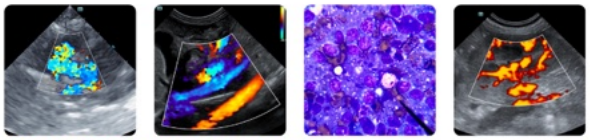


PATIENT

Gabby Cheung

SPECIES

Canine

BREED

Miniature Pinscher

SEX

Spayed female

AGE

9 years

WEIGHT

9.9 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Adrienne Hou

HOSPITAL NAME

Marina Village Veterinary & Integrative Care

REFERRING VET

Dr. Hou

INVOICE

73634

DATE

3/19/26

PRESENTING CLINICAL SIGNS

- Increased episodes of whining for the past few months. History of chronic bronchitis, cough managed on prednisone 5mg PO BID, PE: thoracic auscultation unremarkable, mm pink, slightly tacky, crt < 2 seconds
- Labs last month showed mild anemia (PCV=36%), hypertriglyceridemia, 4+ proteinuria with elevated UPC, UPC=3.2, BUN=53, creatinine=1, SDMA elevated=19.3. Fasted triglyceride levels, recheck CBC, pending. Blood pressure= 190 mmHg. Thoracic radiographs: - The study confirms a lower airway pattern consistent with bronchitis but is negative for evidence of bronchopneumonia, Mild right atrial enlargement, Moderate hepatomegaly, Transitional vertebrae with lumbosacral disc space narrowing/wedging.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder lumen is markedly distended, and the wall appears thin and smooth. The urine is anechoic. The bladder neck and proximal urethra have a normal appearance. There are no calculi and no sonographic evidence of inflammatory or neoplastic changes.

The left kidney measures 4.04×2.34 cm, with a cortical thickness of 0.43 cm. A few small cortical cysts (<2 mm) are present. The right kidney measures 4.16×2.55 cm, with a cortical thickness of 0.39 cm. The renal contour is mildly irregular. In both kidneys, the cortex is hyperechoic relative to the liver. The corticomedullary ratio is normal, and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

Adrenal glands

Both adrenal glands show normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane (maximum of two measurements): the left adrenal gland measures 0.30 cm at the cranial pole and 0.33 cm at the caudal pole. The right adrenal gland measures 0.35 cm at the cranial pole and 0.31 cm at the caudal pole.

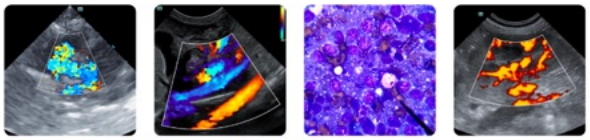
Spleen

Splenic thickness is 1.24 cm. The parenchyma is homogeneous with normal echogenicity. A small hypoechoic focus measuring 5.24×6.62 mm is identified. The splenic capsule is smooth and regular.

Liver

The liver appears increased in size, with sharp edges 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 lumen is moderately distended. The wall is thin, and the contents are predominantly anechoic with a very small amount of biliary sludge. No dilation of the cystic duct or common bile duct is observed.



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Gastrointestinal system

The stomach is empty and folded, with a wall thickness of 2.29 mm and preserved layering. Gastric folds within the body appear subjectively prominent, and the mucosa is mildly hyperechoic with a subtle edematous appearance.

Duodenum: 2.60 mm. Jejunum: 3.09–3.62 mm, with preserved wall layering. No signs of obstruction, ileus, or foreign material are identified.

Colon: Ascending colon 2.02 mm, empty and collapsed with normal layering. Descending colon 0.89 mm, with small amounts of formed feces.

Pancreas

The right pancreatic limb measures 8.04 mm. The pancreatic parenchyma is isoechoic relative to the surrounding omental fat. No evidence of active inflammation is identified.

Peritoneal cavity

There is no sonographic evidence of abdominal effusion, peritonitis, or lymphadenomegaly. The iliac trifurcation appears normal.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS

- Bilateral renal cortical hyperechogenicity with mild contour irregularity at the right kidney and small cortical cysts in the left kidney.
- Hepatomegaly.

SECONDARY FINDINGS

- Mild gastric mucosal changes (subjective)
- Small hypoechoic splenic nodule.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most clinically relevant findings in this patient are renal changes consistent with early chronic kidney disease and marked proteinuria, in combination with systemic hypertension. Although renal architecture is relatively preserved, the presence of bilateral cortical hyperechogenicity, mild contour irregularity, and small cortical cysts supports early structural renal change. In this context, the degree of proteinuria is most consistent with a glomerular process, which is not directly assessable by ultrasound.

The liver is enlarged with a homogeneous echotexture and normal echogenicity. In a patient receiving chronic prednisone, this appearance is most consistent with steroid-induced vacuolar hepatopathy, even in the absence of marked hyperechogenicity.

The adrenal glands are within normal limits in size and morphology; however, their relatively small size is compatible with chronic exogenous steroid administration and adrenal suppression.

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Gastric findings (mild mucosal hyperechogenicity and prominent folds) are subtle and nonspecific. These may reflect mild gastritis, which could be related to chronic steroid therapy, uremic irritation (less likely at this stage), or incidental change.

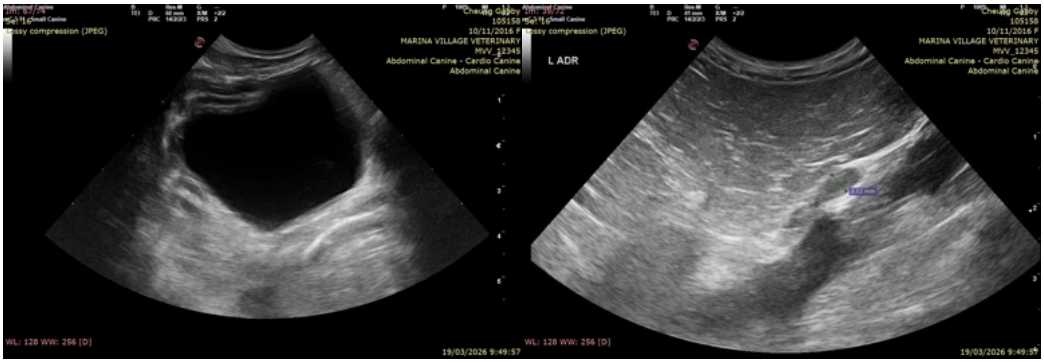
The spleen contains a small hypoechoic nodule, which is most consistent with a benign incidental lesion (nodular hyperplasia).

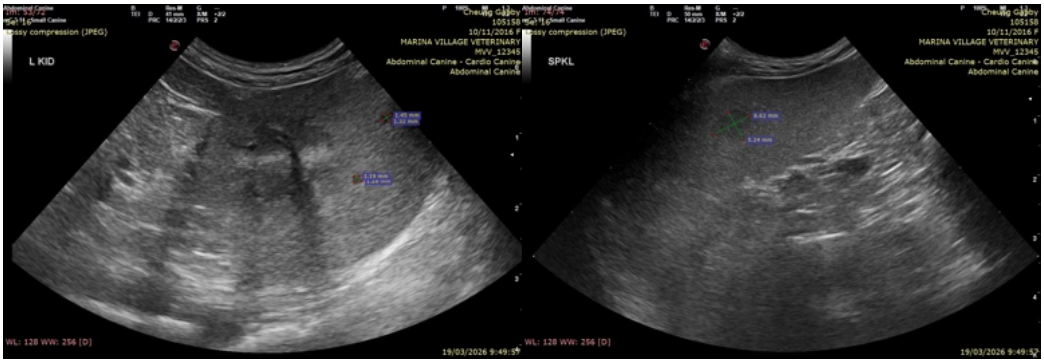
Recommendations

• Given marked proteinuria (UPC 3.2) and systemic hypertension, further evaluation and continued management of protein-losing nephropathy is strongly recommended, including blood pressure control, antiproteinuric therapy as indicated, and ongoing monitoring of renal function (SDMA, creatinine), urine specific gravity, and UPC.

• Gastric changes are mild and nonspecific; gastroprotective therapy may be considered if clinical signs are present.

Final diagnostic and therapeutic decisions should be made by the attending veterinarian, based on the complete clinical context.





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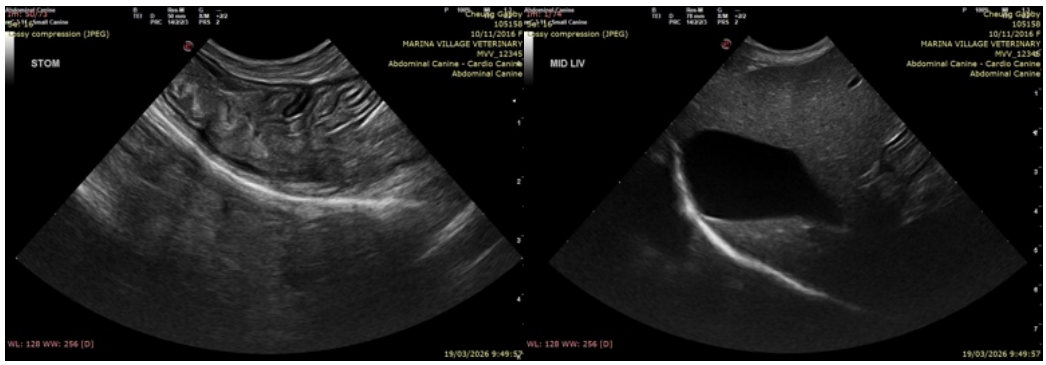

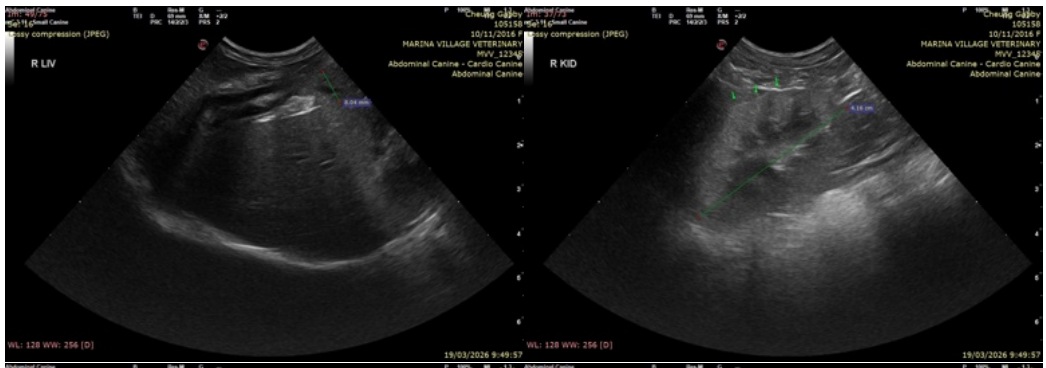

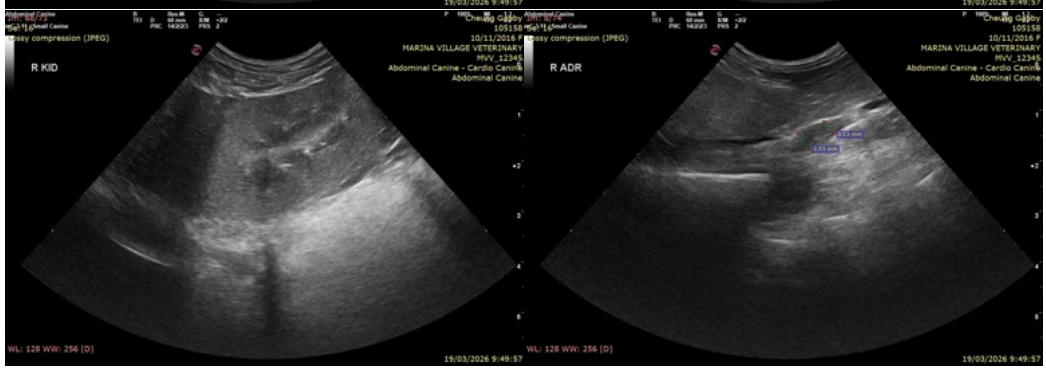

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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