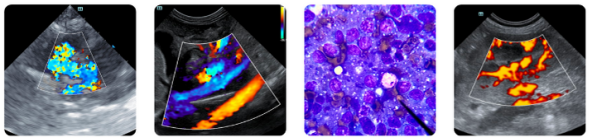


PATIENT

Ella Britton

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Spayed Female

AGE

14 years 7 months

WEIGHT

10.5 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Dr. Elda Kwong

HOSPITAL NAME

Petvacx Animal Hospital

REFERRING VET

Dr. Samantha L Hudgins

INVOICE

11221

DATE

1/30/2026

PRESENTING CLINICAL SIGNS

- History of seizures controlled on levetiracetam and zonisamide.
- History of allergies controlled with Zenrelia and Zyrtec

Abnormal PE/Chem/CBC/UA Results: Eosinophils - 0.139 (0.141-1.927); Platelets - 577 (120-412); Idexx SDMA - 19 (0-14); BUN - 48 (9-31); ALP - 233 (5-160); U/A - Spec Grav - 1.016; pH - 5.5; UP:CR - 6; Long term Lyme positive.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

The left kidney is normal in shape and size, measuring 4.29×1.92 cm, with a cortical thickness of 0.35 cm in the sagittal plane. The renal cortex is mildly hyperechoic relative to the liver parenchyma. A single, well-defined anechoic cortical cyst measuring 2.96×4.24 mm is present. The corticomedullary ratio and corticomedullary distinction are preserved. No pyelectasia, nephrolithiasis, or hydronephrosis is observed.

The right kidney is normal in shape and size, measuring 3.91×2.05 cm, with a cortical thickness of 0.40 cm in the sagittal plane. The renal cortex is mildly hyperechoic relative to the liver parenchyma. A few small cortical cysts are present, the largest measuring 2.2×2.38 mm. The corticomedullary ratio and corticomedullary distinction are preserved. No pyelectasia, nephrolithiasis, or hydronephrosis is observed. Color Doppler demonstrates a normal vascular pattern.

Adrenal Glands

The left adrenal gland measures 0.54 cm at the cranial pole and 0.83 cm at the caudal pole; the cranial pole measurement may be underestimated due to suboptimal visualization.
The right adrenal gland measures 0.83 cm at the cranial pole and 0.90 cm at the caudal pole.

Spleen

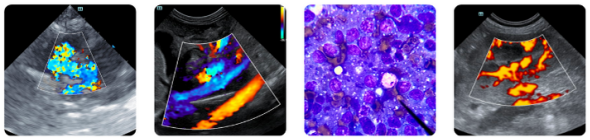
Splenic thickness is 2.03 cm. The splenic parenchyma is predominantly homogeneous, with several small hypoechoic foci, the largest measuring 3.95×5.72 mm. A focal, well-defined hyperechoic lesion measuring 3.23×4.42 mm is also present. The splenic capsule is smooth and regular.

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 normal echotexture. No hepatic lymphadenopathy is observed.

The gallbladder is normally distended. The wall is thin. The lumen is primarily anechoic with a small amount of biliary sludge. No dilation of the cystic duct or common bile duct is identified.

Gastrointestinal



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The stomach is empty and folded. Within the gastric lumen, a rounded structure measuring 1.24–1.61 cm is identified, producing distal acoustic shadowing, consistent with intraluminal mineralized material or a foreign body (e.g., treat). Gastric wall layering is preserved. Gastric mural thickness is not recorded. The pyloric wall measures 6.85 mm.

The duodenum measures 3.30 mm in wall thickness.
The jejunum measures 3.51–3.84 mm, with preserved wall layering.
No ultrasonographic evidence of gastrointestinal inflammation, ileus, or obstructive pattern is identified beyond the intragastric structure.

The colon wall measures 0.97 mm and contains formed fecal material within the descending colon.

Pancreas

The evaluated portions of the pancreas show no ultrasonographic evidence of overt inflammation.

Free Abdomen

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.

PRIMARY FINDINGS

- Symmetric adrenal enlargement.
- Mild bilateral renal cortical hyperechogenicity.
- Multiple small bilateral renal cortical cysts.

SECONDARY FINDINGS

- Rounded, shadowing intragastric structure consistent with ingesta or foreign body.
- Multifocal small splenic nodules, including a lesion consistent with a myelolipoma.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This abdominal ultrasound demonstrates bilateral mild renal cortical hyperechogenicity with multiple small cortical cysts, findings most consistent with chronic renal changes, particularly in the context of azotemia, elevated SDMA, low urine specific gravity, and marked proteinuria.

Both adrenal glands are mildly enlarged in a symmetric fashion, with preserved shape and echogenicity. While these findings are nonspecific, they are most consistent with bilateral adrenal hyperplasia rather than adrenal neoplasia. Correlation with endocrine testing is recommended, particularly given the concurrent biochemical abnormalities.

The most clinically significant gastrointestinal finding is the presence of a rounded, shadowing intragastric structure, compatible with a dense ingested object or a treat. Although there is no current ultrasonographic evidence of gastric outflow obstruction or secondary ileus, this finding may contribute to gastrointestinal signs and warrants clinical correlation and monitoring.

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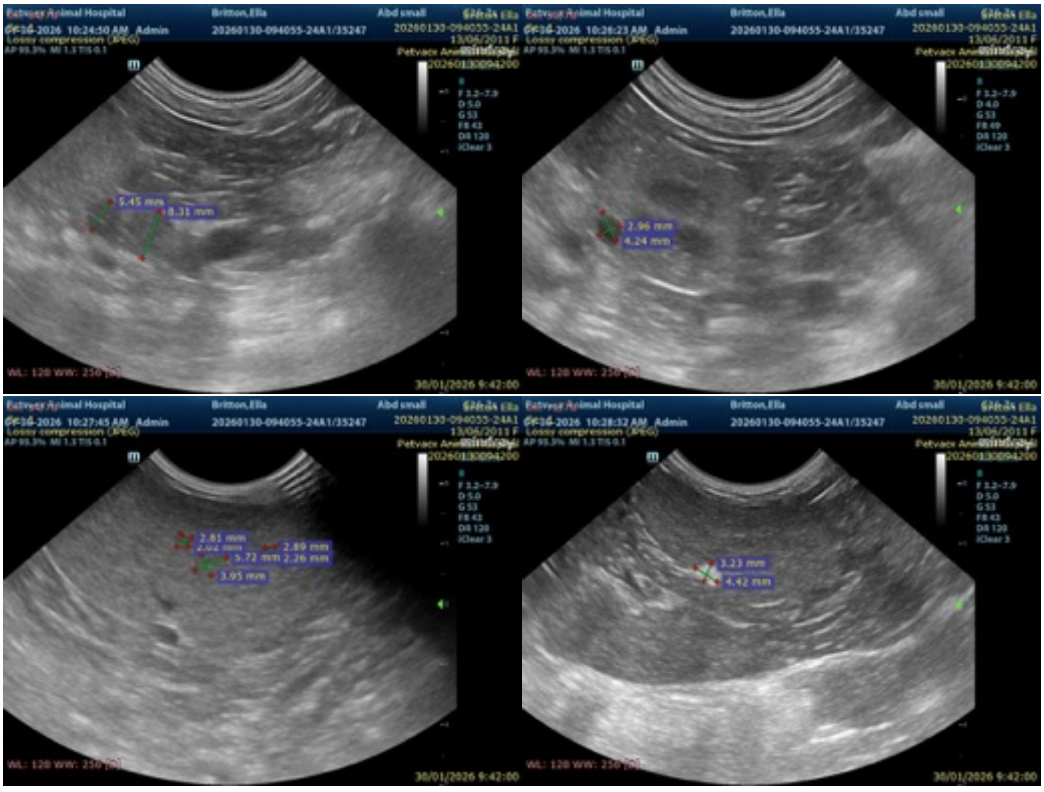
The spleen contains multiple small focal lesions, including hypoechoic foci and a focal lesion consistent with a myelolipoma. In an elderly dog, these splenic changes are most commonly benign and incidental; however, mild overlap exists with nodular hyperplasia or other benign splenic processes.

Recommendations

- Correlate renal findings with current renal function parameters and blood pressure, and manage chronic kidney disease with significant proteinuria, considering nephrology-guided medical management.
- Clinical monitoring or follow-up imaging of the intragastric shadowing structure is recommended to confirm passage or resolution; endoscopic evaluation may be considered if gastrointestinal signs persist or worsen.
- Screening for hyperadrenocorticism is recommended to assess for functional adrenal hyperplasia or early/atypical disease, as this may have direct implications for renal management.



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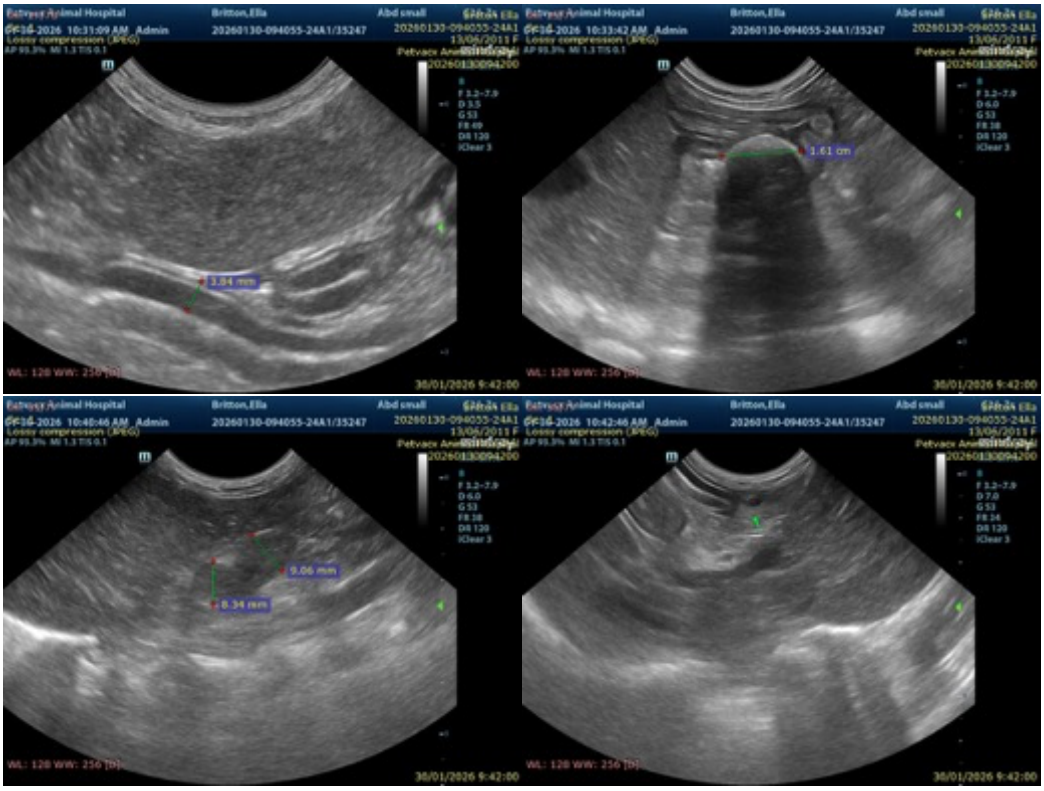

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

info@SonoPath.com