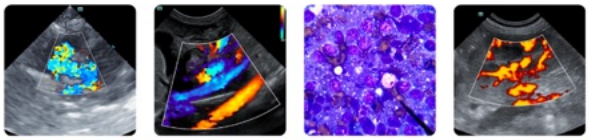


PATIENT

Sergeant Howie Hubbard

SPECIES

Canine

BREED

Chihuahua

SEX

Neutered male

AGE

15 years

WEIGHT

6.5 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Matt Heinlein

HOSPITAL NAME

TLC Animal Hospital

REFERRING VET

Dr. Garcia

INVOICE

71813

DATE

2/23/26

PRESENTING CLINICAL SIGNS

History of elevated Idexx SDMA (17); possible CKD stage 1; p was treated for a UTI at animal emergency center about 2 weeks ago. My goal is to evaluate kidney and bladder function

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder lumen is incompletely distended. The urinary bladder wall measures 3.29–3.40 mm at the cranial pole and appears mildly irregular. However, due to underdistension, wall thickness may be slightly overestimated. The urine is anechoic. Normal appearance of the bladder neck and proximal urethra. There are no calculi and no sonographic evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size: 2.83x1.58 cm, and the thickness of the cortex is 0.21 cm in the sagittal plane. The cortex is isoechoic compared to liver parenchyma. The corticomedullary ratio is normal, and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths, or hydronephrosis.

The right kidney is normal in shape and size: 3.10x1.79 cm. The cortex is 0.20 cm and isoechoic compared to liver parenchyma. The corticomedullary ratio is normal, and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths, or hydronephrosis.

The prostate measures 0.53 x 0.80 cm, homogeneous and hypoechoic, compatible with post-orchiectomy prostatic atrophy.

Adrenal Glands

Both adrenal glands show normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane: The left adrenal gland measures 0.44 cm at the cranial pole and 0.50 cm at the caudal pole. The right adrenal gland measures 0.31 cm at the cranial pole and 0.32 cm at the caudal pole.

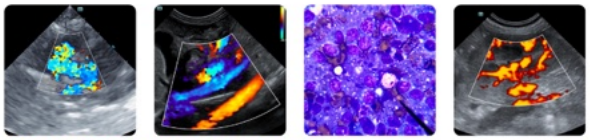
Spleen

Splenic thickness is 0.86 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities.

Liver

The liver is subjectively normal in size, with sharp edges and a regular contour. The hepatic parenchyma is isoechoic compared to the falciform fat and contains multiple hypoechoic areas of variable size, the largest measuring 1.26x0.89 cm. 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 dilation of the cystic duct or common bile duct is observed.



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Gastrointestinal

The stomach is empty and folded, with a gas pattern; mural thickness measures 2.05 mm with preserved wall layering. The pylorus measures 3.67 mm. Duodenum: 3.43 mm. Jejunum: 3.13 mm with preserved wall layering. The ileocecal junction was not visualized. No signs of inflammation, ileus, or foreign material are identified. Colon: transverse segment 0.89 mm, empty with gas. Descending segment 1.23 mm, with few formed feces present.

Pancreas

The evaluated pancreatic areas do not show evidence of overt inflammation.

Peritoneal Cavity

No sonographic evidence of abdominal effusion, peritonitis, or lymphadenomegaly is identified. The iliac trifurcation is normal.

ULTRASONOGRAPHIC FINDINGS

- Apparent mild cranial bladder wall thickening.
- Multiple hypoechoic hepatic areas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The urinary bladder is not completely distended, with cranial wall thickness measuring 3.29–3.40 mm. While suboptimal distension may accentuate wall measurements, this value exceeds the expected thickness of a fully distended normal canine bladder (<2 mm). Mild mural thickening is therefore suspected. In the context of a recent urinary tract infection treated approximately two weeks prior, this finding is most consistent with residual or resolving inflammatory change. No uroliths, focal mass lesions, or intraluminal abnormalities are identified to suggest an alternative etiology.

Renal size and corticomedullary architecture are within normal limits for a small-breed dog. There is no sonographic evidence of chronic structural kidney disease. In the context of an SDMA of 17, these findings are compatible with very early or subclinical renal dysfunction (IRIS stage 1) or may reflect laboratory variation or recent systemic factors (recent urinary tract infection).

Multiple hypoechoic hepatic nodules are identified. In a 15-year-old small-breed dog, this appearance most commonly represents nodular hyperplasia. The absence of lymphadenopathy, effusion, capsular disruption, or vascular distortion supports a benign age-related nodular process. However, cytologic/histologic evaluation would be required for definitive characterization.

Recommendations

• Recheck urinalysis and urine culture (if not already confirmed sterile post-treatment).
• Repeat SDMA and creatinine in 2–3 months to confirm persistence or progression.

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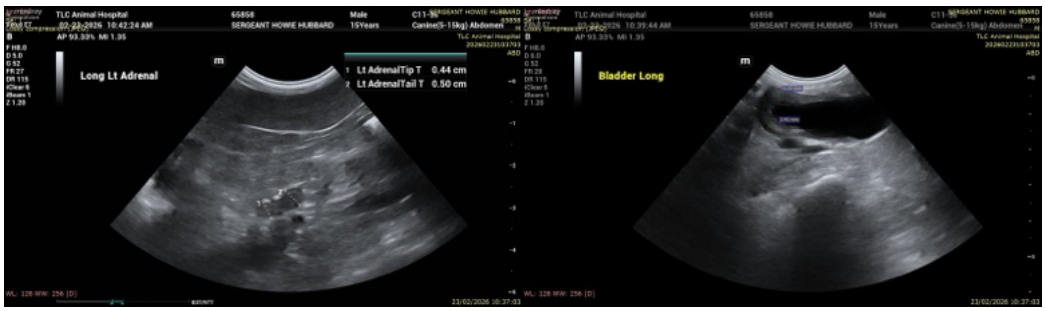

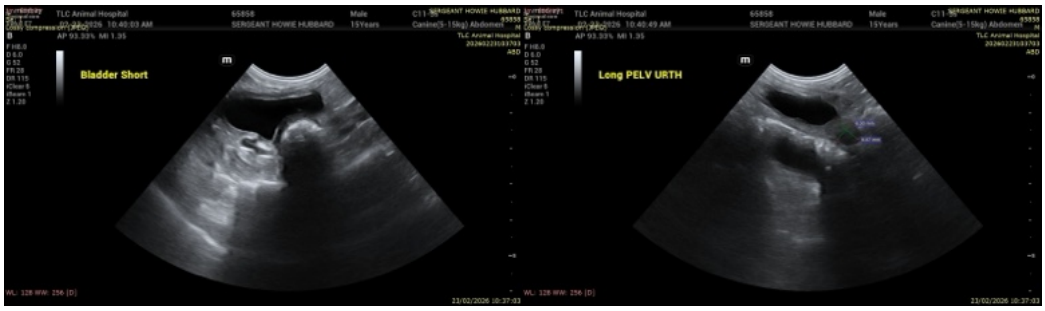

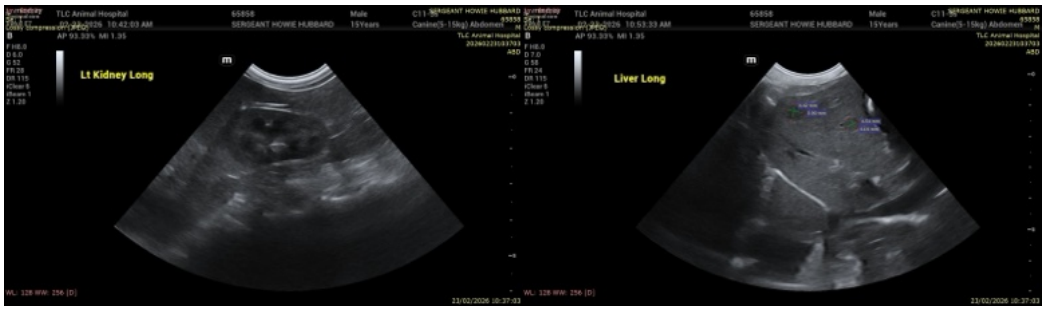

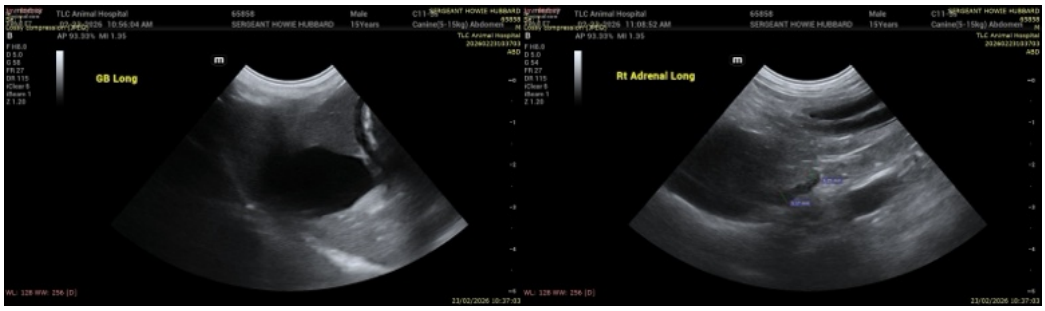

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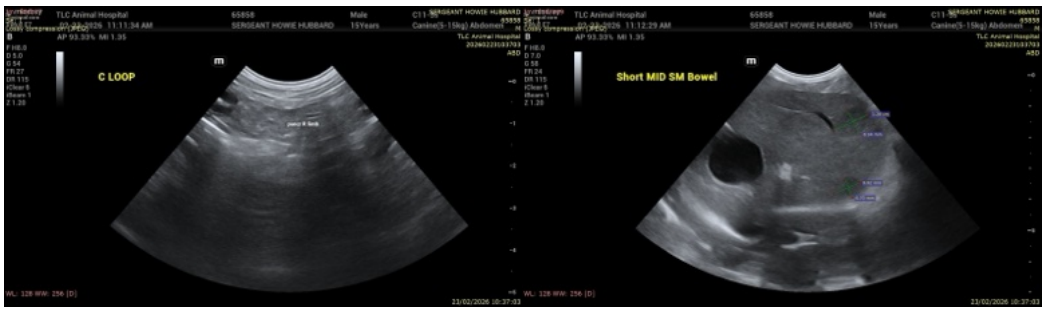

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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