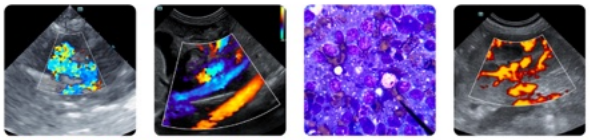


PATIENT

Jolie Smith

SPECIES

Canine

BREED

Standard Poodle

SEX

Spayed female

AGE

9 years

WEIGHT

57.4 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Grace Jayne CVT

HOSPITAL NAME

Ark AH

REFERRING VET

Dr. Donovan

INVOICE

69337

DATE

12/16/25

PRESENTING CLINICAL SIGNS

History: Chronic vomiting and kidney disease. Jolie has not vomited in a while but her appetite is decreased. Telmisartan 20 mg SID and prescription kidney diet. Weight loss.
Abnormal PE/Chem/CBC/UA Results: CREAT 1.7 BUN 37

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. There are no calculi and no evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size; however, exact measurements are not available. The renal cortex is increased in echogenicity, with preserved corticomedullary distinction. There is no evidence of nephroliths. A mild pyelectasia of approximately 3 mm is suspected; however, this finding could not be confirmed on transverse imaging, as complete transverse views of the kidney were not available to adequately assess the renal pelvis. Color Doppler demonstrates a normal perfusion pattern.

The right kidney is normal in shape and size, measuring 7.35 × 3.94 cm, with a cortical thickness of 0.67 cm in the sagittal plane. A few small renal cysts are observed, measuring up to approximately 2.5 mm. The renal cortex is increased in echogenicity, with preserved corticomedullary distinction. There is no evidence of nephroliths or pyelectasia. Color Doppler demonstrates a normal perfusion pattern.

Adrenal Glands

The left adrenal gland measures 0.58 cm at the cranial pole and 0.50 cm at the caudal pole. The right adrenal gland could not be visualized in any of the provided images.

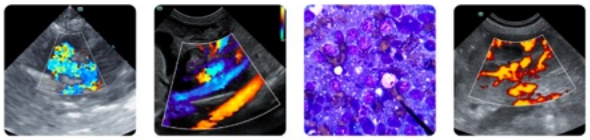
Spleen

Splenic thickness is 2.19 cm. The parenchyma demonstrates normal echogenicity and a fine, homogeneous echotexture, with a focal hypoechoic nodule measuring approximately 1.25x1.10 cm. The splenic capsule is smooth and regular.

Liver

The liver is subjectively normal in size, with sharp edges and a regular contour. The hepatic parenchyma appears uniform and isoechoic compared to the falciform fat, with a few hypoechoic foci, the largest measuring approximately 0.7×0.7 cm. No hepatic lymphadenopathy is observed.

The gallbladder lumen is markedly distended. The wall is thickened, with multiple mural protuberances, which may represent mucinous gland hyperplasia or polypoid structures. The contents are primarily anechoic, with a small amount of biliary sludge present in the fundus. 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 mural thickness of 4.43 mm and preserved wall layering. The pylorus measures 5.52 mm and contains a small amount of fluid and scant food material. The distal duodenum measures 2.90 mm. The jejunum measures 2.84 mm, with preserved wall layering. No signs of obstruction, ileus, or foreign material are identified. The ascending colon measures approximately 2.66 mm and appears empty. The descending colon wall thickness measures approximately 1.02 mm, with a small amount of formed feces present.

Pancreas

The pancreas could not be clearly visualized in any of the provided images; however, the evaluated surrounding regions do not demonstrate evidence of peripancreatic inflammation.

Peritoneal Cavity

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

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS

- Increased renal cortical echogenicity bilaterally, consistent with chronic renal parenchymal changes. Suspected mild left renal pyelectasia (approximately 3 mm), incompletely characterized due to limited transverse imaging. Small right renal cortical cysts.
- Marked gallbladder distension with mural thickening and multiple polypoid or protuberant wall structures. Small amount of biliary sludge within the gallbladder fundus.

SECONDARY FINDINGS

- Focal splenic nodule.
- Few small hypoechoic hepatic foci.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The bilateral increase in renal cortical echogenicity, in conjunction with the patient's known azotemia, is most consistent with chronic renal parenchymal disease. The suspected mild left renal pyelectasia is incompletely characterized due to limited imaging and may be incidental or transient; however, mild outflow changes or volume-related dilation cannot be fully excluded. The small right renal cortical cysts are considered incidental and commonly associated with chronic renal change in older dogs.

The markedly distended gallbladder with mural thickening and multiple polypoid or protuberant wall structures is most consistent with gallbladder mucosal hyperplasia or polypoid change. While this appearance may be incidental or chronic, it can also be associated with chronic cholecystopathy and

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may contribute to intermittent gastrointestinal signs. There is no sonographic evidence of biliary obstruction, as the extrahepatic bile ducts are not dilated.

The splenic nodule is well-defined and isolated, with otherwise normal splenic architecture, and is most consistent with a benign splenic nodular process, such as nodular hyperplasia. The small hypoechoic hepatic foci are nonspecific and may represent benign hepatocellular changes, such as focal hyperplasia or chronic reactive change, particularly in the absence of hepatic lymphadenopathy or diffuse architectural distortion.

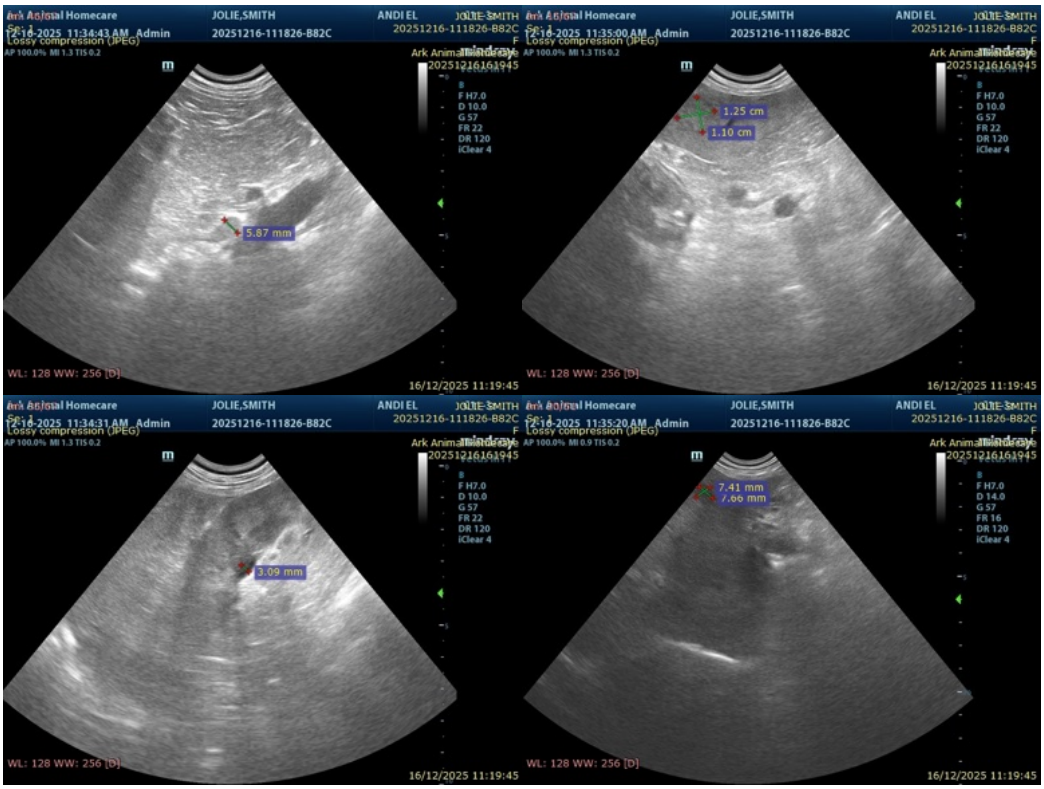
The gastrointestinal tract does not demonstrate structural abnormalities, wall thickening, or loss of layering that would support a primary obstructive or infiltrative gastrointestinal disease at this time.

Recommendations

Continued monitoring and management of chronic kidney disease are recommended, including serial assessment of renal parameters and blood pressure as clinically indicated.

Given the gallbladder findings, periodic monitoring of hepatobiliary enzymes and follow-up ultrasonography may be considered to assess progression of gallbladder wall changes.

Clinical correlation with gastrointestinal signs is advised, and supportive management for appetite and nausea may be beneficial. Further diagnostic investigation may be guided by clinical progression.



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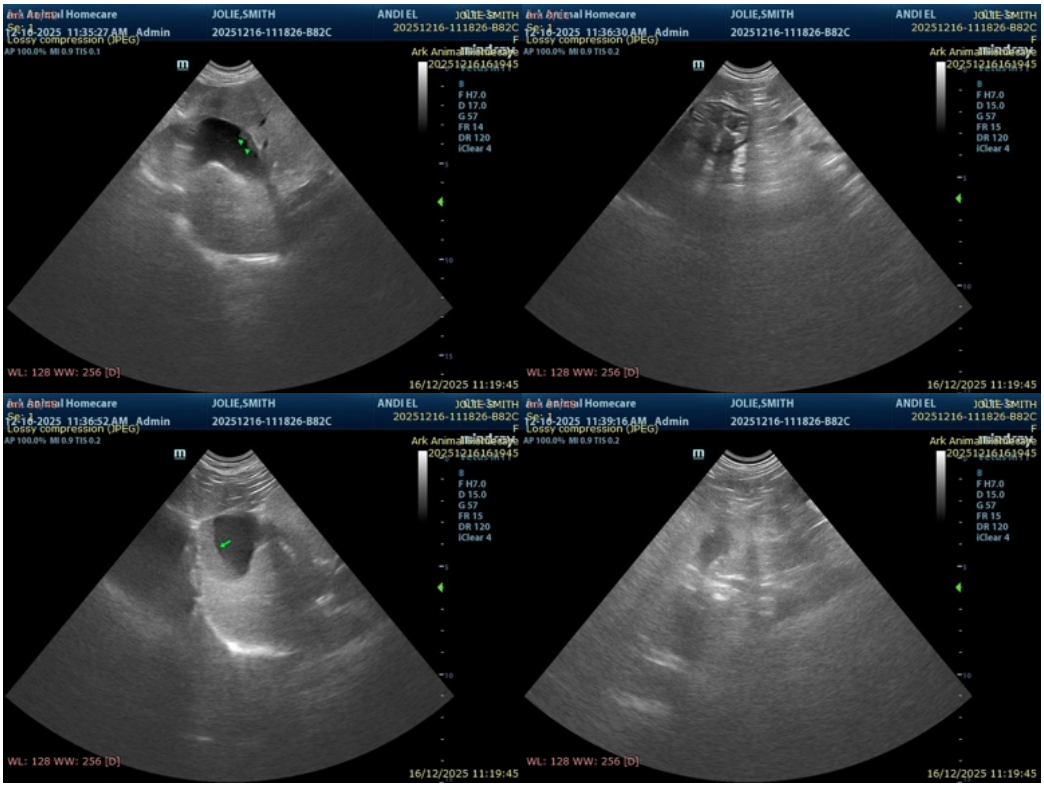

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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