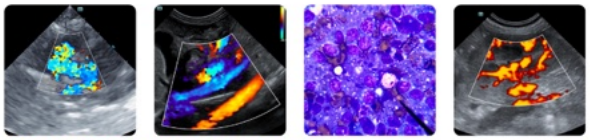


PATIENT

Penny Ryan

SPECIES

Canine

BREED

Miniature Pinscher

SEX

Spayed female

AGE

4 years

WEIGHT

14.2 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Brian Klug

HOSPITAL NAME

Sondel Family VC

REFERRING VET

Dr. Mortensen

INVOICE

71002

DATE

1/27/26

PRESENTING CLINICAL SIGNS

- Two episodes of collapse/ataxia in the last 6 months. Acts normal outside of that.
- HCT increased along with reticulocytes, remainder of CBC WNL Cortisol, CHEM, UA all normal.

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 have a normal appearance. No uroliths are identified. There is no ultrasonographic evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size, measuring 4.15×2.19 cm, with a cortical thickness of 0.41 cm measured in the sagittal plane. The renal cortex is isoechoic relative to the liver parenchyma. 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 4.33×2.16 cm, with a cortical thickness of 0.39 cm measured in the sagittal plane. The renal cortex is isoechoic relative to the liver parenchyma. The corticomedullary ratio is normal, and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

Adrenal Glands

Both adrenal glands are normal in shape and echogenicity. The left adrenal gland measures 0.41 cm at the cranial pole and 0.42 cm at the caudal pole. The right adrenal gland measures 0.47 cm at the cranial pole and 0.48 cm at the caudal pole.

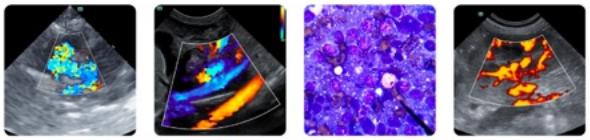
Spleen

Splenic thickness is 1.10 cm. The splenic parenchyma demonstrates normal echogenicity and a fine, homogeneous echotexture, with no 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 homogeneous and isoechoic relative to the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is observed.

The gallbladder lumen is normally distended. The gallbladder wall is thin. The contents are predominantly anechoic. No dilation of the cystic duct or common bile duct is identified.



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Gastrointestinal

The stomach is empty and folded, with a gas pattern. Gastric mural thickness is 2.45 mm, with preserved wall layering. The pylorus measures 3.34 mm.

Duodenal wall thickness is 3.24 mm. Jejunal wall thickness is 2.90 mm. Wall layering is preserved. No ultrasonographic evidence of mural inflammation, ileus, or foreign material is identified.

The transverse colon wall thickness measures 1.28 mm and is empty. The descending colon wall thickness measures 0.85 mm, with a small amount of normal fecal material.

Pancreas

The pancreas measures 6.13 mm in thickness. The pancreatic parenchyma is isoechoic relative to the adjacent omental fat. There is no ultrasonographic evidence of active inflammation or neoplastic disease.

Peritoneal Cavity

No abdominal effusion or signs of peritonitis are observed. Abdominal lymph nodes are not visualized; the surrounding mesentery appears unremarkable. The iliac trifurcation is normal.

ULTRASONOGRAPHIC FINDINGS

No abnormal ultrasonographic findings identified.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This abdominal ultrasound examination is within normal limits, with particular emphasis on the kidneys, which are bilaterally normal in size, shape, echogenicity, and internal architecture. No renal masses, cortical distortions, pelvic dilation, or vascular abnormalities are identified. There are no ultrasonographic findings to support renal neoplasia or other renal pathology as a cause of inappropriate erythrocytosis.

The adrenal glands are normal in size and appearance, and there is no evidence of abdominal masses, organomegaly, or focal lesions that would suggest ectopic erythropoietin production or paraneoplastic disease.

Overall, the imaging findings support redirecting diagnostic focus away from abdominal causes, particularly renal neoplasia, and toward non-structural or extra-abdominal causes of erythrocytosis.

Recommendations

- Consider further evaluation for primary or secondary non-renal causes of erythrocytosis, including assessment for hypoxemia, cardiopulmonary disease, or idiopathic erythrocytosis, as clinically indicated.

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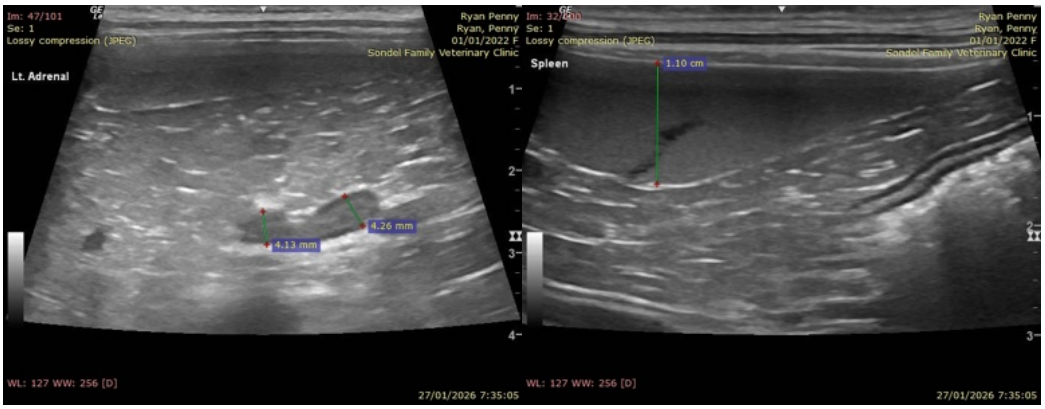
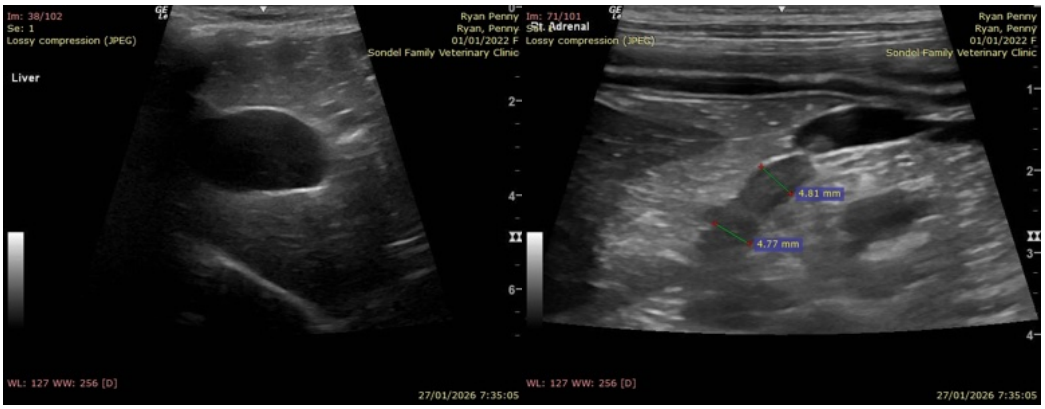
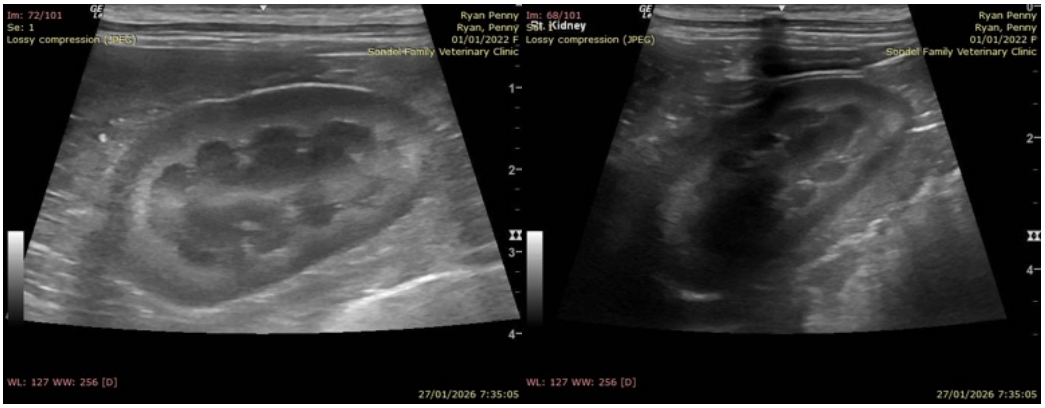
- Correlate with serial hematocrit and reticulocyte counts to characterize persistence and progression of erythrocytosis.

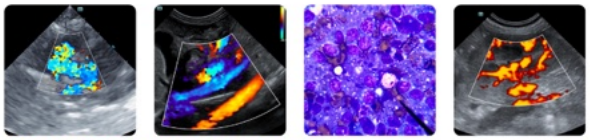






The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



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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