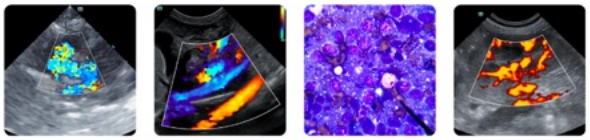


PATIENT

Darcy Cook

SPECIES

Canine

BREED

Maltese Mix

SEX

Neutered male

AGE

11 years

WEIGHT

6.5 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Jonathan Moss

HOSPITAL NAME

Harvest Hills VH

REFERRING VET

Dr. Garvin

INVOICE

70322

DATE

1/20/26

PRESENTING CLINICAL SIGNS

Pt presented for annual wellness but had lost weight so sent out senior labs. O reported good appetite in spite of weight loss
BCS- 3-4/9

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is underdistended. The bladder wall measures approximately 1.83 mm and appears smooth; however, due to underdistension, wall thickness may be overestimated. The urine is anechoic. The bladder neck and proximal urethra have a normal ultrasonographic appearance. No uroliths are identified, and there is no ultrasonographic evidence of inflammatory or neoplastic changes.

Left kidney: Normal in shape and size, measuring 3.96×2.27 cm. Cortical thickness is approximately 0.35 cm in the sagittal plane. The renal cortex is isoechoic relative to the liver parenchyma. A well-defined cortical cyst measuring approximately 7.16 × 8.39 mm is identified at the caudal pole. The corticomedullary ratio and corticomedullary definition are preserved. No pyelectasia, nephroliths, or hydronephrosis are observed.

Right kidney: Normal in shape and size, measuring 3.49×1.98 cm. Cortical thickness could not be reliably measured. The renal cortex is isoechoic relative to the liver parenchyma. The corticomedullary ratio and corticomedullary definition are preserved. No pyelectasia, nephroliths, or hydronephrosis are observed.

Adrenal Glands

Both adrenal glands have normal shape and echogenicity.

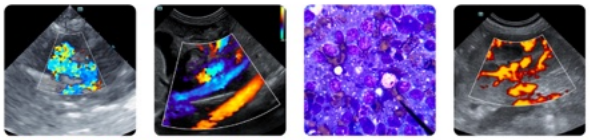
- Left adrenal gland measures approximately 0.54 cm at both the cranial and caudal poles.
- Right adrenal gland measures approximately 0.41 cm at both the cranial and caudal poles.

Spleen

Splenic thickness measures approximately 0.85 cm. The splenic parenchyma has normal echogenicity and a fine, homogeneous echotexture, with no focal parenchymal abnormalities identified. The splenic capsule is smooth and regular.

Liver

The liver is subjectively normal in size, with sharp 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.



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The gallbladder is normally distended. Multiple hyperechoic foci intimately associated with the gallbladder wall are present, consistent with mural mineralization, producing a porcelain gallbladder–like appearance. The gallbladder contents are predominantly anechoic. No dilation of the cystic duct or common bile duct is observed.

Gastrointestinal

Stomach: Empty and folded, with normal mural thickness (approximately 1.45 mm) and preserved wall layering.

Pylorus: Wall thickness approximately 3.71 mm.

Duodenum: Wall thickness approximately 3.26 mm, with preserved layering.

Jejunum: Wall thickness approximately 2.09–3.31 mm, with preserved wall layering.
No ultrasonographic evidence of inflammation, ileus, or foreign material is identified.

Colon: Ascending colon: wall thickness approximately 1.27 mm, collapsed and empty. Transverse colon: wall thickness approximately 1.58 mm, collapsed and empty. Descending colon: wall thickness approximately 0.69 mm, with a small amount of fecal material present.

Pancreas

The pancreatic regions evaluated appear within normal limits. No ultrasonographic evidence of pancreatic inflammation or mass lesions is identified.

Peritoneal Cavity

No abdominal effusion or evidence of peritonitis is observed. Abdominal lymph nodes are not visualized; the surrounding regions appear unremarkable. The iliac trifurcation has a normal appearance.

ULTRASONOGRAPHIC FINDINGS

- Small left renal cortical cyst (approximately 7.16×8.39 mm).
- Gallbladder mural mineralization consistent with a porcelain gallbladder–like appearance.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A small, well-defined left renal cortical cyst is identified. This is a common incidental finding in older dogs and, in the absence of associated renal structural abnormalities, is considered clinically insignificant at this time.

Gallbladder mural mineralization (porcelain gallbladder–like appearance) is noted. This appearance is most commonly associated with chronic, long-standing gallbladder changes and does not necessarily

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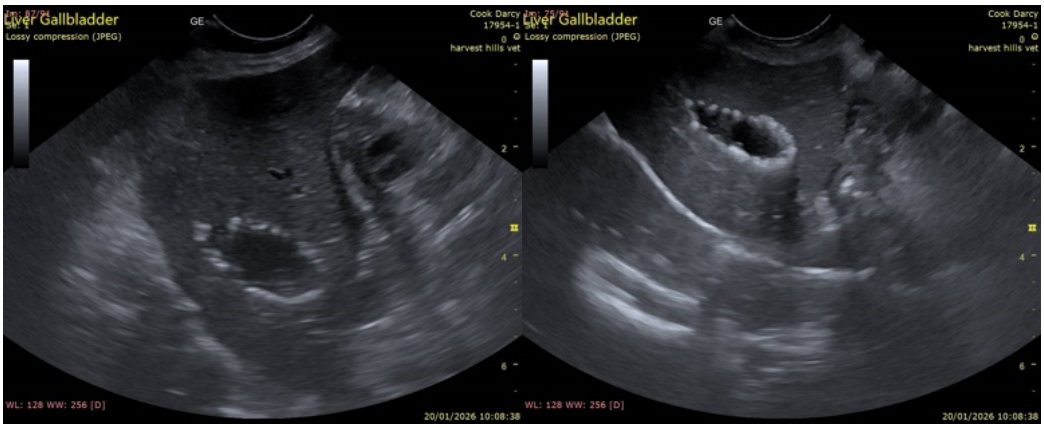
indicate active inflammation or obstruction. In the absence of supportive clinical signs or laboratory abnormalities, it is often considered an incidental finding.

Despite the absence of marked small intestinal wall thickening, layering disruption, mucosal hyperechoic speckling, lymphangiectasia, or abdominal effusion, a protein-losing enteropathy cannot be excluded, as early or functional enteropathies may be ultrasonographically occult.

Recommendations

- Further evaluation for protein-losing enteropathy is recommended, despite the absence of overt ultrasonographic abnormalities. This may include:
    - Fecal diagnostics (if not already completed).
    - Cobalamin and folate concentrations.
- Dietary management and nutritional support should be considered, given the degree of hypoalbuminemia and weight loss.
- Repeat serum albumin and total protein monitoring is advised to assess progression or response to empirical management.



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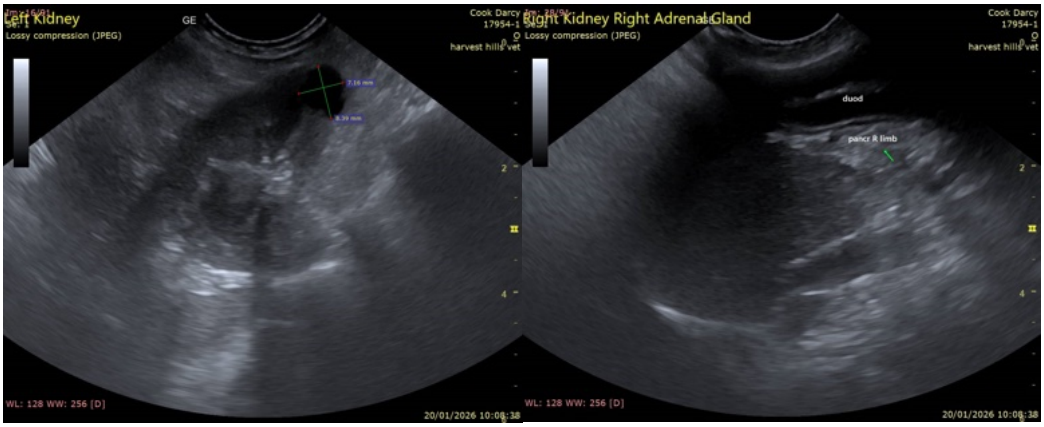

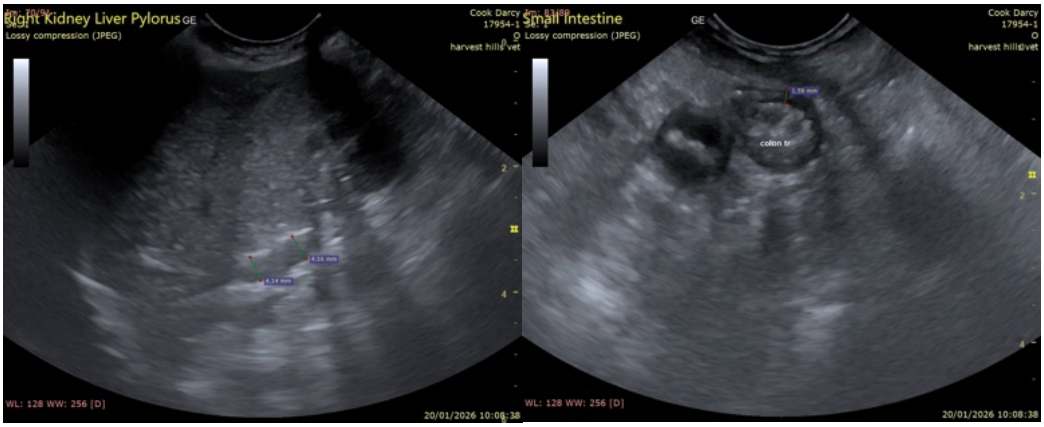

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com