



## PATIENT

Ninja Joslyn

## SPECIES

Canine

## BREED

Chihuahua Mix

## SEX

Neutered Male

## AGE

12 Years 6 Months

## WEIGHT

17 pounds

## INTERPRETED BY

Alicia Angosto  
Guerrero, DMV,  
PgDip, MSc.

## IMAGING PERFORMED BY

Dr. Cameron Johnson  
DVM

## HOSPITAL NAME

Craig Road Animal  
Hospital

## REFERRING VET

Dr. Cameron Johnson  
DVM

## INVOICE

12918

## DATE

01/02/26

## PRESENTING CLINICAL SIGNS

P is a 12yr 7mo old MN Chihuahua presenting for a general recheck, BW, rechecking a UPC and a recheck abdominal U/S. P is stable at this time and has good and bad days. Eating, drinking, defecating, and urinating within normal limits. No coughing, sneezing, vomiting, or diarrhea noted by owner. No known allergies to vaccines/ medication. Historical PLN

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder is normally distended. The bladder wall is thin and smooth. The urine is anechoic. The bladder neck and proximal urethra appear normal. No uroliths are identified, and there is no ultrasonographic evidence of inflammatory or neoplastic disease.

The left kidney is normal in shape and size, measuring 4.67×2.91 cm, with a cortical thickness of 0.67 cm in the sagittal plane. The renal cortex is hyperechoic relative to the liver parenchyma. Multiple small renal cysts are identified, the largest measuring approximately 2.92×3.54 mm, with the next largest measuring 2.23×2.71 mm. The corticomedullary ratio is normal, and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

The right kidney is normal in shape and size, measuring 4.71×3.10 cm, with a cortical thickness of 0.62 cm in the sagittal plane. The renal cortex is hyperechoic relative to the liver parenchyma. Discrete renal cysts are not clearly visualized; however, evaluation is limited due to acoustic shadowing from gastrointestinal contents. The corticomedullary ratio is normal, and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

### Adrenal Glands

The left adrenal gland measures 0.89 cm at the cranial pole and 0.97 cm at the caudal pole; these values represent the maximum measurements obtained from three measurements. The right adrenal gland could not be adequately visualized for evaluation, largely due to shadowing from the contents of the ascending colon.

### Spleen

Splenic thickness measures 1.18 cm. The splenic parenchyma demonstrates normal echogenicity and a fine, homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.

### Liver

The liver is subjectively enlarged, with mildly rounded margins and a regular contour. The hepatic parenchyma is uniform and isoechoic relative to the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is observed.

The gallbladder lumen is moderately distended. The gallbladder wall is thin, and the contents are primarily anechoic with a small amount of biliary sludge. No dilation of the cystic duct or common bile duct is observed.

### Gastrointestinal



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The stomach is empty and mildly folded, with a mural thickness of 1.84 mm and preserved wall layering. The pyloric wall measures 3.17 mm. The duodenum measures 4.67 mm. The jejunum measures 3.10 mm, with preserved wall layering. No evidence of gastrointestinal obstruction, ileus, or foreign material is identified.

The colonic wall measures approximately 1.0 mm in the ascending colon, with fecal material causing clean acoustic shadowing; 1.36 mm in the transverse colon; and 0.97 mm in the descending colon, which is nearly empty.

### **Pancreas**

The visualized pancreatic regions do not demonstrate ultrasonographic evidence of inflammation.

### **Free Abdomen**

No abdominal effusion or evidence of peritonitis is observed. Abdominal lymph nodes are unremarkable. The iliac trifurcation appears normal.

## **PRIMARY FINDINGS**

- Bilateral renal cortical hyperechogenicity with preserved corticomedullary definition. Several small renal cortical cysts in the left kidney.
- Hepatomegaly with rounded margins and normal echotexture.
- Mild enlargement of the left adrenal gland.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Relative to the prior abdominal ultrasound examination from October 20, 2025, the current study shows overall stability of renal architecture, with persistent bilateral cortical hyperechogenicity and preserved corticomedullary definition. Renal cystic changes in the left kidney are again identified, without evidence of progression to obstruction or loss of renal architecture.

Hepatic size appears increased compared to the prior study, while parenchymal echotexture remains normal. In the absence of biochemical abnormalities or clinical signs, this appearance is most consistent with benign hepatomegaly, such as vacuolar change or age-related hepatopathy.

Compared to the prior ultrasound (10/20/2025), the left adrenal gland measurements are essentially unchanged and remain at the upper limit of normal. No sonographic progression is documented. In the absence of consistent clinical signs or biochemical changes, this finding is nonspecific. Mild hepatomegaly could be compatible with early endocrinopathy; however, there is currently insufficient evidence to support a diagnosis of hyperadrenocorticism. Clinical and biochemical monitoring is recommended.

No gastrointestinal, pancreatic, splenic, or lymph node abnormalities are identified that would explain clinical instability. Overall, the findings are most consistent with stable chronic renal disease in the context of known PLN.

### **Recommendations**

1. Correlate renal ultrasound findings with current laboratory data, including serum creatinine, SDMA, and urinalysis with UPC, to assess stability of PLN and renal function.



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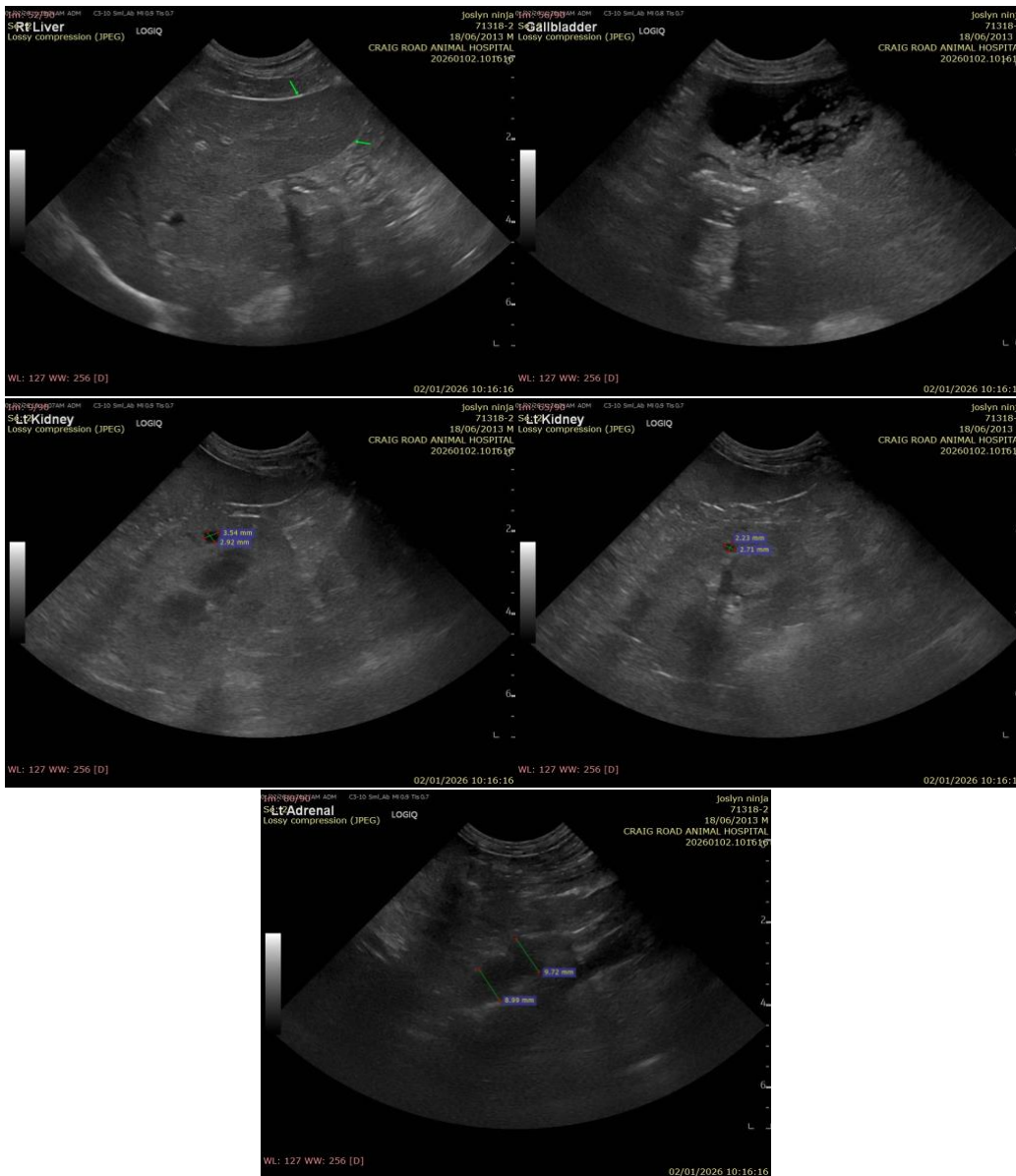
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- Continuing current medical management for chronic kidney disease/PLN, given overall ultrasonographic stability and clinical well-being.
- Monitor hepatic parameters on routine chemistry.



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.



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Alicia Angosto Guerrero, DMV, PgDip, MSc.

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