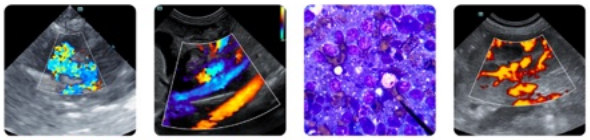


PATIENT

Sadie Baden

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Spayed female

AGE

4 years

WEIGHT

10 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Dr. Schmieder

HOSPITAL NAME

Slade VH

REFERRING VET

Dr. Schmieder

INVOICE

69349

DATE

12/16/25

PRESENTING CLINICAL SIGNS

History: Elevated kidney enzymes with low SG ACTH stim normal rest of labs also WNL

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, measuring 3.63 × 1.65 cm, with a cortical thickness of 0.41 cm in the sagittal plane. The renal cortex is increased in echogenicity. The corticomedullary ratio is normal; however, corticomedullary definition is decreased. There is no evidence of pyelectasia, nephroliths, or hydronephrosis.

The right kidney is normal in shape and size, measuring 2.62 × 1.47 cm; cortical thickness could not be measured. The renal cortex is increased in echogenicity. The corticomedullary ratio is normal, with decreased corticomedullary definition. There is no evidence of pyelectasia, nephroliths, or hydronephrosis.

Adrenal Glands

Both adrenal glands show normal shape and echogenicity. The left adrenal gland measures 0.40 cm at the cranial pole and 0.47 cm at the caudal pole. The right adrenal gland measures 0.36 cm at the cranial pole and 0.38 cm at the caudal pole.

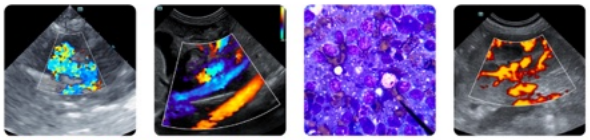
Spleen

Splenic thickness is 1.23 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 hepatic parenchyma appears 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 dilation of the cystic duct or common bile duct is observed.



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Gastrointestinal

The stomach is mildly distended with a small amount of food material, with a mural thickness of 1.45 mm and preserved wall layering. The pylorus measures 3.85 mm. The duodenum measures 3.82 mm. The jejunum measures 2.64 mm. The ileum measures 1.98 mm. Wall layering is preserved throughout the small intestine. The ileocecal junction is not visualized. No signs of inflammation, ileus, or foreign material are identified. The colon wall thickness measures approximately 1.12 mm, with formed feces present in the descending segment.

Pancreas

The pancreas could not be visualized in the provided images; however, no sonographic evidence of pancreatic inflammation is identified in the surrounding regions.

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

- Bilateral increased renal cortical echogenicity.
- Decreased corticomedullary definition in both kidneys.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Abdominal ultrasonography in this 4-year-11-month-old spayed female Chihuahua mix with azotemia and low urine specific gravity reveals bilateral renal parenchymal abnormalities, characterized by increased cortical echogenicity and reduced corticomedullary definition, with mild renal asymmetry and the right kidney measuring at the lower limits of expected size for body weight.

In a dog of this age, these findings are more suggestive of an early-onset or developmental renal disorder, rather than age-related chronic kidney disease. Differential considerations include renal dysplasia or hypoplasia, early chronic kidney disease of congenital or hereditary origin, or chronic tubulointerstitial or glomerular disease. The absence of renal pelvic dilation, nephrolithiasis, or obstructive changes supports a chronic, intrinsic, non-obstructive renal process.

Correlation with the reported low urine specific gravity further supports impaired renal concentrating ability, consistent with intrinsic renal disease. The normal appearance of the adrenal glands and a normal ACTH stimulation test make hypoadrenocorticism unlikely.

Recommendations

- Further characterization of renal function is strongly recommended, including UPC to assess for underlying glomerular disease, SDMA, repeat serum biochemistry, and complete urinalysis

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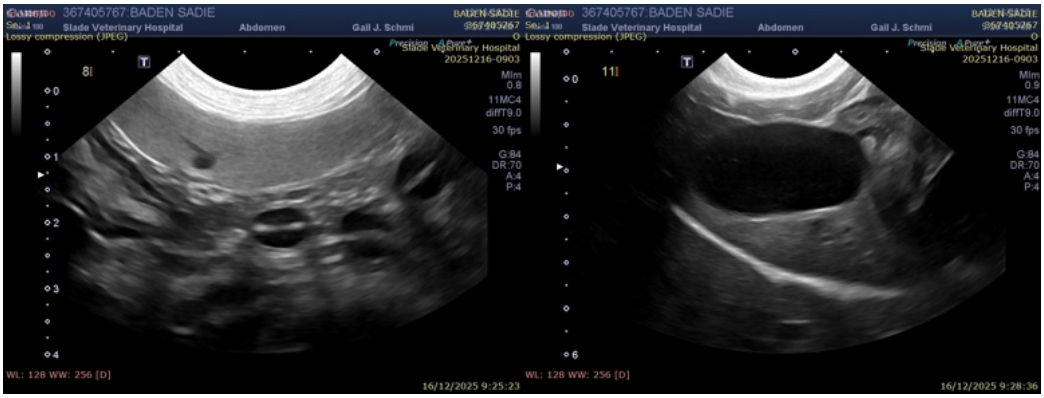
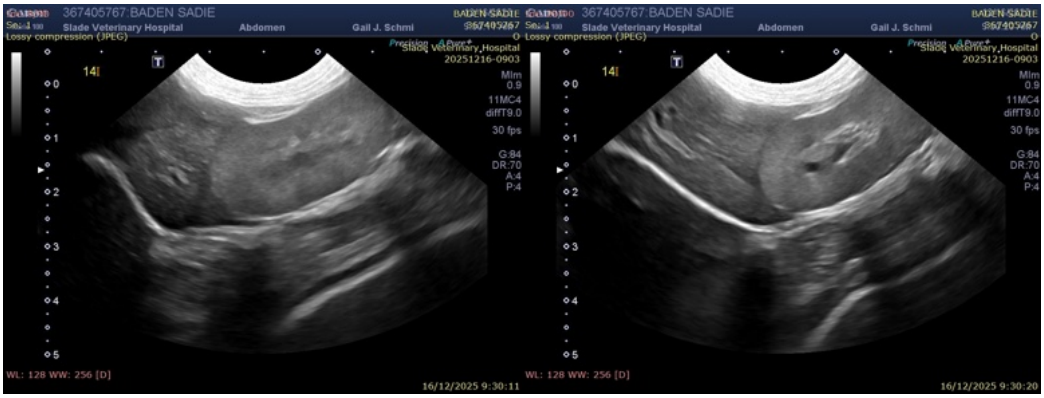
with sediment examination. Given the patient's age, these tests are particularly important to differentiate between developmental renal disease and early chronic kidney disease.

- Systemic blood pressure measurement is advised to evaluate for concurrent hypertension, which may occur even in early or subclinical renal disease and can contribute to disease progression.
- If proteinuria is identified, serial monitoring and early therapeutic intervention may be indicated. Periodic renal ultrasonographic re-evaluation is recommended to assess progression of renal size and parenchymal changes over time.
- Clinical management should be guided by IRIS staging, with consideration of early dietary and medical intervention if renal disease is confirmed. Referral to an internal medicine specialist may be considered for further evaluation and long-term management of suspected juvenile or early-onset renal disease.





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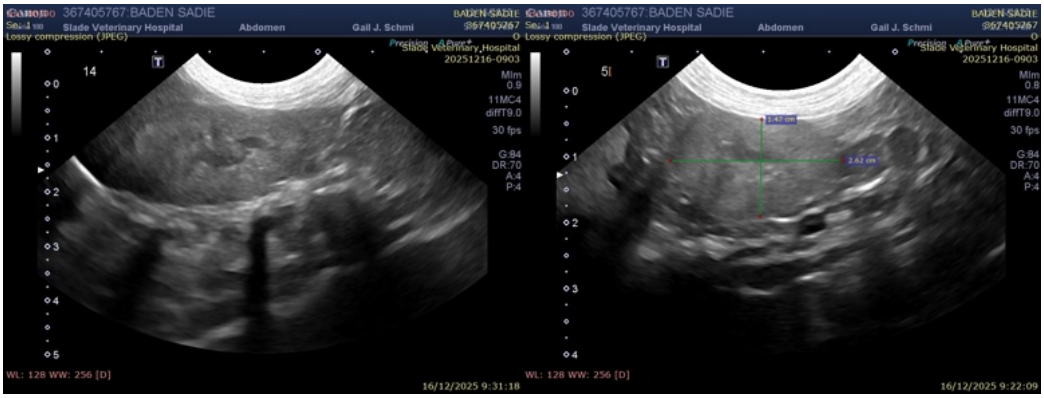

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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