



## PATIENT

Latte Green

## SPECIES

Canine

## BREED

Chihuahua

## SEX

Spayed female

## AGE

16 years

## WEIGHT

4 lbs

## INTERPRETED BY

Dr. Alicia Angosto  
Guerrero

## IMAGING PERFORMED BY

Dr. Gudrun Gunther

## HOSPITAL NAME

New Frontier Animal  
Medical Center

## REFERRING VET

Dr. Gunther

## INVOICE

68862

## DATE

11/19/25

## PRESENTING CLINICAL SIGNS

History: CKD stage 2/4 found on wellness screening bloodwork as well as elevated Cystatin B.

Patient is asymptomatic AUS to look for cause of elevated Cystatin B

Abnormal PE/Chem/CBC/UA Results: CBC - mild non-regenerative, hypochromic, microcytic anemia mild thrombocytosis CHEM- Creatinine 1.9 BUN 40 SDMA 30 Mild elevation ALT 234 UA - isosthenuria protein negative no UTI Cystatin B - 796 (normal 0-99) on 10/27 Repeat Cystatin by 11/18 - 528 (0-99) Blood Pressure normal

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The bladder lumen is poorly distended, and the wall of the urinary bladder cannot be properly evaluated due to underdistension. The urine is anechoic. Normal appearance of the proximal urethra and vesicoureteral junction. There are no calculi, and no evidence of inflammatory or neoplastic changes.

The left kidney is 2.35 × 1.62 cm, and the thickness of the cortex is 0.19 cm in the sagittal plane. The cortex is slightly hyperechogenic compared to liver parenchyma. Several cortical cysts are present, the largest measuring 4×5 mm. The cortex is thinned. There is no evidence of pyelectasia, nephroliths, or hydronephrosis.

The right kidney is 2.23 × 1.25 cm, and the thickness of the cortex is 0.16 cm in the sagittal plane. The cortex is isoechogenic compared to liver parenchyma. Several cortical cysts are present, the largest measuring 2.50 × 3 mm. The cortex is thinned. There is no evidence of pyelectasia, nephroliths, or hydronephrosis.

### Adrenal Glands

Both adrenal glands show normal shape and echogenicity. The left adrenal gland measures 0.28 cm at the cranial pole and 0.25 cm at the caudal pole. The right adrenal gland measures 0.31 cm at the cranial pole and 0.29 cm at the caudal pole.

### Spleen

Splenic thickness is 0.72 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.

### Liver

The liver is subjectively normal in size, with sharp edges and a regular contour. The liver parenchyma looks uniform and isoechoic compared to the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is observed.

The gallbladder lumen is normally distended. The wall is thin and the contents are primarily anechoic. No evident dilation of the cystic duct or common bile duct is observed.



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## *Gastrointestinal*

The stomach is empty and folded, with mural thickness (3.40 mm) and preserved wall layering. The pylorus (3.76 mm). Duodenum: 3.69 mm.

Jejunum: 3.22–3.38 mm. Ileum: 1.91 mm. Normal wall layering. No signs of severe inflammation, ileus, or foreign material are identified.

Colon: 1.51–1.72 mm, with soft feces in all segments.

## *Pancreas*

The pancreas measured 8 mm. The right limb, body, and left limb appear normal. The parenchyma of the pancreas is isoechoic to the adjacent omental fat. No signs of active inflammation or neoplastic disease are evident.

## *Peritoneal Cavity*

No abdominal effusion or peritonitis is observed. Cranial mesenteric lymph nodes are not visualized, but the surrounding regions appeared unremarkable. The iliac trifurcation is normal.

## ULTRASONOGRAPHIC FINDINGS

- Bilateral renal cortical thinning with multiple cortical cysts (left up to 4–5 mm; right up to 2.5–3 mm).
- Mildly thin and hyperechoic renal cortices.
- Mildly increased small intestinal wall thickness (within upper normal limits for age/size), but preserved layering and normal mucosa.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The abdominal ultrasound findings are most consistent with chronic kidney disease with cortical thinning and multiple bilateral cortical cysts, which can occur as part of age-related degenerative renal changes. The kidneys show no evidence of obstruction, nephroliths, hydronephrosis, or active pyelonephritis.

The liver, spleen, pancreas, adrenals, and gastrointestinal tract appear structurally normal for a geriatric patient, with no signs of neoplasia, infiltrative disease, or systemic inflammatory pathology that would explain the markedly elevated Cystatin B. It may have been a mix-up between cystatin B and cystatin C. While the reported cystatin B value is within normal limits, it would be important to verify the cystatin C concentration, as this is the biomarker clinically used to assess renal function.

## Recommendations

- Monitor renal progression: Repeat Cystatin B, SDMA, creatinine, phosphorus, and urinalysis in 4–6 weeks.



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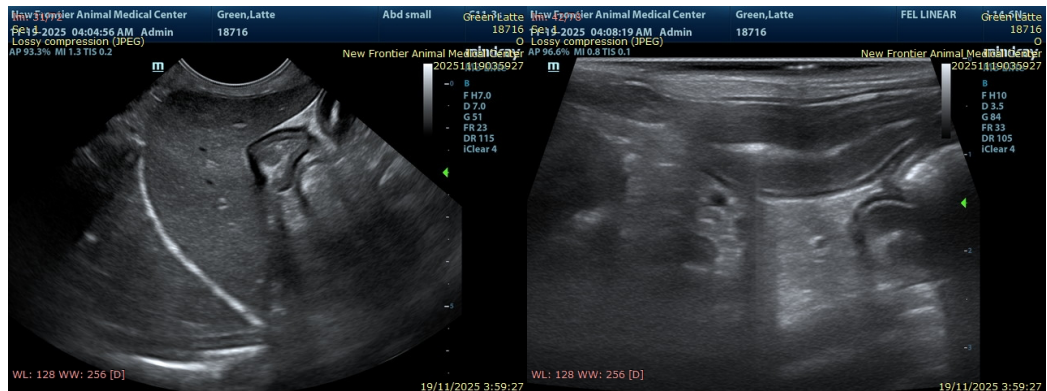
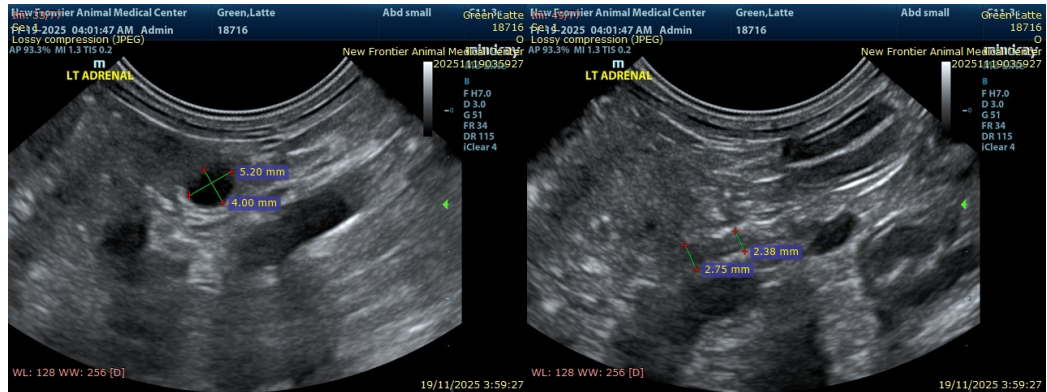
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- UPC.
- Urine culture: Optional but recommended if any lower urinary signs develop, given the thin cortices and risk of subclinical UTI in geriatric CKD dogs.
- Blood pressure monitoring.



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

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