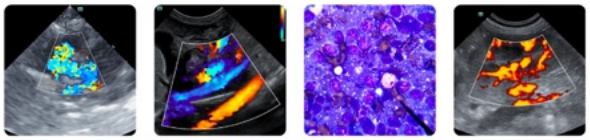


PATIENT

Dexter Gregory

SPECIES

Canine

BREED

Labrador Retriever Hound Mix

SEX

Neuteredmale

AGE

11 years

WEIGHT

71 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Dr. Stranzl

HOSPITAL NAME

Dakota VC

REFERRING VET

Dr. Stranzl

INVOICE

70845

DATE

1/21/26

PRESENTING CLINICAL SIGNS

- Elevated liver enzymes (came down after starting Denamarin)
- Weight loss
- Cardiopet proBNP 977; non-hyaline casts detected on UA; echocardiogram - trivial mitral and tricuspid valvular insufficiency

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is normally distended. The bladder wall is smooth, with mild focal thickening at the cranial pole measuring approximately 3.1 mm. The urine is predominantly anechoic with scant mineral echoes, the largest measuring approximately 2.4 mm. The bladder neck and proximal urethra appear normal.

The left kidney is normal in shape and size (6.26×3.45 cm). Cortical thickness measures 0.66 cm in the sagittal plane. Cortical echogenicity is isoechoic to the liver parenchyma. Corticomedullary ratio and corticomedullary definition are preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

The right kidney is normal in shape and size (6.49×3.81 cm). Cortical thickness measures 0.69 cm in the sagittal plane. Cortical echogenicity is isoechoic to the liver parenchyma. Corticomedullary ratio and corticomedullary definition are preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

Adrenal Glands

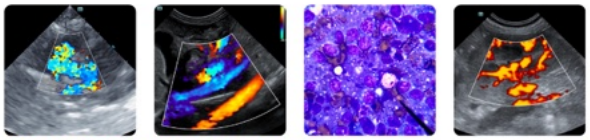
Both adrenal glands are partially visualized. A portion of the caudal pole of the left adrenal gland is seen, measuring approximately 0.62 cm. The right adrenal gland is also partially visualized, measuring approximately 0.59 cm.

Spleen

Splenic thickness is 2.30 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 normal in size, with sharp margins and a regular contour. The hepatic parenchyma is uniform and isoechoic to falciform fat, with normal echotexture. No hepatic lymphadenopathy is identified.



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The gallbladder is normally distended. The gallbladder wall is thin. Luminal contents are primarily anechoic with a small amount of biliary sludge. There is no evident dilation of the cystic duct or common bile duct.

Gastrointestinal

The stomach is empty and folded, with preserved wall layering and a mural thickness of approximately 3.0 mm.

The duodenum measures approximately 3.9 mm in wall thickness. The jejunum measures approximately 2.5 mm, with preserved wall layering. No sonographic evidence of gastrointestinal inflammation, ileus, or foreign material is identified.

The colon measures approximately 0.7 mm in wall thickness and contains formed feces within the descending segment.

Pancreas

The visualized pancreatic portions show no sonographic evidence of inflammation.

Peritoneal Cavity

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

ULTRASONOGRAPHIC FINDINGS

- Apparent mild focal thickening of the cranial urinary bladder wall (approximately 3.1 mm), with a smooth mucosal surface.
- Scant mineral echoes within the urinary bladder lumen (up to 2.4 mm).
- Biliary sludge.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, the abdominal ultrasound examination is largely unremarkable, with no sonographic evidence of overt neoplasia, significant inflammatory disease, or advanced organ dysfunction.

The mild focal thickening of the cranial urinary bladder wall, in combination with scant mineral echoes within the urine, is most consistent with mild cystic or urinary sediment-related changes, which may be incidental or reflect low-grade or chronic lower urinary tract disease.

Both kidneys are within normal limits in size, architecture, and echogenicity.

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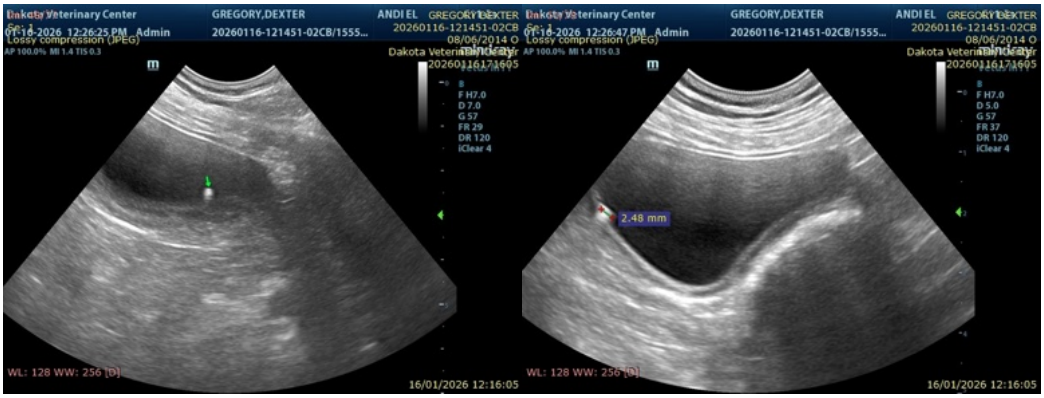
The adrenal glands are incompletely visualized, limiting full assessment. However, the portions seen are not enlarged, and there is no sonographic evidence to suggest adrenal mass effect or hyperplasia. Given the patient's age and weight loss, this limitation should be acknowledged, though there is no direct ultrasonographic support for adrenal pathology.

The liver and biliary system appear within normal limits. The small amount of biliary sludge is a common, often incidental finding in older dogs and does not, in isolation, indicate clinically significant hepatobiliary disease—particularly in light of previously improved liver enzyme activities following hepatoprotective therapy. Importantly, diffuse hepatocellular disease, early infiltrative processes, or functional hepatic disorders cannot be excluded by normal ultrasonographic appearance alone.

The gastrointestinal tract demonstrates normal wall thickness and preserved layering throughout, with no ultrasonographic evidence of inflammatory bowel disease or infiltrative neoplasia.

Recommendations

- Clinical correlation with urinalysis findings, including sediment evaluation and urine culture if clinically indicated, to further assess the significance of the bladder wall changes and mineral echoes.
- Serial monitoring of renal parameters and urinalysis, given the presence of non-hyaline casts despite normal renal ultrasonographic appearance.
- Continued biochemical monitoring of liver enzymes, recognizing that normal hepatic ultrasonography does not exclude functional or early parenchymal disease.
- If weight loss persists or progresses, consider systemic evaluation beyond abdominal imaging, including endocrine testing, nutritional assessment, and review of cardiac disease impact, as abdominal ultrasound does not currently identify a primary cause.



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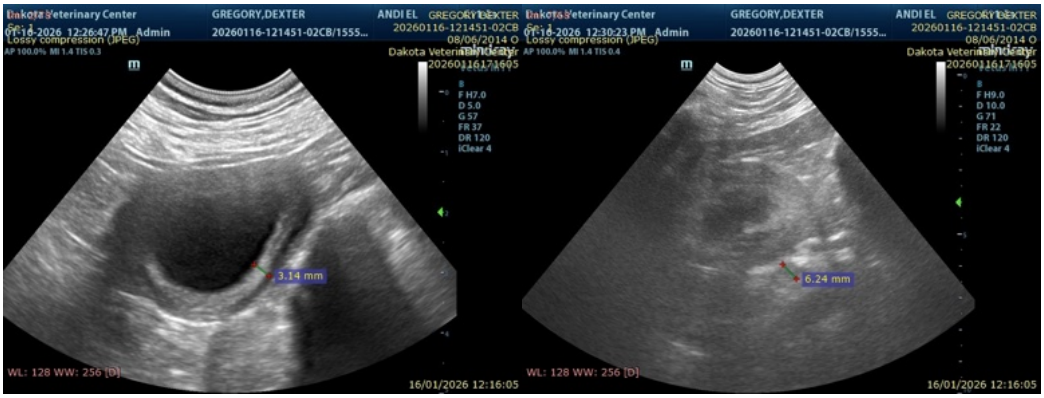

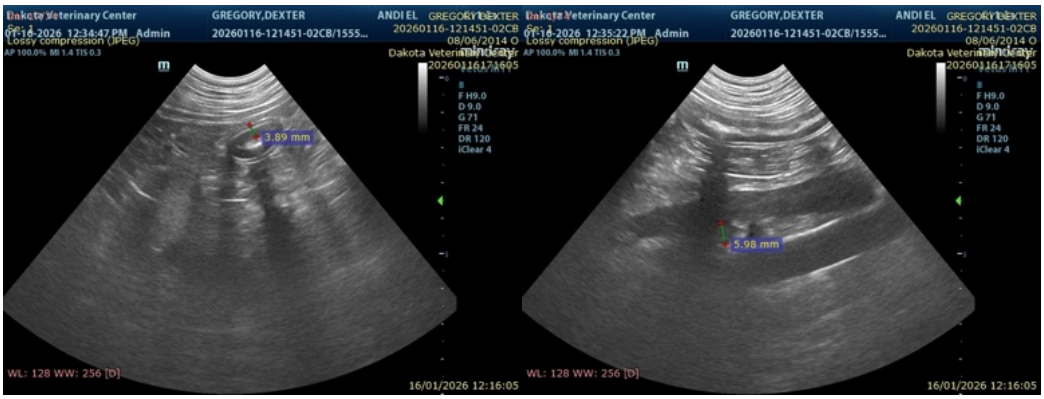

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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