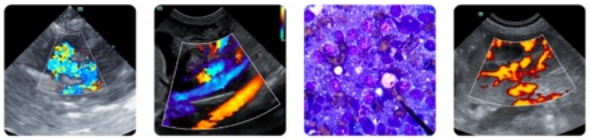


PATIENT

Sophie Echevarria

SPECIES

Canine

BREED

Pomeranian

SEX

Spayed female

AGE

2 years

WEIGHT

7.4 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Saum Hadi

HOSPITAL NAME

Nimbus PH

REFERRING VET

Dr. Jizdeortega

INVOICE

69975

DATE

1/9/26

PRESENTING CLINICAL SIGNS

History: P presents with pollakiuria. Was diagnosed with UTI, treated after culture, and symptoms improved, but still persisted mildly after successful treatment based on repeat culture.
Most recent UA/Culture: USG: 1.054 Negative for bacteria, WBC, RBC. Negative culture

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is normally distended, and the bladder wall appears 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 evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size, measuring 2.83×1.46 cm. Cortical thickness is 0.24 cm in the sagittal plane. The right kidney is normal in shape and size, measuring 3.02×1.66 cm. Cortical thickness is 0.21 cm in the sagittal plane. Both Kidneys: The renal cortices are isoechoic relative to the liver parenchyma. The corticomedullary ratio is normal, and corticomedullary definition is preserved. There is no evidence of pyelectasia or hydronephrosis. Increased medullary echogenicity is noted bilaterally, characterized by small hyperechoic foci without acoustic shadowing or collecting system dilation. Transient passage of microscopic mineral material from the renal medulla cannot be entirely excluded and could contribute to lower urinary tract irritation; however, no definitive ultrasonographic evidence of urolithiasis or obstructive disease is identified.

Adrenal Glands

Both adrenal glands have normal shape and echogenicity. The left adrenal gland measures 0.32 cm at the caudal pole; the cranial pole could not be fully visualized to obtain an accurate measurement. The right adrenal gland measures 0.37 cm at the cranial pole and 0.46 cm at the caudal pole.

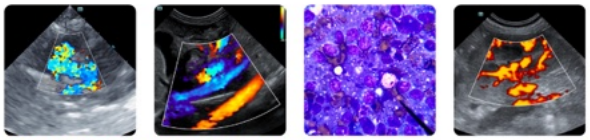
Spleen

Splenic thickness is 0.66 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 appears uniform and isoechoic relative to the falciform fat, with normal echotexture. No hepatic lymphadenopathy is observed.

The gallbladder lumen is moderately distended. The gallbladder wall is thin, and the contents are primarily anechoic with a very small amount of biliary sludge. No dilation of the cystic duct or common bile duct is observed.



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Gastrointestinal

The stomach is empty and folded, with a gas pattern. Mural thickness is 1.72 mm, and wall layering is preserved.

Pylorus: 2.45 mm. Duodenum: 3.53 mm. Jejunum: 1.86 mm. Ileum: 1.71 mm. No evidence of inflammation, ileus, or foreign material is identified. Peyer's patches are clearly visualized within the duodenum.

Colon: Colonic wall thickness is 0.57 mm.

Pancreas

The pancreatic regions evaluated do not demonstrate evidence of active inflammation.

Peritoneal Cavity

No abdominal effusion or peritonitis is identified. Abdominal lymph nodes are not visualized; however, the surrounding regions appear unremarkable. The iliac trifurcation is normal.

ULTRASONOGRAPHIC FINDINGS

Bilateral increased renal medullary echogenicity with small, non-shadowing hyperechoic foci, without collecting system dilation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Abdominal ultrasonography reveals a structurally normal urinary bladder, with normal wall thickness, smooth margins, and no evidence of cystitis, urolithiasis, or neoplastic disease. The kidneys are normal in size, shape, and corticomedullary architecture. However, there is bilateral increased renal medullary echogenicity characterized by small, non-shadowing hyperechoic foci without collecting system dilation. This pattern is most consistent with renal medullary mineralization or transient passage of microscopic mineral material ("medullary nephrocalcinosis" or mineral precipitates), which may not be detectable on urinalysis and may intermittently contribute to lower urinary tract irritation.

Importantly, no obstructive urolithiasis, hydronephrosis, or pyelectasia is identified. The absence of active urinary tract infection on repeat culture, combined with persistent lower urinary tract signs and highly concentrated urine, supports a noninfectious cause of pollakiuria. In this context, intermittent microcrystalluria or idiopathic lower urinary tract irritation remain leading considerations.

The remainder of the abdominal examination is unremarkable. Visualization of Peyer's patches within the duodenum is considered a normal finding and does not indicate gastrointestinal pathology. The gallbladder is markedly distended with mild biliary sludge, which is considered an incidental finding in the absence of biliary duct dilation or hepatic abnormalities.

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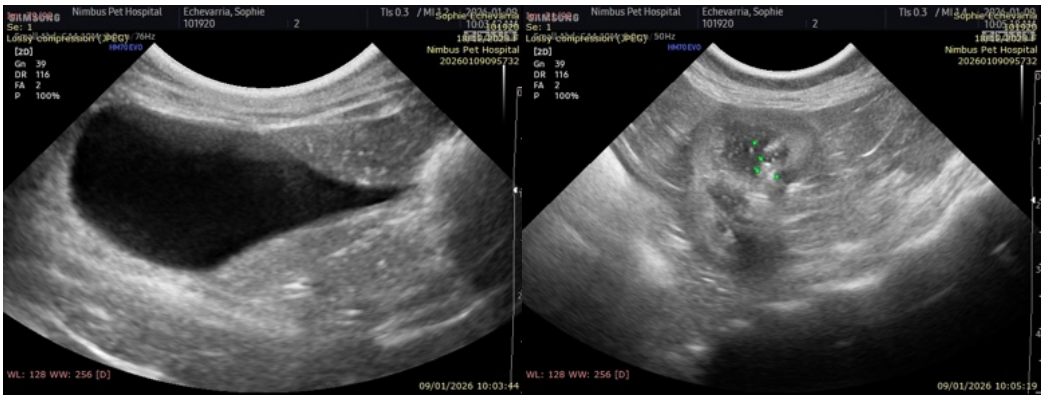
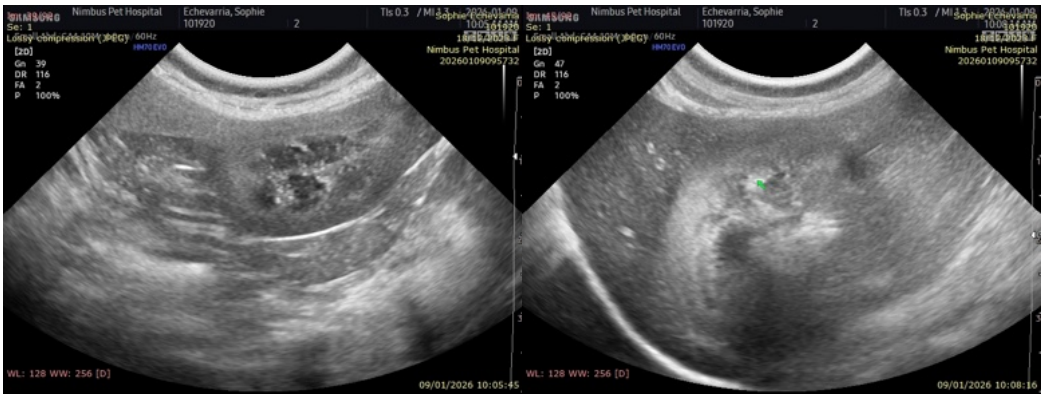
Recommendations

- Manage as a noninfectious lower urinary tract disorder given negative urine culture and absence of ultrasonographic cystitis or urolithiasis.
- Encourage increased water intake and consider dietary strategies aimed at reducing urine concentration and minimizing mineral precipitation.
- Monitor for recurrence or worsening of urinary signs; repeat urinalysis is recommended if clinical signs change.
- Empirical medical management for idiopathic lower urinary tract irritation may be considered at the discretion of the primary clinician.





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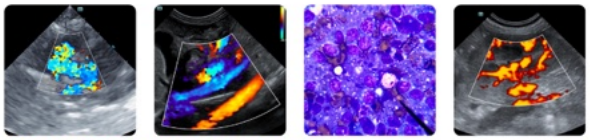

Clinical Sonography & Telecytology
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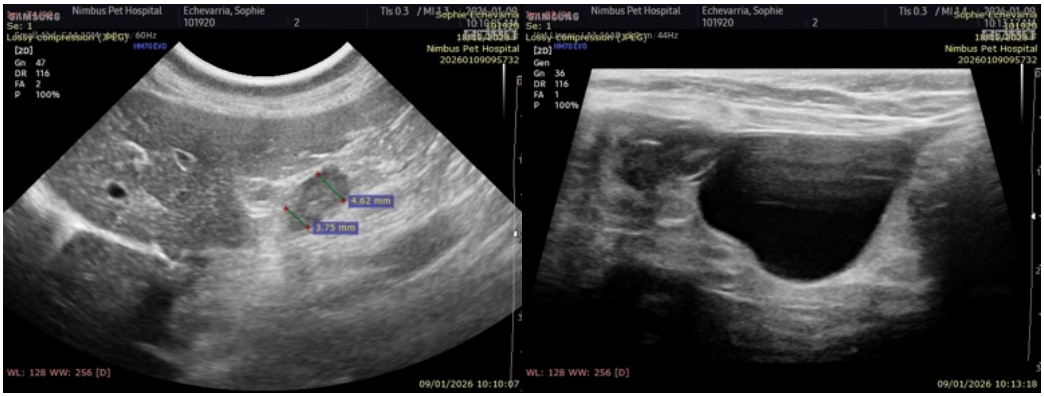

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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