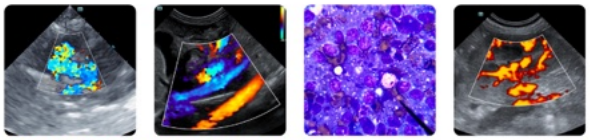


PATIENT

Lulu Cavaliere

SPECIES

Canine

BREED

Yorkie Poo

SEX

Spayed female

AGE

14 years

WEIGHT

7.4 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Arch Gordon

HOSPITAL NAME

Coral Ridge AH

REFERRING VET

Dr. Gordon

INVOICE

71673

DATE

2/18/26

PRESENTING CLINICAL SIGNS

- Lulu was seen 2/16/202 at cardiologist for recheck of MVD and tracheal collapse
- Current La /AO 1.83 and on Vetmedin
- cardiologist noted liver nodule at time of echo
- Abnormal PE/Chem/CBC/UA Results: Normal

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly underdistended. The wall appears mildly thickened and smooth; however, due to underdistension, wall thickness may be overestimated. The urine is anechoic. The bladder neck and proximal urethra appear normal. No uroliths or ultrasonographic evidence of inflammatory or neoplastic change are identified.

Left kidney: 3.70×1.49 cm; cortical thickness 0.26 cm (sagittal plane). Right kidney: 3.16×1.97 cm; cortical thickness 0.28 cm (sagittal plane). Renal size is appropriate for a 7.4 lb (≈3.3 kg) dog. The cortices are isoechoic relative to the liver. Corticomedullary distinction and ratio are preserved. Small mineral foci consistent with calyceal mineralization are present: Left kidney: 1.21–2.19 mm. Right kidney: 3.65–3.80 mm There is no pyelectasia, hydronephrosis, or evidence of ureteral obstruction.

Adrenal Glands

Both adrenal glands show normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane are as follows: The left adrenal gland measures 0.46 cm at the cranial pole and 0.44 cm at the caudal pole. The right adrenal gland measures 0.42 cm at the cranial pole and 0.38 cm at the caudal pole.

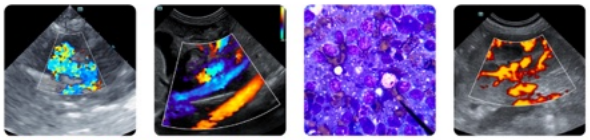
Spleen

Splenic thickness 0.86 cm. Parenchyma homogeneous with normal echogenicity. No focal lesions identified.

Liver

The liver is subjectively normal in size with sharp margins and regular contour. Parenchyma is homogeneous and isoechoic relative to falciform fat. No focal hepatic lesions are identified. No hepatic lymphadenopathy is observed.

The gallbladder is normally distended. The wall is thin. The lumen contains a small amount of organized biliary sludge forming a rounded intraluminal structure. From certain imaging angles, this organized sludge could potentially mimic a mural-based structure; however, it is intraluminal and mobile rather than parenchymal. No dilation of the cystic duct or common bile duct is observed.



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Gastrointestinal

Stomach empty and folded; mural thickness 2.36 mm; layering preserved.

Pylorus 4.01 mm. Duodenum 3.78 mm. Jejunum 3.16–3.49 mm. All measurements are within normal limits for a dog of this size. Wall layering preserved. No obstruction, ileus, or focal mass lesions identified.

Colon 0.61 mm; formed feces present.

Pancreas

No ultrasonographic evidence of pancreatic enlargement or inflammation.

Peritoneal Cavity

No abdominal effusion. No abdominal lymphadenopathy. Iliac trifurcation normal.

ULTRASONOGRAPHIC FINDINGS

- Small, non-obstructive renal mineralizations (bilateral).
- Mild organized biliary sludge.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No hepatic nodules or focal hepatic masses are identified on this study. The hepatic parenchyma is homogeneous and of normal echogenicity, with no distortion of architecture or discrete lesions.

A small amount of organized biliary sludge is present within the gallbladder lumen. This sludge forms a rounded intraluminal structure which, depending on imaging angle, could potentially be misinterpreted as a hepatic or mural nodule during non-dedicated abdominal imaging (incidental visualization during echocardiography).

Small, non-obstructive renal mineralizations consistent with early nephrolith formation are observed in both kidneys. No secondary obstructive changes are present.

Given the normal biochemical profile and absence of ultrasonographic hepatic abnormalities, there is currently no evidence supporting clinically significant liver pathology.

Recommendations

- Monitor renal mineralization with periodic urinalysis and consider dietary management if clinically indicated.

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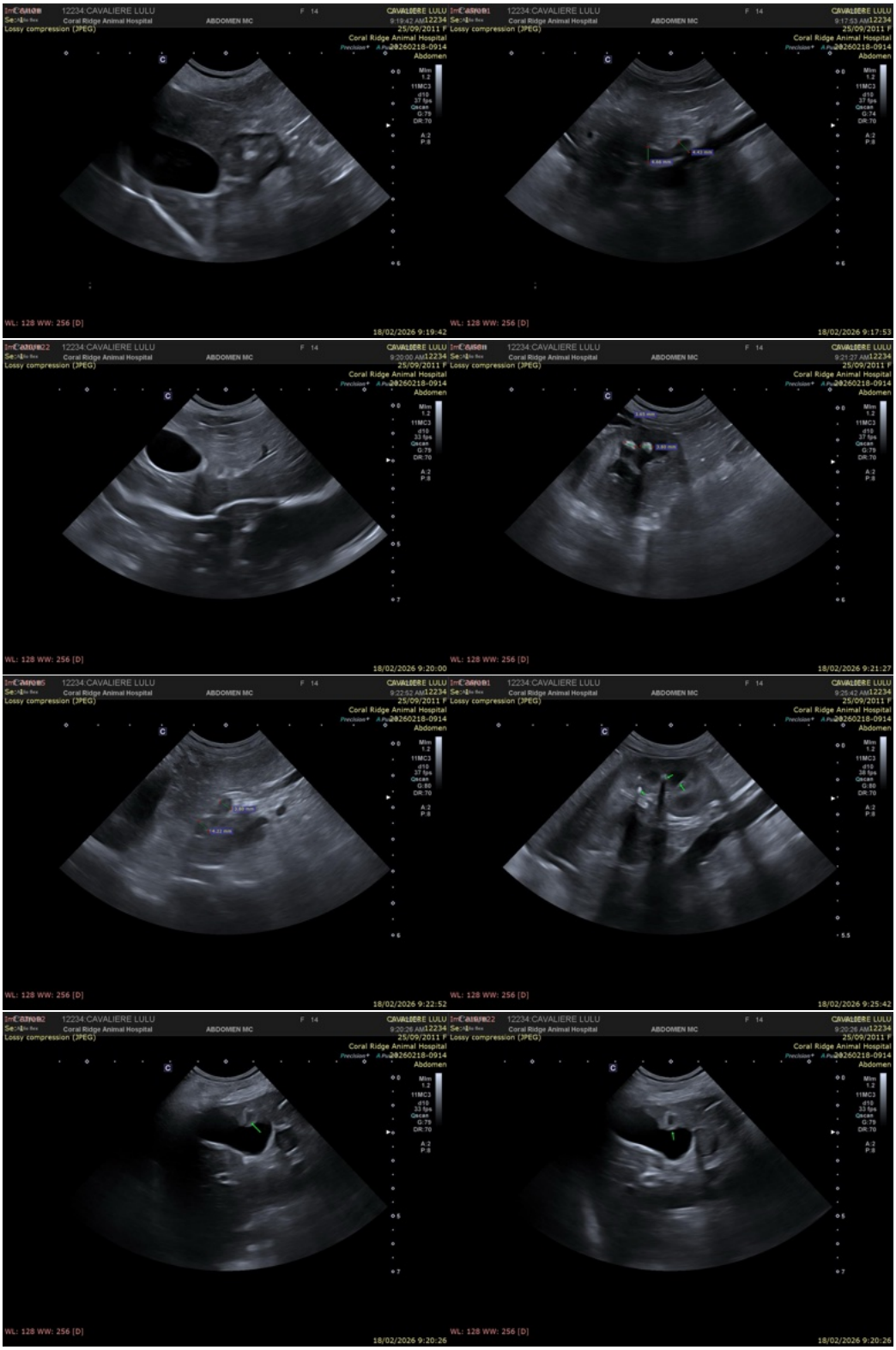

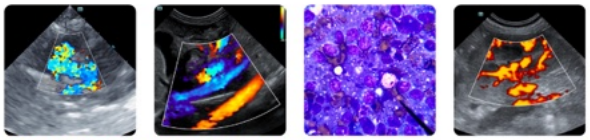

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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