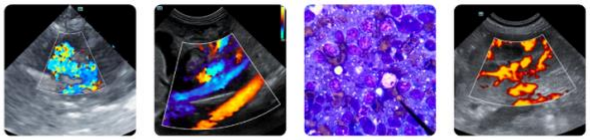


PATIENT

Mowgli Jackson

SPECIES

Canine

BREED

Lab X

SEX

Neutered Male

AGE

5 Years

WEIGHT

58.4 pounds

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Dr. Brandi Barry

HOSPITAL NAME

Bluegrass Animal Hospital

REFERRING VET

Dr. Brandi Barry

INVOICE

12494

DATE

11/25/25

PRESENTING CLINICAL SIGNS

Chronic hx of PU/PD. Owner says patient has been this way all his life. Occasional urinary accidents in the house. Hx of chronically decreased USG.

Abnormal PE/Chem/CBC/UA Results: NSF on PE. Most recent labs performed 11/18/25: CBC/Chem/SDMA: CRE 1.6 (0.5-1.5); all else WNL UA: USG=1.012 (1st catch urine sample). Inactive sediment. 4Dx= negative

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder lumen is slightly under distended, and the wall of the urinary bladder appears mildly thickened (3.67 mm) and irregular; however, due to under distension, this measurement may be overestimated. The urine is anechoic, with no calculi.

The left kidney is normal in shape and size: 5.87×3.10 cm, and the cortical thickness is 0.41 cm in the sagittal plane. The cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio is normal and the corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths, or hydronephrosis.

The right kidney is normal in shape and size: 5.76×2.91 cm, and the cortical thickness is 0.41 cm in the sagittal plane. The cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio is normal and the corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths, or hydronephrosis.

Prostate

1.70x1.26 cm, small, homogeneous, and hypoechoic.

Adrenal Glands

The left adrenal gland is partially visualized at 0.41 cm.
The right adrenal gland measures 0.35 cm at the cranial pole and 0.46 cm at the caudal pole.

Spleen

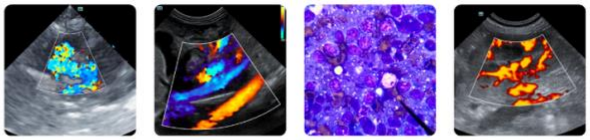
Splenic thickness is 1.96 cm. The parenchyma demonstrates normal echogenicity and a fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.

Liver

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

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

Gastrointestinal



PATIENT

Mowgli Jackson

SPECIES

Canine

BREED

Lab X

SEX

Neutered Male

AGE

5 Years

WEIGHT

58.4 pounds

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Dr. Brandi Barry

HOSPITAL NAME

Bluegrass Animal Hospital

REFERRING VET

Dr. Brandi Barry

INVOICE

12494

DATE

11/25/25

The stomach contains some food material, with mural thickness (3.73 mm) and preserved wall layering.
Duodenum: 3.22 mm.
Jejunum: 3.82 mm (?2.52 mm), normal wall layering. No signs of inflammation, ileus, or foreign material are identified.
Colon: 0.82 mm, with formed feces in the descending segment.

Pancreas

The pancreas itself is not observed in any of the videos, but the regions examined did not show evidence of inflammation.

Free Abdomen

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

PRIMARY FINDINGS

- Mildly thickened bladder wall (likely due to underdistension).
- Post-castration prostate atrophy, normal.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Both kidneys are normal in size, shape, and architecture, with preserved corticomedullary definition and no pyelectasia, nephrolithiasis, or hydronephrosis. These findings, along with the consistently low urine specific gravity and normal renal architecture, suggest chronic renal concentrating deficiency rather than structural kidney disease. Early or mild CKD remains compatible with imaging and laboratory findings.

The urinary bladder is mildly underdistended at the time of examination, which may artifactually exaggerate wall thickness and contour irregularity. No definitive cystitis, masses, or uroliths are identified, and the sediment is anechoic. These findings do not indicate primary bladder disease.

Overall, the sonographic findings support a functional polyuric syndrome rather than a structural or obstructive process. The imaging does not suggest Cushing's disease, diabetes mellitus–related changes, pyelonephritis, or lower urinary tract disease. The persistently low USG with a normal ultrasound is most compatible with primary polyuria/polydipsia, early CKD, or an endocrine/medullary gradient disorder.

Recommendations

- Repeat USG on a well-hydrated, first-morning, non-stress sample to confirm persistent hyposthenuria/isosthenuria.
- Monitor renal parameters (SDMA, UPC) to evaluate for early CKD progression.
- A water-deprivation test or modified water-restriction trial may help distinguish primary PU/PD from medullary washout in chronic low-USG patients, provided it is performed safely under veterinary supervision.
- There are no ultrasonographic changes that raise concern for hyperadrenocorticism at this time. The patient's history, laboratory data, and imaging findings do not support Cushing's

PATIENT

Mowgli Jackson

SPECIES

Canine

BREED

Lab X

SEX

Neutered Male

AGE

5 Years

WEIGHT

58.4 pounds

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Dr. Brandi Barry

HOSPITAL NAME

Bluegrass Animal Hospital

REFERRING VET

Dr. Brandi Barry

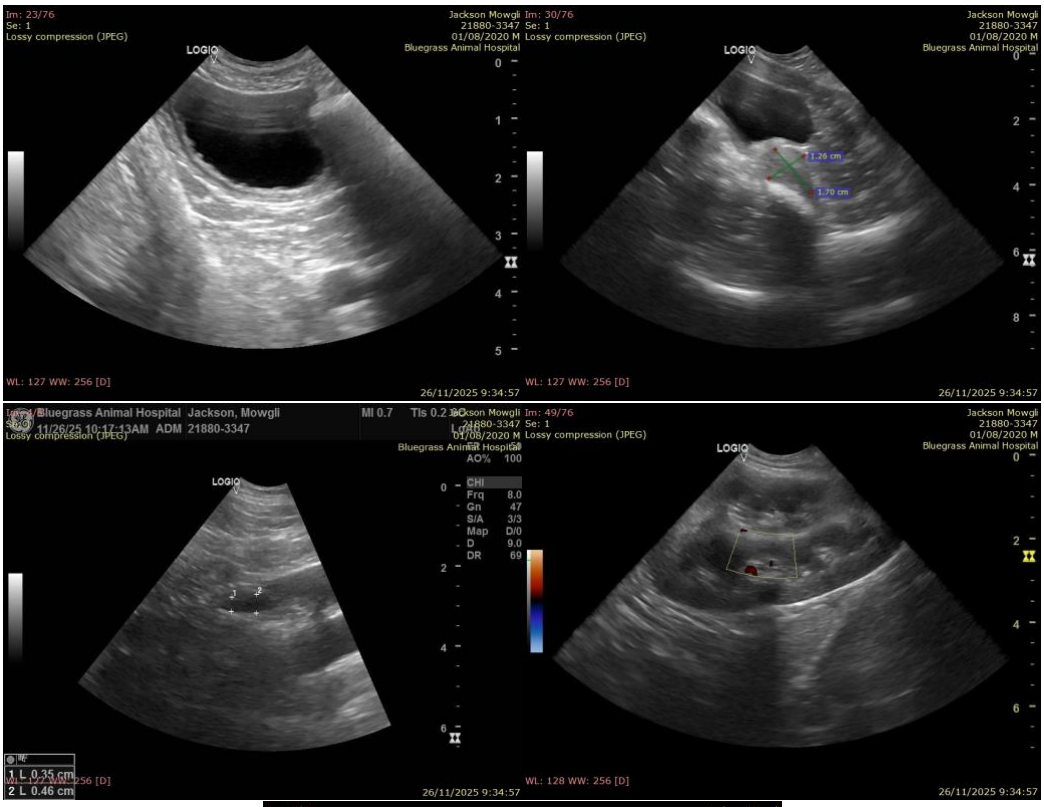
INVOICE

12494

DATE

11/25/25

disease. If clinical signs compatible with hyperadrenocorticism develop in the future, endocrine testing would be appropriate.

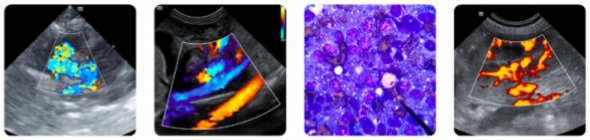


The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Mowgli Jackson

SPECIES

Canine

BREED

Lab X

SEX

Neutered Male

AGE

5 Years

WEIGHT

58.4 pounds

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Dr. Brandi Barry

HOSPITAL NAME

Bluegrass Animal Hospital

REFERRING VET

Dr. Brandi Barry

INVOICE

12494

DATE

11/25/25

info@SonoPath.com