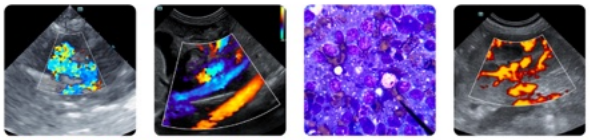


PATIENT

Radar Perez

SPECIES

Canine

BREED

Chihuahua

SEX

Neutered male

AGE

12 years

WEIGHT

4 kg

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Catherine Alexander, LVT

HOSPITAL NAME

NorthStar Veterinary Sonography, PLLC

REFERRING VET

Dr. Robinson

INVOICE

68855

DATE

11/19/25

PRESENTING CLINICAL SIGNS

History: L axillary mass 11/10/25 Azotemia BUN elevated, Creat 4mg/dl, SDMA 60ug/dL, phos 124 mg/dL 11/10/25 thoracic tags show no metastatic disease

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder lumen is normally distended, and the wall of the urinary bladder appears thin and smooth. 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 normal in shape and size: 2.86 × 2.18 cm. The cortex is hyperechoic compared to the liver parenchyma. There are 1.01 x 0.6 cm and 0.21 × 0.27 cm cysts. The corticomedullary definition is very decreased. Pyelectasia of 3.95 mm, no nephroliths or hydronephrosis.

The right kidney is normal in shape and size: 3.24 × 2.03 cm. The thickness of the cortex is cm in the sagittal plane. The cortex is hyperechoic compared to the liver parenchyma. The corticomedullary definition is very decreased. Pyelectasia of 4.09 mm, no nephroliths or hydronephrosis.

Adrenal Glands

Both adrenal glands show normal shape and echogenicity. The left adrenal gland measures 0.49 cm at the cranial pole and 0.51 cm at the caudal pole. The right adrenal gland measures 0.45 cm at the caudal pole. The cranial pole was not visualized.

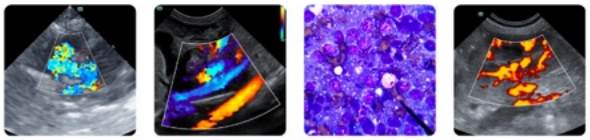
Spleen

Splenic thickness is 0.71 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture with small hyperechoic foci (1.4–1.6 mm). 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 very distended. The wall is thin and the contents are primarily anechoic, with a mild to moderate amount of biliary sludge. No evident dilation of the cystic duct or common bile duct is observed.



PATIENT

Radar Perez

SPECIES

Canine

BREED

Chihuahua

SEX

Neutered male

AGE

12 years

WEIGHT

4 kg

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Catherine Alexander, LVT

HOSPITAL NAME

NorthStar Veterinary Sonography, PLLC

REFERRING VET

Dr. Robinson

INVOICE

68855

DATE

11/19/25

Gastrointestinal

The stomach is semi-distended, with digested food material, with mural thickness (2.31 mm) and preserved wall layering.

The pylorus (3.41 mm). Duodenum: 3.51 mm, with hyperechoic speckling in the mucosa and slightly corrugated. Jejunum: 2.31 mm, Ileum: 1.13 mm. Normal wall layering. No signs of obstruction, ileus, or foreign material are identified.

Colon: 0.73–1.32 mm, with few feces in the descending segment.

Pancreas

The pancreas measured 0.97 cm. 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

PRIMARY FINDINGS

- Bilateral renal cortical hyperechogenicity with markedly decreased corticomedullary definition in both kidneys.
- Bilateral pyelectasia (3.95 mm left, 4.09 mm right).
- Small renal cysts in the left kidney.
- Gallbladder distention with mild–moderate biliary sludge.
- Duodenal mucosal hyperechoic speckling with mild corrugation.

SECONDARY FINDINGS

Mild splenic mineral foci (1.4–1.6 mm).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The ultrasound findings indicate significant bilateral renal pathology, characterized by cortical hyperechogenicity, loss of corticomedullary definition, renal cysts, and pyelectasia. This pattern is most consistent with advanced chronic kidney disease with possible acute-on-chronic decompensation. Renal pelvic dilation can occur in cases of pyelonephritis, but it may also be seen with several non-infectious causes. In this patient, the most likely explanation is a transient physiologic dilation, especially related to diuresis or recent changes in hydration.

PATIENT

Radar Perez

SPECIES

Canine

BREED

Chihuahua

SEX

Neutered male

AGE

12 years

WEIGHT

4 kg

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Catherine Alexander, LVT

HOSPITAL NAME

NorthStar Veterinary Sonography, PLLC

REFERRING VET

Dr. Robinson

INVOICE

68855

DATE

11/19/25

The duodenum shows mucosal hyperechoic speckling and mild corrugation; changes commonly associated with inflammatory enteropathy or reactive mucosal response secondary to uremia or chronic GI irritation.

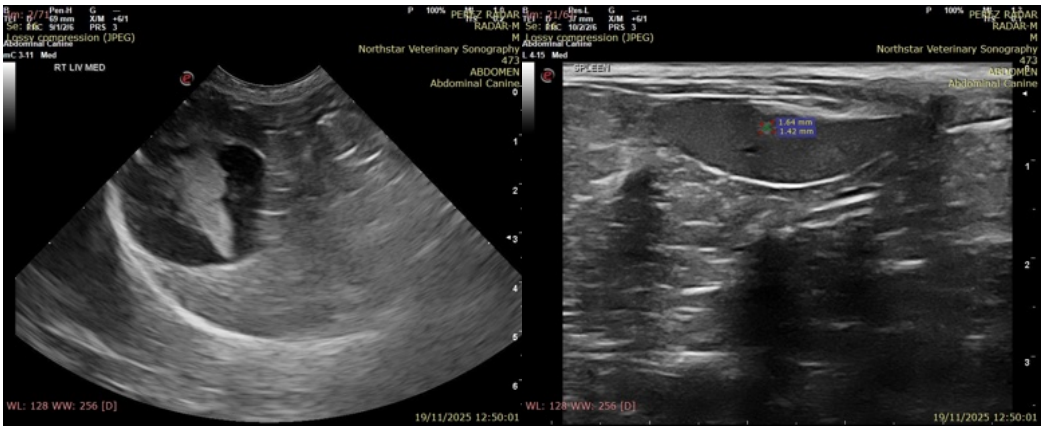
The gallbladder is markedly distended with mild to moderate biliary sludge, likely incidental or secondary to anorexia, dehydration, or reduced motility; no evidence of cholecystitis or biliary obstruction is identified.

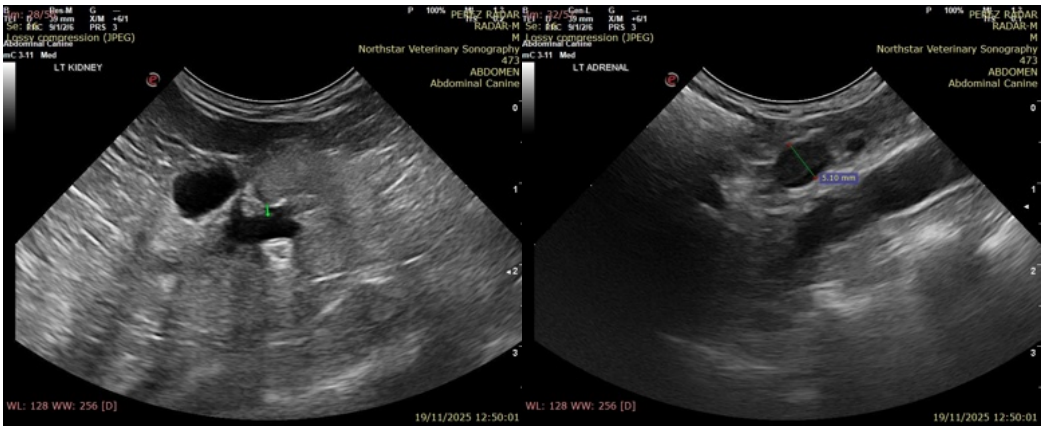
Mild splenic mineral foci are benign age-related changes with no clinical significance.

Overall, the ultrasound findings correlate strongly with advanced renal disease, likely explaining the patient's biochemical abnormalities and clinical status.

Recommendations

- Full urinalysis + urine culture and UPC.
- Blood pressure measurement.
- Renal-focused treatment.
- Recheck renal parameters (BUN, creatinine, phosphorus, SDMA) in 48–72 h after stabilization.
- If pyelonephritis suspected based on UA/culture → initiate appropriate antibiotics.





PATIENT

Radar Perez

SPECIES

Canine

BREED

Chihuahua

SEX

Neutered male

AGE

12 years

WEIGHT

4 kg

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Catherine Alexander, LVT

HOSPITAL NAME

NorthStar Veterinary Sonography, PLLC

REFERRING VET

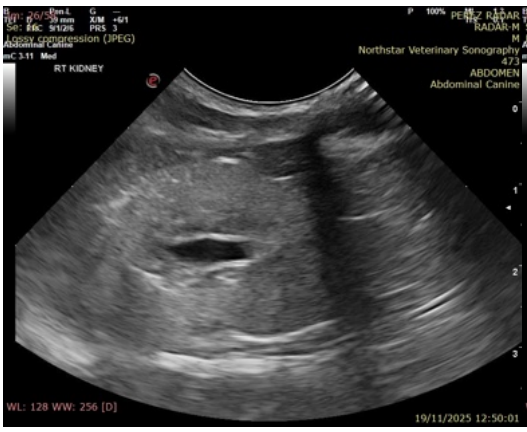
Dr. Robinson

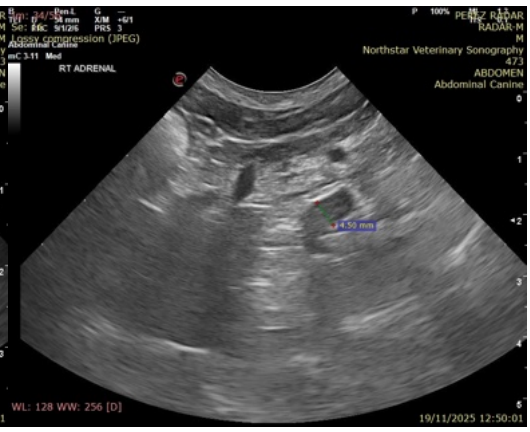
INVOICE

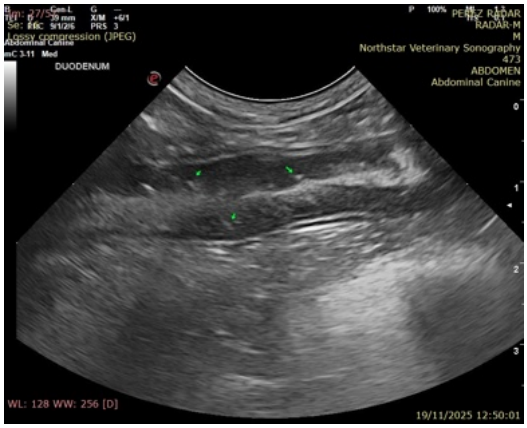
68855

DATE

11/19/25







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