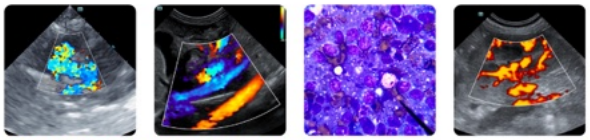


PATIENT

Rosco Chinn

SPECIES

Canine

BREED

Shih Tzu Mix

SEX

Neutered male

AGE

15 years

WEIGHT

6.3 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Dr. Laura Field

HOSPITAL NAME

Westview VH

REFERRING VET

Dr. Field

INVOICE

69125

DATE

11/26/25

PRESENTING CLINICAL SIGNS

History: Hx of known heart disease. On Pimobendan. Last few weeks has been off food, vomited a few times, a bit lethargic, drinking lots.
Abnormal PE/Chem/CBC/UA Results: CBC wnl CHEM wnl besides creat high 555 (44-159) urea high >46.4 (2.5-9.6) phos high 4.75 (0.81-2.2) alt high 164 (10-125) alp high 456 (23-212) Urinalysis: UA Analyzer Free catch, Straw, Clear Specific Gravity 1.010 pH 6.5 PRO 30mg/dL BLD 250 Ery/uL SediVue Dx WBC <1 /HPF RBC <1 /HPF EPI Non-squamous <1 /HPF Casts Non-hyaline Suspect presence

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder lumen is normally distended, and the urinary bladder wall 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.

Both kidneys: The renal cortices are hyperechoic compared to the liver parenchyma, with multiple cortical cysts, the largest measuring 0.42×0.49 cm, and a medullary rim sign is present. Corticomedullary definition is decreased. There is no evidence of pyelectasia, nephroliths, or hydronephrosis. The left kidney is normal in shape and size: 4.67×2.71 cm, with cortical thickness of 0.46 cm in the sagittal plane.The right kidney is normal in shape and size: 4.09×2.69 cm, with cortical thickness of 0.45 cm in the sagittal plane.

Prostate measures 1.45×0.77 cm; small, homogeneous, and hypoechoic, compatible with post-orchiectomy atrophy.

Adrenal Glands

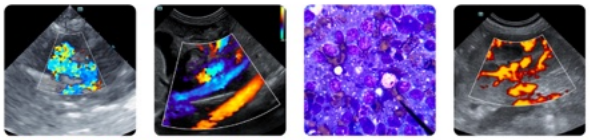
Both adrenal glands show normal shape and echogenicity. Left adrenal gland: 0.51 cm (cranial pole), 0.53 cm (caudal pole). Right adrenal gland: 0.56 cm (cranial pole), 0.48 cm (caudal pole).

Spleen

Splenic thickness is 1.28 cm. The parenchyma demonstrates normal echogenicity and a fine, homogeneous echotexture with a 0.34×0.34 cm hyperechoic nodule. The splenic capsule is smooth and regular. Splenic vasculature appears normal.

Liver

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



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The gallbladder lumen is normally distended. The wall has 3.4×3.4 mm polypoid formations and early mucosal gland hyperplasia, and the contents are primarily anechoic with a moderate amount of biliary sludge. No evident dilation of the cystic duct or common bile duct is observed.

Gastrointestinal

The stomach is empty and folded, with mural thickness ranging from 2.10–2.93 mm, preserved wall layering, and gas content.

Pylorus: 4.53 mm. Duodenum: 3.49 mm. Jejunum: 2.99 mm. Ileum: 2.39 mm. Normal wall layering throughout. No signs of dilation, ileus, or foreign material are identified.

Colon: transverse colon 2.42 mm (empty); descending colon 1.05 mm (nearly empty).

Pancreas

Pancreatic thickness is 1.18 cm. Pancreatic parenchyma is isoechoic to adjacent omental fat. The pancreatic duct diameter could not be assessed. 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 surrounding regions appear unremarkable. The iliac trifurcation is normal.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS

- Renal cortices markedly hyperechoic, multiple cortical cysts, decreased corticomedullary definition and medullary rim sign present bilaterally.

SECONDARY FINDINGS

- Liver mildly enlarged with coarse parenchymal echotexture.
- Gallbladder wall with mucosal hyperplasia and biliary sludge.
- Small splenic hyperechoic nodule.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The abdominal ultrasound demonstrates advanced bilateral chronic kidney disease, characterized by markedly hyperechoic cortices, decreased corticomedullary definition, multiple cortical cysts, and a prominent medullary rim sign. These findings are consistent with chronic interstitial nephropathy, although an acute component (acute-on-chronic kidney injury) cannot be excluded given the patient's severe azotemia, hyperphosphatemia, recent vomiting, lethargy, and isosthenuria.

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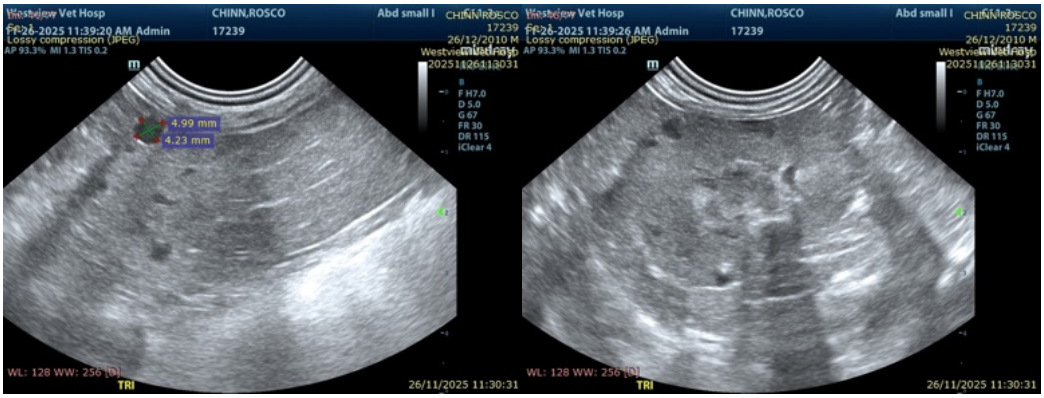
The liver is mildly enlarged with coarse echotexture, which may be associated with chronic hepatopathy, or age-related parenchymal change. The gallbladder contains moderate sludge, few small polypoid mucosal proliferations, and early mucosal gland hyperplasia. No evidence of cholecystitis or biliary obstruction is present.

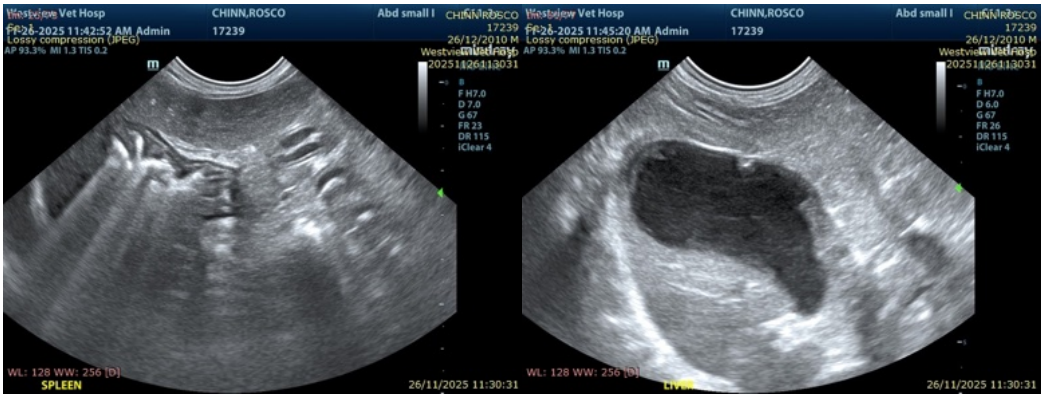
A small hyperechoic splenic nodule is noted, most consistent with an incidental benign lesion such as a myelolipoma.

The gastrointestinal tract shows no abnormalities as well as the pancreas.

Recommendations

- Immediate renal-focused management.
- Hydration status and cardiac tolerance to fluids (due to pre-existing heart disease).
- Blood pressure.
- Recheck renal values after stabilization.
- Hepatobiliary recheck.
- Gallbladder monitoring.
- Supportive care for uremic GI signs.





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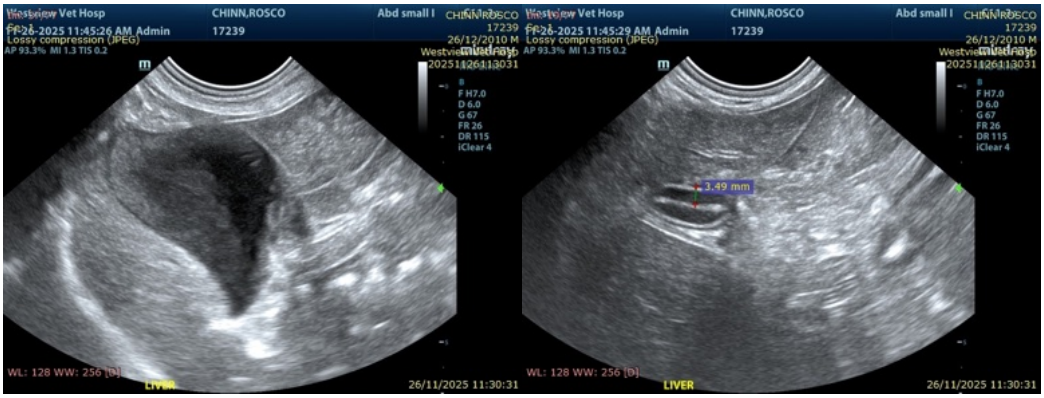

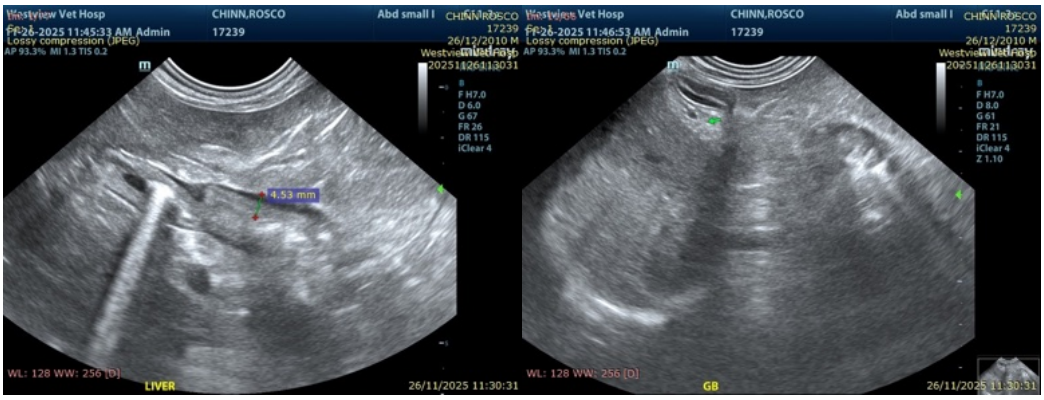

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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