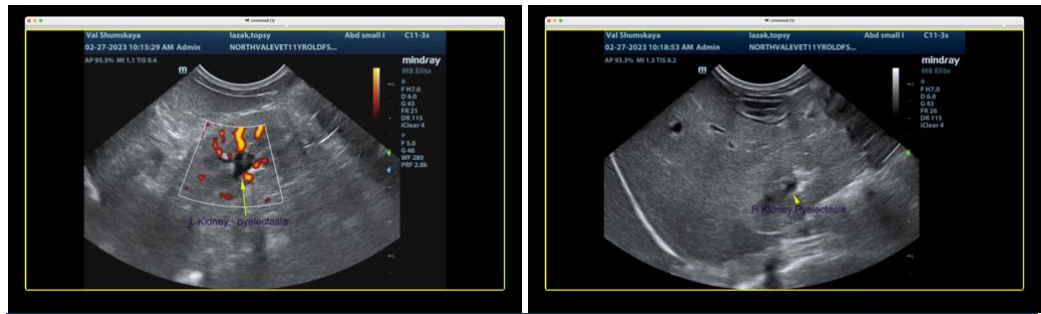
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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