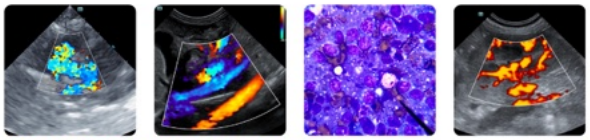


PATIENT

Daisy Caron

SPECIES

Canine

BREED

Bernedoodle

SEX

Spayed female

AGE

8 ½ years

WEIGHT

14 kg

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Melinda Persson

HOSPITAL NAME

At Home Veterinary

REFERRING VET

Dr. Persson

INVOICE

69282

DATE

12/3/25

PRESENTING CLINICAL SIGNS

History: *Left nephrectomy for renal carcinoma and removal of cecal mass (GIST) in June *No chemo *Doing well *Look for metastasis or recurrence

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 turbid with abundant suspended crystals, although there are no calculi. Normal appearance of the proximal urethra and vesicoureteral junction, and no evidence of inflammatory or neoplastic changes.

Left kidney absent (post-nephrectomy).

The right kidney is normal in shape and size: 5.91 x 2.76 cm, and the cortical thickness is 0.31 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. Multiple nephroliths ranging from 2.16 to 3.06 mm are present. There is no evidence of pyelectasia or hydronephrosis.

Adrenal Glands

Both adrenal glands show normal shape and echogenicity. The left adrenal gland measures 0.39 cm at the cranial pole and 0.41 cm at the caudal pole. The right adrenal gland measures 0.44 cm at the cranial pole and 0.44 cm at the caudal pole.

Spleen

Splenic thickness is 2.34 cm. The parenchyma demonstrates normal echogenicity and a fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular. Splenic vasculature appears normal.

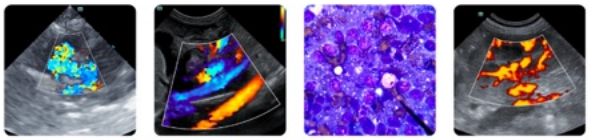
Liver

The liver is subjectively normal in size, with sharp edges and a regular contour. The liver 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 with a small 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 of 4.35 mm and preserved wall layering. Duodenum: 3.68 mm. Jejunum: 2.43 mm. Ileum: 1.99 mm. Wall layering is normal. No signs of



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inflammation, ileus, or foreign material are identified. Colon: 0.73 mm, with formed feces in all segments.

Pancreas

The evaluated pancreatic regions appear normal.

Peritoneal Cavity

No abdominal effusion or peritonitis is observed. Abdominal lymph nodes are not visualized, but surrounding regions appear unremarkable.

The iliac trifurcation is normal.

ULTRASONOGRAPHIC FINDINGS

- Turbid urine with abundant suspended crystals (crystalluria), without visible uroliths.
- Multiple nephroliths in the right kidney, measuring 2.16–3.06 mm.
- Small amount of biliary sludge within the gallbladder.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Abdominal ultrasonography reveals no evidence of recurrent neoplasia or metastatic spread related to the previously diagnosed renal carcinoma or cecal gastrointestinal stromal tumor (GIST).

The remaining (right) kidney shows normal cortical architecture and vascular pattern, with preserved corticomedullary distinction and no pyelectasia or hydronephrosis. The presence of multiple small nephroliths is noted; these appear non-obstructive and are likely incidental but clinically relevant, especially in a dog with a solitary kidney.

The urinary bladder contains turbid urine with abundant suspended crystals, consistent with crystalluria, but without cystoliths, wall thickening, or signs of cystitis or neoplasia. This may warrant correlation with urinalysis and monitoring due to the patient's solitary-kidney status.

The gastrointestinal tract shows normal wall layering and thickness, with no masses or abnormalities suggestive of GIST recurrence or spread.

Recommendations

- Recommend abdominal ultrasound every 4–6 months for surveillance, or sooner if clinical signs arise. A thoracic/pulmonary ultrasound is recommended and can conveniently be performed during the semiannual abdominal ultrasound follow-ups.
- Thoracic radiographs or CT could be considered annually, as renal carcinoma can metastasize to the lungs even in late phases.

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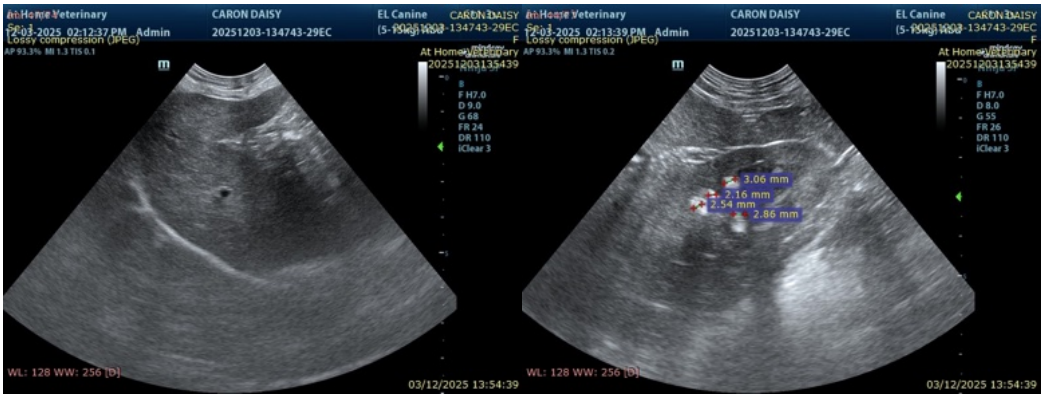
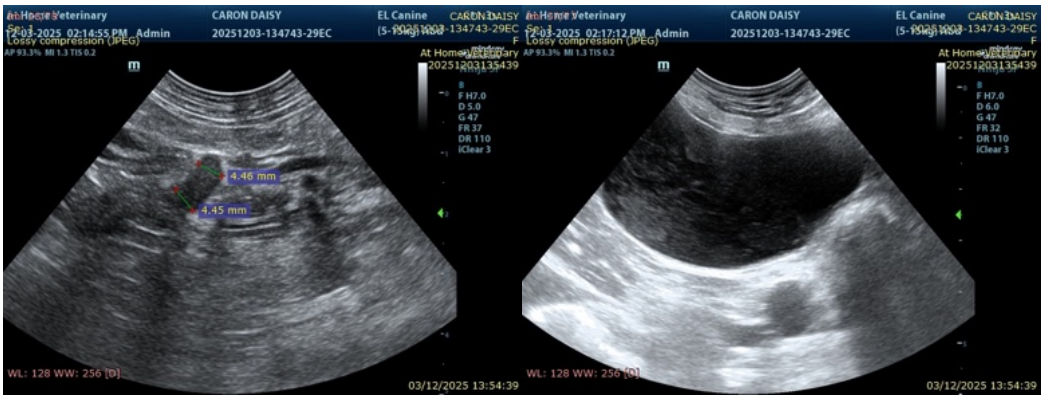
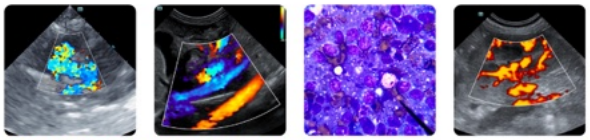
- Monitor renal values (BUN, creatinine, SDMA) every 3–6 months due to the solitary kidney.
- Verify if the patient is receiving any treatments (allopurinol or other medications associated with increased risk of renal stone formation).
- Urine pH and stone analysis (via urinalysis or stone-risk panel if available) to guide dietary modifications.





The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology



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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