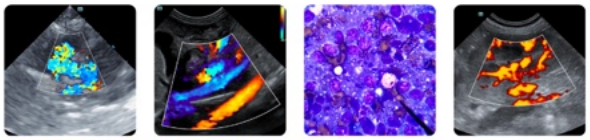




**PATIENT**

Jasper Keister

**SPECIES**

Guinea Pig

**BREED**

**SEX**

Female

**AGE**

11 weeks

**WEIGHT**

1.1 lbs

**INTERPRETED BY**

Dr. Alicia Angosto Guerrero

**IMAGING PERFORMED BY**

Heidi Putnam LVT

**HOSPITAL NAME**

Northwest Exotic Pet Vet

**REFERRING VET**

Dr. Schwarzer

**INVOICE**

70290

**DATE**

1/19/26

## PRESENTING CLINICAL SIGNS

- Constant urine dribbling and urine soiling since 3 weeks old
- Seen at 5 weeks old to be treated as a possible UTI
- No bacteria was present in urine sample. Treatment with antibiotics has not resulted in any improvement
- Rescue litter with 3 other females from different mothers presenting with the same symptoms (chronic urine dribbling)

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder is normally distended. The urinary bladder wall appears thin, smooth, and regular. The urine is predominantly anechoic with very scant suspended echoes. Due to acoustic shadowing from abundant fecal material within the distal colon, the bladder neck and proximal urethra cannot be clearly evaluated. No uroliths are identified, and there is no sonographic evidence of inflammatory or neoplastic changes affecting the urinary bladder.

The left kidney measures approximately 1.91×1.04 cm, with a cortical thickness of 0.15 cm in the sagittal plane.
The right kidney measures approximately 1.98×1.08 cm, with a cortical thickness of 0.17 cm in the sagittal plane.

Both kidneys are normal in size and shape, with preserved corticomedullary ratio and corticomedullary definition. The renal cortex is isoechogenic relative to the liver. Medullary hyperechogenicity is present bilaterally, as well as a hyperechoic renal sinus. Color Doppler evaluation demonstrates a normal renal perfusion pattern.

### *Adrenal Glands*

Both adrenal glands are visualized and appear normal in shape and echogenicity.

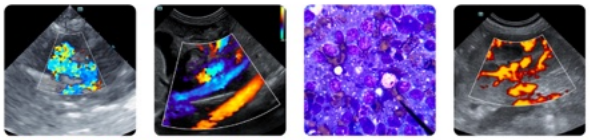
- Left adrenal gland: approximately 0.28 cm (cranial pole) and 0.26 cm (caudal pole)
- Right adrenal gland: approximately 0.31 cm.

### *Spleen*

The spleen is not visualized.

### *Liver*

The liver is subjectively normal in size, with sharp margins and a regular contour. The hepatic parenchyma is uniform and isoechoic relative to surrounding reference tissues, with a normal echotexture. No hepatic lymphadenopathy is observed.





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The gallbladder is normally distended. The wall is thin, and the contents are anechoic. No dilation of the biliary ducts is observed.

### *Gastrointestinal*

The stomach is distended with ingesta of normal ultrasonographic appearance, without evidence of dehydration, impaction, or abnormal gas accumulation. Gastric wall thickness measures approximately 0.57 mm, with preserved wall layering.

The small intestines demonstrate normal wall thickness and layering:

- Jejunum: 0.63 mm
- Ileum: 0.71 mm

The ileocecal junction appears normal.

The cecum measures approximately 0.29 mm, with normal intraluminal content.

The colon measures approximately 0.19 mm, with abundant, normally formed fecal material within the descending colon.

### *Pancreas*

The pancreas cannot be fully visualized due to acoustic interference from gastric ingesta, which is an expected limitation in guinea pigs. The surrounding peripancreatic region appears unremarkable, with no evidence of inflammation or mass effect.

### *Peritoneal Cavity*

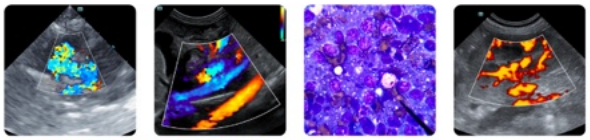
No abdominal effusion, peritonitis, masses, or lymphadenopathy are observed.

## ULTRASONOGRAPHIC FINDINGS

- Renal medullary and renal sinus hyperechogenicity (species-typical, physiologic finding).

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This abdominal ultrasound demonstrates no visible structural abnormalities of the urinary bladder or kidneys that would explain the patient's history of chronic urine dribbling. Renal morphology is normal for age and species, with medullary and renal sinus hyperechogenicity consistent with physiologic or dietary calcium deposition rather than structural renal disease, a well-recognized normal finding in guinea pigs.





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The urinary bladder is structurally normal, with no sonographic evidence of urolithiasis or cystitis. However, evaluation of the bladder neck and proximal urethra is limited due to acoustic shadowing from fecal material within the distal colon, preventing accurate assessment of these regions.

Given the very early onset of clinical signs (since approximately 3 weeks of age), the absence of response to antimicrobial therapy, the lack of ultrasonographic evidence of urinary tract infection or obstruction, and the presence of similar clinical signs in multiple juvenile females from the same rescue group, the findings are most consistent with a congenital or developmental urinary continence disorder, rather than an acquired infectious or inflammatory disease. The leading differential diagnosis for this presentation is a congenital functional continence disorder of the lower urinary tract, most consistent with urethral sphincter incompetence or congenital bladder neck dysfunction. Less likely considerations include congenital distal urethral anomalies or, rarely, ectopic ureteral anatomy.

In young small mammals, persistent urinary soiling with poor response to antimicrobials and without evidence of structural urinary tract disease on ultrasound raises concern for a congenital or functional continence disorder. Congenital distal urinary tract anomalies are recognized in exotic companion mammals and may require advanced imaging or contrast studies for definitive confirmation.

Recommendations

- No further antimicrobial therapy is recommended at this time, as there is no clinical or ultrasonographic evidence of urinary tract infection and the patient has not responded to prior antibiotic treatment.
- Given the high suspicion of a congenital functional urinary continence disorder, expectations should be discussed with the caregiver, as complete resolution is unlikely and management is typically long-term.
- If further diagnostic investigation is desired, advanced imaging or contrast studies of the lower urinary tract (contrast cystourethrography) may be considered to better evaluate the bladder neck and urethra, recognizing the technical and anesthetic limitations in juvenile guinea pigs.
- Prognosis for survival and general quality of life is fair, provided appropriate supportive care is maintained; however, prognosis for complete resolution of urinary incontinence is guarded.

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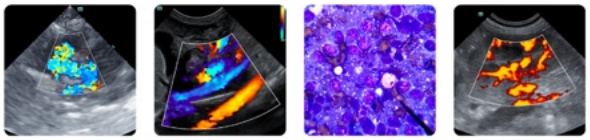

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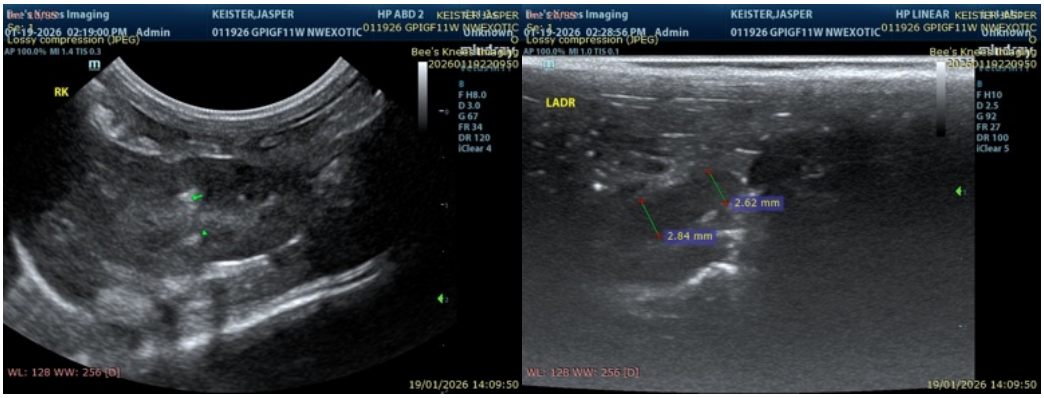


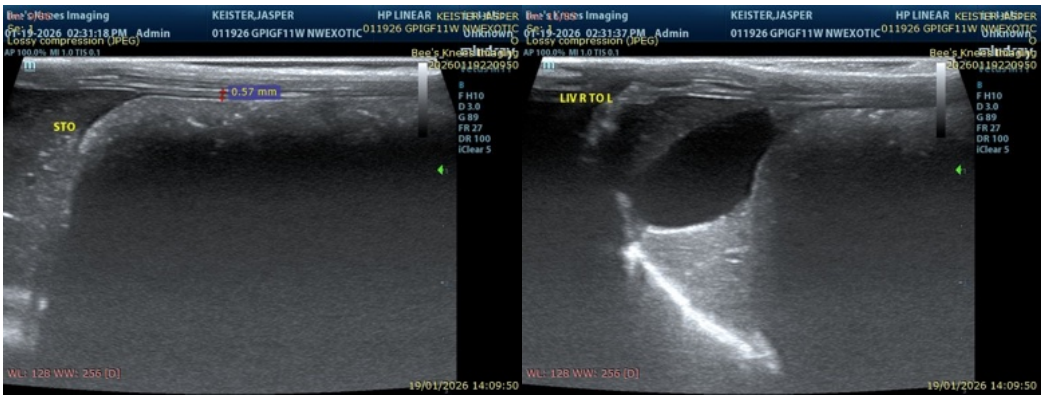


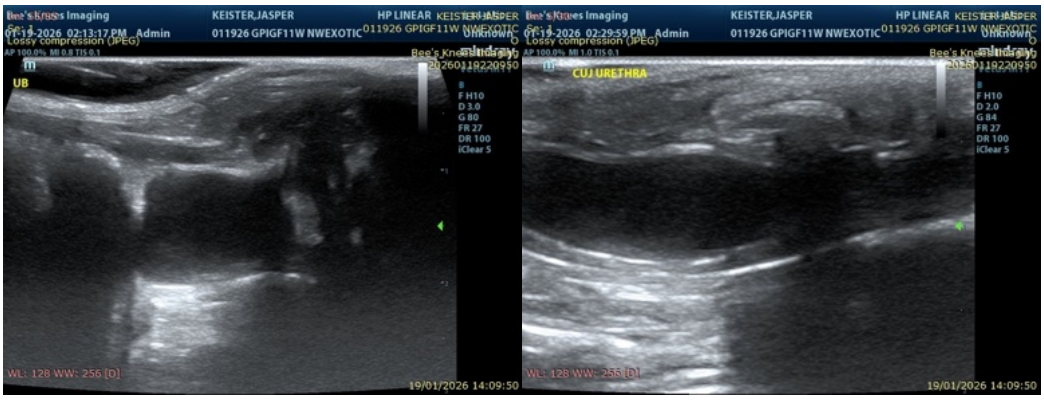

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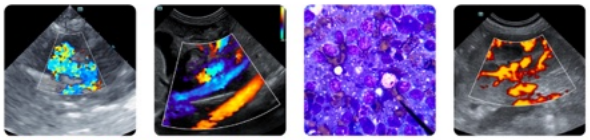

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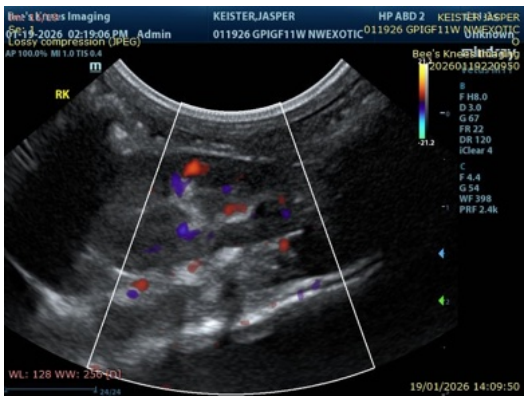


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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.

Alicia Angosto Guerrero, DMV, PgDip, MSc.

MV Esp Ultrasound in Domestic and Wild Animals

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