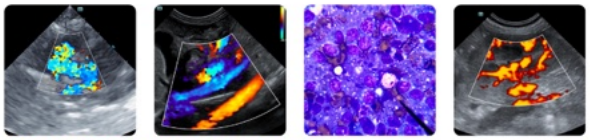


PATIENT

Charley Heinlein

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Neutered male

AGE

17 years

WEIGHT

6.2 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Matt

HOSPITAL NAME

TLC AH

REFERRING VET

Dr. Garcia

INVOICE

71067

DATE

1/29/26

PRESENTING CLINICAL SIGNS

- History of chronic kidney disease stage 2 since 11/26/2025; history of urinary tract disease off/on since 2019; urine culture and sensitivity recently performed and p is currently on Amoxi-Clav at 20mg/kg bid po
- History of anemia of chronic disease
- Patient is currently on naraquin and k/d
- Patient is currently on librela monthly injections and adequan
- Goal: kidney and bladder evaluation

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

The left kidney measures 2.58×1.50 cm, with a cortical thickness of 0.29 cm in the sagittal plane. The right kidney measures 2.47×1.71 cm, with a cortical thickness of 0.25 cm in the sagittal plane. In both kidneys, the renal cortex is isoechoic relative to the hepatic parenchyma. Corticomedullary definition is preserved. An apparent medullary rim sign is noted bilaterally, along with small mineral foci within the renal pelvic/calyceal regions, compatible with mineralization or early nephrolith formation. No pyelectasia, hydronephrosis, or overt nephrolithiasis is identified.

Adrenal Glands

The left adrenal gland measures 0.37 cm at the cranial pole and 0.49 cm at the caudal pole. The right adrenal gland is not visualized.

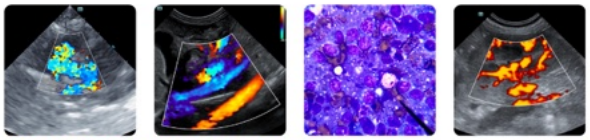
Spleen

Splenic thickness measures 0.76 cm. The splenic parenchyma has normal echogenicity and a fine homogeneous echotexture, with a few small focal hyperechoic foci measuring less than 0.5 cm. The splenic capsule is smooth and regular. Splenic vasculature appears normal.

Liver

The liver is subjectively normal in size, with sharp margins and a regular contour. Hepatic parenchyma is homogeneous and isoechoic relative to falciform fat, with a normal echotexture. No hepatic lymphadenopathy is identified.

The gallbladder lumen is normally distended. The gallbladder wall is thin. A moderate amount of biliary sludge is present. 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 mild gas pattern. Gastric wall thickness measures 1.43 mm, with preserved wall layering. The pylorus measures 2.76 mm.

Duodenal wall thickness measures 2.78 mm. Jejunal wall thickness measures 2.92 mm. Ileal wall thickness measures 1.49 mm. Wall layering is preserved throughout. No ultrasonographic evidence of mural inflammation, ileus, or foreign material is identified.

The colonic wall measures 1.05–1.20 mm in the ascending and transverse colon, and 0.94 mm in the descending colon, with some formed fecal material present.

Pancreas

The evaluated portions of the pancreas do not show ultrasonographic evidence of overt inflammation.

Peritoneal Cavity

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

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS

- Bilaterally small kidneys with preserved corticomedullary definition.
- Apparent bilateral medullary rim sign.
- Mild mineralization within the renal pelvic/calyceal regions, compatible with chronic change or early nephrolithiasis.

SECONDARY FINDINGS

- Biliary sludge.
- Small focal hyperechoic splenic lesions (incidental).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Abdominal ultrasonography identifies bilateral chronic renal changes, characterized by relatively small renal size, preserved corticomedullary definition, an apparent medullary rim sign, and subtle mineralization within the renal pelvic or calyceal regions. These findings are consistent with chronic kidney disease, in agreement with the patient's known IRIS stage 2 CKD and longstanding history of urinary tract disease. The medullary rim sign and calyceal mineralization are nonspecific but commonly observed in dogs with chronic renal disease and may reflect chronic tubular or medullary changes

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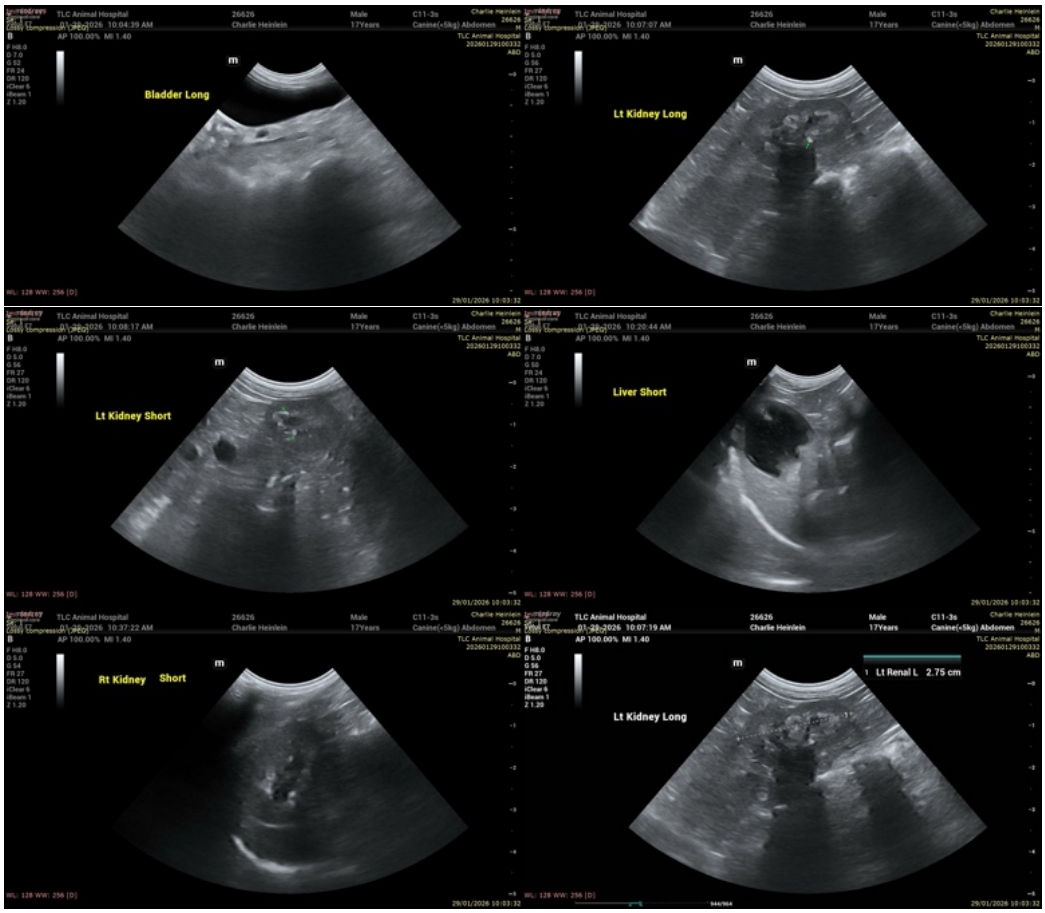
rather than active obstruction. There is no ultrasonographic evidence of hydronephrosis, active pyelonephritis, or obstructive uropathy at this time.

The urinary bladder appears unremarkable, with no sonographic evidence of cystitis, urolithiasis, or mass lesions. This is particularly relevant given the patient's recurrent urinary tract disease and current antimicrobial therapy.

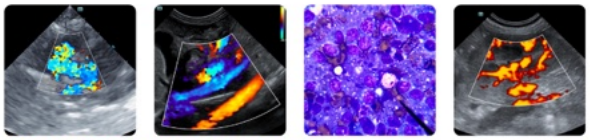
Incidental findings include small hyperechoic splenic foci, most consistent with benign age-related changes such as focal fibrosis, myelolipomas, or nodular hyperplasia, and a small amount of biliary sludge, which is not considered clinically significant in the absence of biliary obstruction or hepatic dysfunction.

Recommendations

- Current findings are consistent with stable IRIS stage 2 CKD. Ongoing renal diet, phosphate control, and routine monitoring of renal parameters and blood pressure are appropriate.
- Urinary tract monitoring.
- The small calyceal mineralizations do not currently warrant intervention but may be monitored with periodic imaging and urinalysis, particularly if clinical signs develop.



The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology



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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