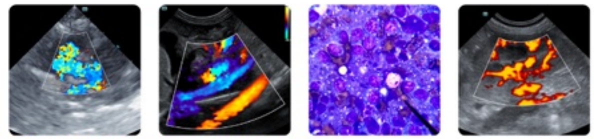


PATIENT

Parker Sheibley

SPECIES

Canine

BREED

Shar Pei

SEX

Neutered male

AGE

4 years

WEIGHT

56.5 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Justin Eckenrode, DVM

HOSPITAL NAME

Carlisle Small Animal VC

REFERRING VET

Dr. Eckenrode

INVOICE

71452

DATE

2/10/26

PRESENTING CLINICAL SIGNS

- Patient History: Bloodwork last 6 months SDMA/CREA further elevating. P has increased thirst and starting to have accidents in the home. P otherwise seems to be OK at home with good appetite and stable weight.
- Primary concern or rule out: Structural changes to kidneys/urinary tract vs genetic/amyloidosis
- CBC: Mono 0.814 (0.736H) Chem: SDMA 18 (14H) - previously 15, 16; CREA 2.0 (1.5H) - previously 1.7, 1.6; Potassium 5.6 (5.4H) - previously 5.1 WNL; TP 7.8 (7.5H) - previously 7.9, 7.4; GLOB 4.4 (4.0H) - previously 4.5, 3.7 USG 1.018 - NSF otherwise on UA

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is normally distended. The majority of the urinary bladder wall appears thin and smooth. However, the cranial bladder wall is focally thickened and irregular, measuring 5.86 mm. The remaining bladder wall is within normal limits. Urine is mildly turbid. The bladder neck and proximal urethra have a normal ultrasonographic appearance. No uroliths are identified.

Left kidney: Normal in shape and size, measuring 5.52×2.93 cm in the sagittal plane. Cortical thickness measures 0.53 cm. The renal cortex is isoechoic relative to the liver parenchyma. Corticomedullary ratio and corticomedullary definition are preserved. No evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler evaluation shows a normal perfusion pattern.

Right kidney: Normal in shape and size, measuring 5.95×3.08 cm in the sagittal plane. Cortical thickness measures 0.55 cm. The renal cortex is isoechoic relative to the liver parenchyma. Corticomedullary ratio and corticomedullary definition are preserved. No evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Doppler evaluation appears normal.

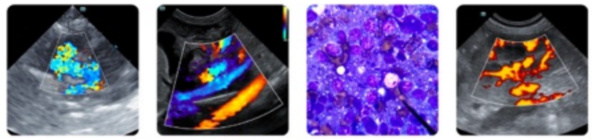
The prostate is small, hypoechoic, and homogeneous, compatible with post-orchiectomy atrophy.

Adrenal Glands

The left adrenal gland measures 0.42 cm (cranial pole) and 0.47 cm (caudal pole). The right adrenal gland could not be clearly visualized due to gastrointestinal gas artifact.

Spleen

Splenic thickness measures 2.57 cm. The splenic parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal abnormalities. The splenic capsule is smooth and regular. Splenic vasculature appears normal.



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Liver

The liver is subjectively normal in size, with sharp margins and a regular contour. The hepatic parenchyma is homogeneous and isoechoic relative to the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is observed.

The gallbladder is moderately distended. The wall is thin. Contents are predominantly anechoic with a very small amount of biliary sludge. No dilation of the cystic duct or common bile duct is identified.

Gastrointestinal

The stomach is empty and folded. Gastric wall thickness measures 3.27 mm, with preserved wall layering. The pylorus measures 6.23 mm.

The duodenum measures 1.96 mm. The jejunum measures 2.67 mm. Wall layering is preserved throughout. No ultrasonographic evidence of inflammation, ileus, or foreign material is identified.

The colon measures 0.90 mm in wall thickness and contains formed feces within the descending segment.

Pancreas

The evaluated pancreatic regions do not show ultrasonographic evidence of overt inflammation.

Peritoneal Cavity

No abdominal effusion or signs of peritonitis are observed. Abdominal lymph node regions appear unremarkable. The iliac trifurcation is normal.

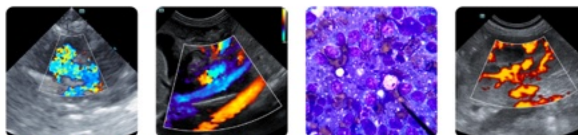
ULTRASONOGRAPHIC FINDINGS

- Focal cranial urinary bladder wall thickening (5.86 mm) and turbid urine.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This examination reveals no structural renal abnormalities that would explain the patient's progressive azotemia. Renal size, cortical thickness, corticomedullary differentiation, and echogenicity are within expected limits for a dog of this size. No evidence of obstructive uropathy is identified.

Importantly, in a Shar Pei with progressive increases in SDMA and creatinine, the absence of ultrasonographic abnormalities does not exclude early chronic kidney disease or renal amyloidosis. Familial renal amyloidosis in this breed may present with progressive renal dysfunction while maintaining relatively normal renal architecture on ultrasound, particularly in early to mid stages of disease.



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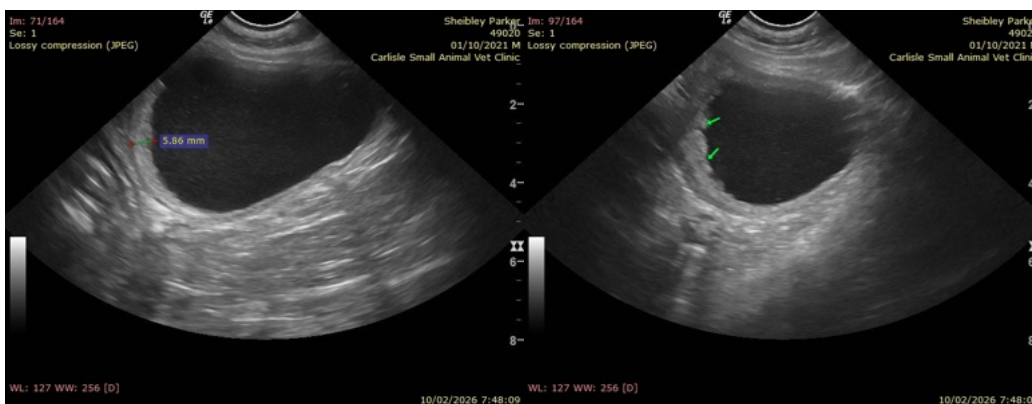
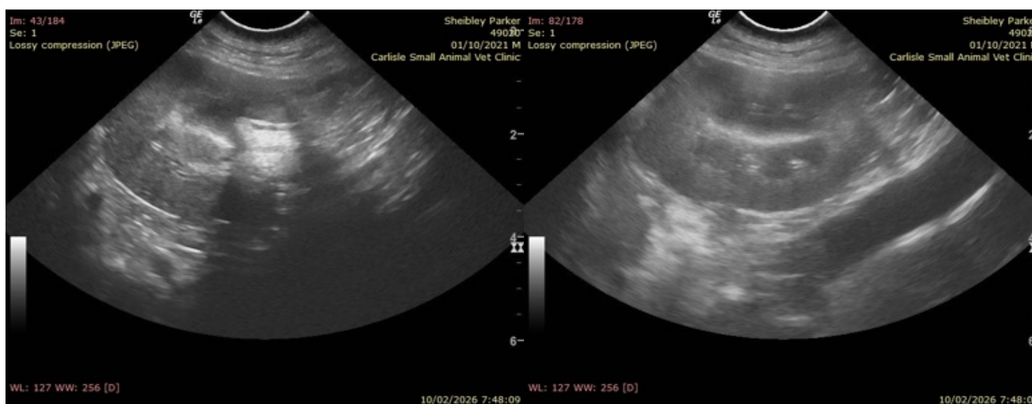
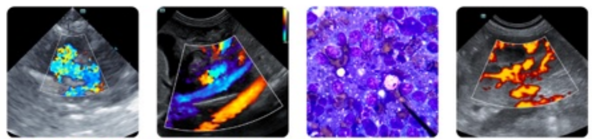
A focal thickening and irregularity of the cranial urinary bladder wall is identified. This finding is most compatible with localized cystitis or mural inflammation. It does not account for the patient's azotemia and is unlikely to represent the primary cause of renal dysfunction. However, correlation with urinalysis and urine culture is recommended for further assessment.

Recommendations

- Quantitative proteinuria assessment (UPC) is recommended if not already performed.
- Blood pressure measurement is advised.
- Consider referral to internal medicine for discussion of:
  - IRIS staging.
  - Monitoring plan.
  - Potential role of renal biopsy if clinically justified.
- Correlate bladder wall thickening and turbid urine with urinalysis and consider urine culture.







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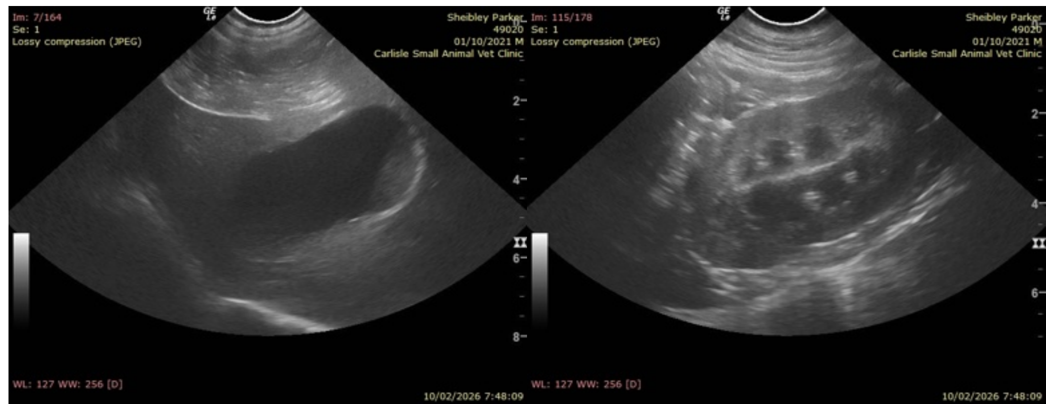

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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