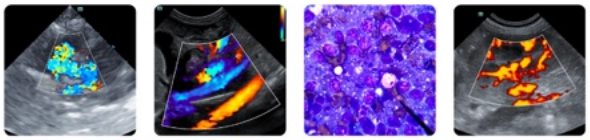


PATIENT

Blackberry Gilbertson

SPECIES

Canine

BREED

Terrier Mix

SEX

Spayed female

AGE

5 years

WEIGHT

18 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Christina Wagner

HOSPITAL NAME

Angeles Clinic for Animals

REFERRING VET

Dr. Wagner

INVOICE

71207

DATE

2/3/26

PRESENTING CLINICAL SIGNS

- No reported clinical signs
- ALP elevation since Aug 2023, ranging from 350-700. New ALT elevation. Low albumin starting in Aug 2025, improved since starting telmisartan
- Currently on telmisartan and clopidogrel for PLN
- CBC - NSF Chem --Most recent ALT 133, new elevation --Albumin currently 3.5; had a low of 2.2 before starting telmisartan UP:C prior to starting telmisartan 8.2 Most recent USG 1.028, rare to 2+ hyaline casts noted (on separate samples)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is normally distended. The bladder wall is thin and smooth, and the urine is anechoic. The bladder neck and proximal urethra have a normal ultrasonographic appearance. No uroliths are identified, and there is no sonographic evidence of inflammatory or neoplastic change.

The left kidney is normal in shape and size, measuring 4.49×2.88 cm. Cortical thickness measures 0.53 cm in the sagittal plane. The renal cortex is isoechoic relative to the hepatic parenchyma. The corticomedullary ratio is within normal limits, and corticomedullary definition is preserved. The renal pelvis measures 2.10 mm. No nephroliths are identified. Color Doppler interrogation demonstrates a normal vascular pattern.

The right kidney is normal in shape and size, measuring 5.20×2.64 cm. Cortical thickness measures 0.50 cm in the sagittal plane. The renal cortex is isoechoic relative to the hepatic parenchyma. The corticomedullary ratio is within normal limits, and corticomedullary definition is preserved. The renal pelvis measures 1.87 mm. No nephroliths are identified.

Adrenal Glands

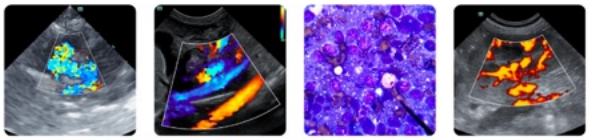
Both adrenal glands have normal shape and echogenicity. The left adrenal gland measures 0.44 cm at the cranial pole and 0.47 cm at the caudal pole. The right adrenal gland measures 0.42 cm at the cranial pole and 0.48 cm at the caudal pole.

Spleen

Splenic thickness measures 0.63 cm. The splenic parenchyma is mildly heterogeneous, with a patchy echotexture characterized by multiple very small hypoechoic areas. The splenic capsule is smooth and regular. Splenic vasculature appears normal.

Liver

The liver is subjectively normal in size, with sharp margins and a regular contour. The hepatic parenchyma is uniform and isoechoic relative to the falciform fat, with normal echotexture.



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The gallbladder lumen is normally distended. The gallbladder wall is thin. The luminal contents are predominantly anechoic with a small amount of biliary sludge. No dilation of the cystic duct or common bile duct is identified.

Gastrointestinal

The stomach is empty and folded, with preserved wall layering and a mural thickness of 2.20 mm. The pylorus measures 4.78 mm.

The duodenal wall thickness measures 3.67 mm. The jejunal wall thickness measures 2.70 mm. No sonographic evidence of gastrointestinal inflammation, ileus, or foreign material is identified.

The colonic wall thickness measures 0.90 mm, with formed fecal material present in the descending colon.

Pancreas

The right pancreatic limb measures 8.23 mm in thickness. The pancreatic parenchyma is isoechoic relative to the adjacent omental fat. No sonographic evidence of active inflammation or focal pancreatic mass lesions is identified.

Peritoneal Cavity

No abdominal effusion or evidence of peritonitis is observed. Cranial mesenteric and ileocecal lymph nodes are not visualized; the surrounding regions appear unremarkable. The iliac trifurcation appears normal.

ULTRASONOGRAPHIC FINDINGS

- Mildly heterogeneous, patchy splenic echotexture with multiple very small hypoechoic areas
- Small amount of biliary sludge

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The kidneys have preserved architecture and normal corticomedullary definition, and the measured renal pelvic fluid (left 2.10 mm, right 1.87 mm) is within expected physiologic limits rather than indicative of clinically relevant pyelectasia or obstructive disease. In the setting of protein-losing nephropathy, these renal ultrasound findings do not exclude glomerular disease, as glomerulopathies and glomerulonephritis frequently lack specific sonographic changes.

No ultrasonographic abnormalities are identified that would directly explain the persistent ALP elevation and new mild ALT elevation; based on imaging alone, this pattern is most consistent with a non-structural hepatopathy (metabolic/endocrine, steroid/vacuolar change, drug-associated, or secondary/reactive enzyme induction), pending clinical correlation.

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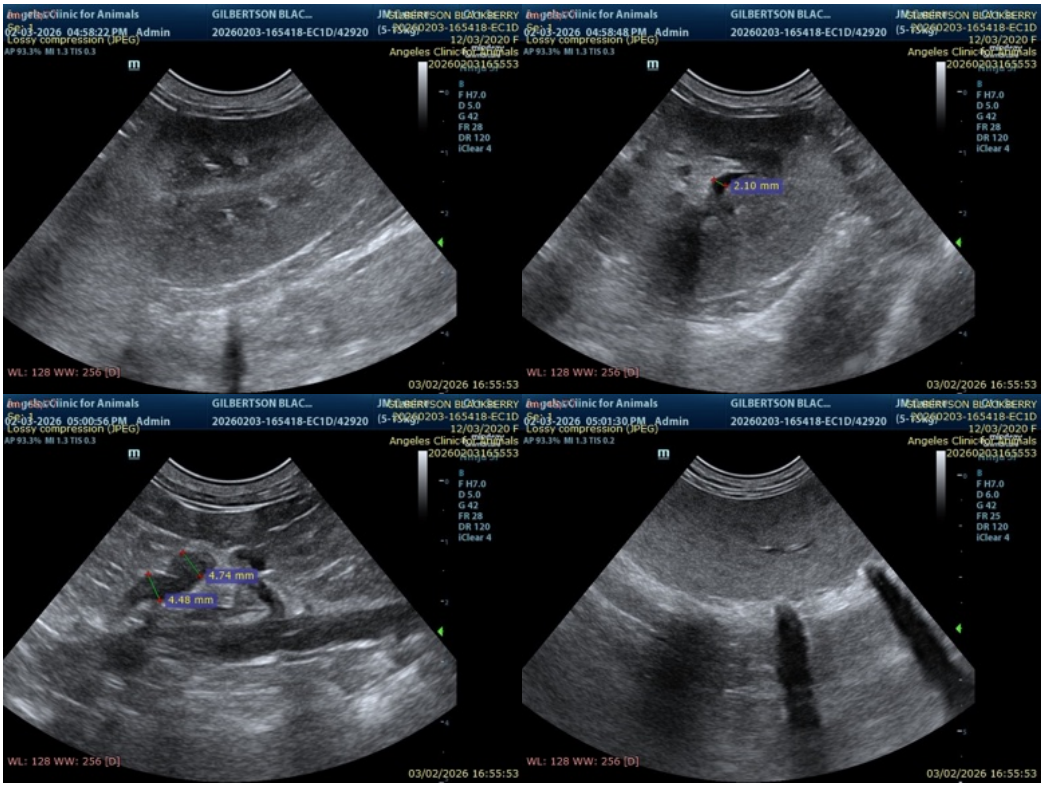
The spleen shows a mildly heterogeneous, patchy echotexture with multiple small hypoechoic areas, a nonspecific pattern most commonly associated with reactive change such as extramedullary hematopoiesis or lymphoid hyperplasia in the absence of splenomegaly or focal mass lesions.

Recommendations

- Continue to manage the patient as having a glomerular disease process, given the marked proteinuria and response to telmisartan, recognizing that glomerulopathies and glomerulonephritis commonly lack specific ultrasonographic changes.
- Serial monitoring of UPC, serum albumin, and blood pressure is recommended to assess therapeutic response and disease progression, particularly given the prior severity of protein loss.
- Infectious disease screening, including leishmaniosis where geographically relevant, may be considered in a young dog with protein-losing nephropathy and a reactive splenic pattern.



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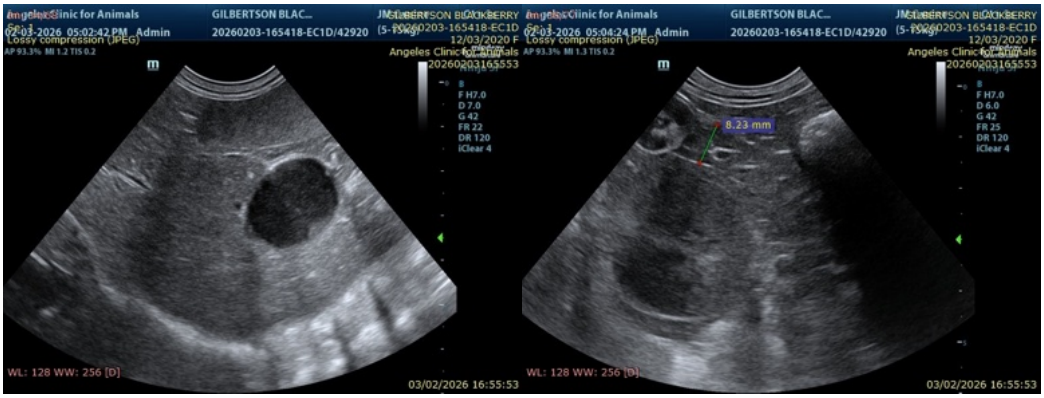

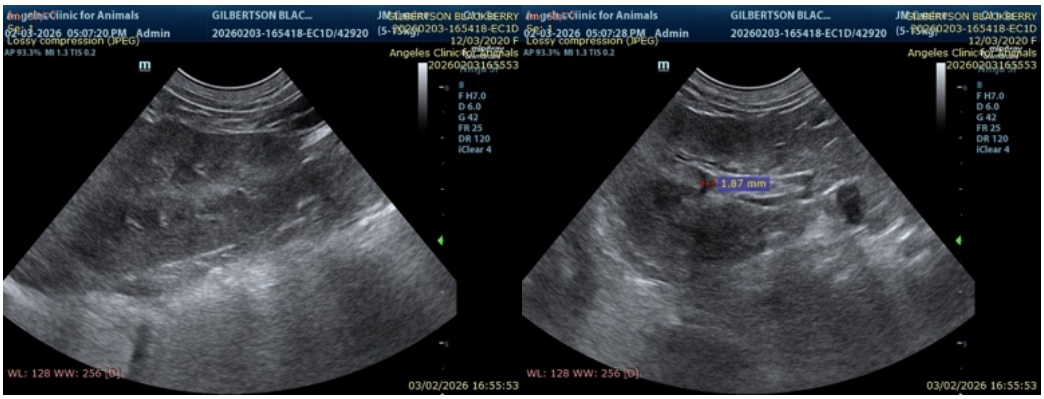

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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