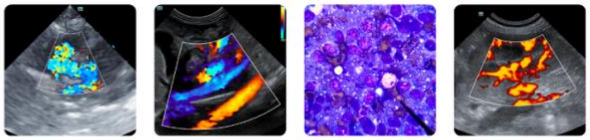


PATIENT

Addie Riva

SPECIES

Canine

BREED

Mixed

SEX

Spayed Female

AGE

10 Months

WEIGHT

46.8

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Dr. Michelle Roche

HOSPITAL NAME

Fredon Animal Hospital

REFERRING VET

Dr. Michelle Roche

INVOICE

14192

DATE

03/10/26

PRESENTING CLINICAL SIGNS

- Recurring urinary problems
- UTIs as puppy, improved on antibiotics
- Recent urine C/S neg despite persistent clinical signs

Abnormal PE/Chem/CBC/UA Results: unremarkable exam SpGr 1.030, wbc >22/hpf, c/s neg BUN 28, ALT 132

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 anechoic. Normal appearance of the bladder neck and proximal urethra. The trigone is not clearly visualized on the available images; however, no obvious abnormalities are observed in the provided video clips. There are no calculi and no evidence of inflammatory or neoplastic changes.

The left kidney is small and irregular in shape, measuring 4.31×2.37 cm, in the sagittal plane. The cortical echogenicity is isoechoic compared to the liver parenchyma. It contains multiple cortical and perirenal cysts of small to moderate size, the largest measuring 0.9×1.20 cm. The corticomedullary ratio appears normal; however, the corticomedullary definition is markedly decreased. Pyelectasia measuring 3.29 mm is noted. No nephroliths or hydronephrosis are identified.

The right kidney is irregular in shape, measuring 5.81×2.66 cm, in the sagittal plane. The cortical echogenicity is isoechoic compared to the liver parenchyma. It contains multiple cortical and perirenal cysts of small to moderate size, the largest measuring 1.36×1.46 cm. The corticomedullary ratio is normal and corticomedullary definition is preserved. Pyelectasia measuring 3.82 mm is present. No nephroliths or hydronephrosis are identified.

Adrenal Glands

Both adrenal glands show normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane: the left adrenal gland measures 0.57 cm at the cranial pole and 0.51 cm at the caudal pole. The right adrenal gland measures 0.54 cm at the cranial pole and 0.56 cm at the caudal pole.

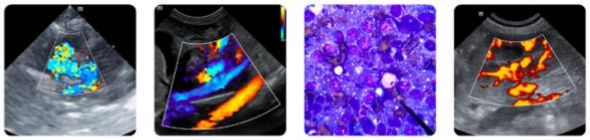
Spleen

Splenic thickness is 1.85 cm. The parenchyma demonstrates normal echogenicity and a fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.

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 moderately distended. The wall is thin and the contents are primarily anechoic. No dilation of the cystic duct or common bile duct is observed.



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Gastrointestinal

The stomach is empty and folded, with mural thickness (3.24 mm) and preserved wall layering. The pylorus measures 4.78 mm.

Duodenum: 3.93 mm.
Jejunum: 3.60 mm, with normal wall layering.

No signs of inflammation, ileus, or foreign material are identified.

Colon: 1.69 mm, with formed feces present in the descending segment. The remainder of the colon appears empty and collapsed.

Pancreas

The evaluated pancreatic regions do not show evidence of overt inflammation or neoplastic disease.

Free Abdomen

No sonographic evidence of abdominal effusion, peritonitis, or lymphadenomegaly is identified. The lymph node at the iliac trifurcation appears normal.

PRIMARY FINDINGS

- Left kidney small and irregular in shape.
- Multiple bilateral cortical and perirenal renal cysts.
- Markedly decreased corticomedullary definition in the left kidney.
- Mild bilateral pyelectasia (3.29–3.82 mm).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The renal morphology, characterized by renal asymmetry, architectural irregularity, decreased corticomedullary definition, and multiple cortical cystic structures, raises concern for a congenital or developmental renal disorder such as renal dysplasia with secondary cystic degeneration. Differential considerations include other forms of juvenile or familial nephropathy. These findings may reflect abnormal renal development and could predispose the patient to early chronic kidney disease, although renal function cannot be assessed based on ultrasound findings alone.

Mild bilateral pyelectasia is present. In the absence of signs of pyelonephritis or obstructive findings, this may be related to underlying renal architectural changes associated with the suspected congenital renal disease.

The urinary bladder appears unremarkable on the available images. The trigone is not clearly visualized; however, no obvious structural abnormalities are identified in the provided video clips. No uroliths or ultrasonographic signs of cystitis are observed that would explain the patient's recurrent lower urinary tract signs. In the context of persistent pyuria with negative urine culture, these findings may be compatible with sterile pyuria.

Recommendations

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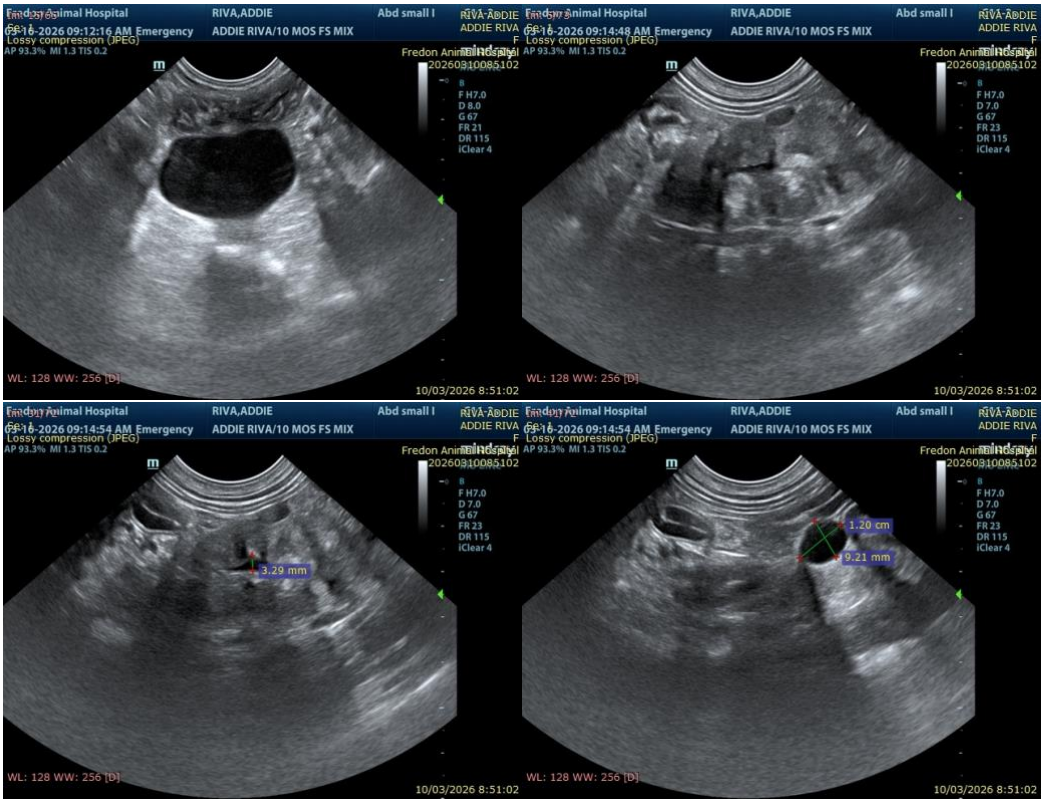
- Correlation with renal function testing is recommended, including serum biochemistry, urinalysis, and urine protein evaluation if not recently performed.
- Given the patient's young age and renal morphology, periodic monitoring of renal parameters and follow-up abdominal ultrasound may be advisable to assess progression of renal changes.
- If lower urinary tract signs persist despite the absence of bladder abnormalities on ultrasound, further evaluation of the lower urinary tract and ureters may be considered.



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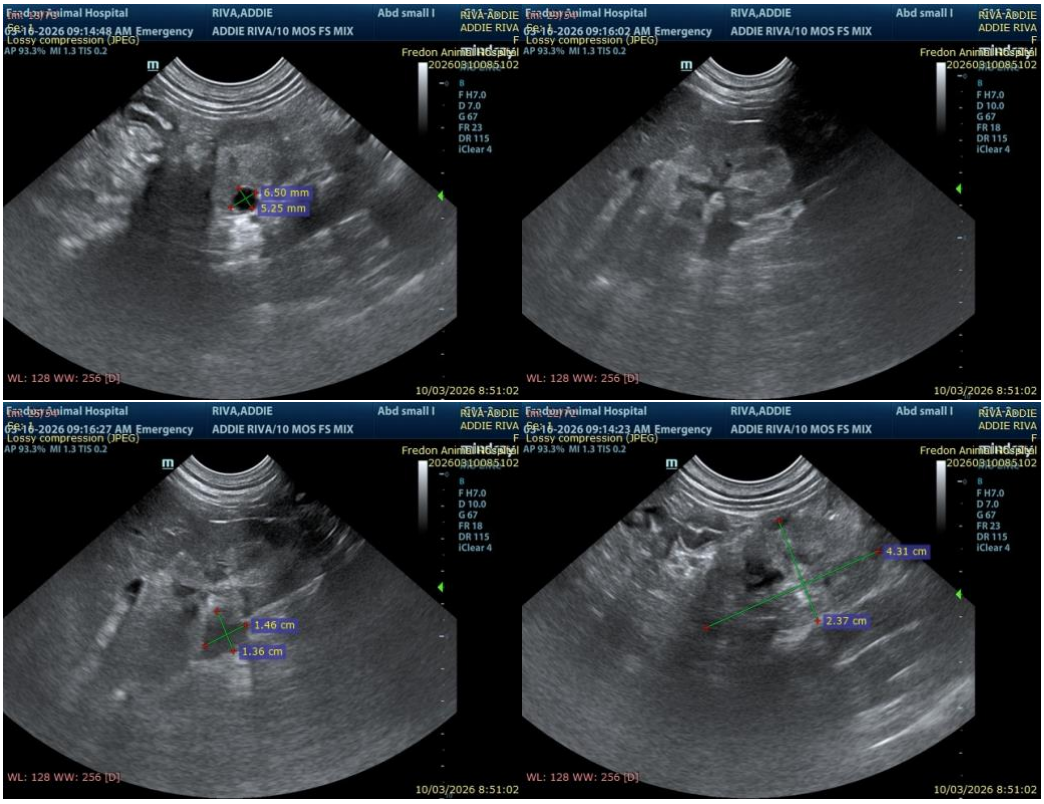

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

info@SonoPath.com