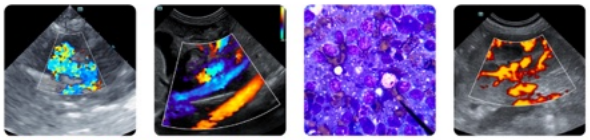


PATIENT

Chloe Mitchell

SPECIES

Canine

BREED

Chihuahua

SEX

Spayed female

AGE

15 years

WEIGHT

8 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Brittney Beigel, DVM

HOSPITAL NAME

Bayside Animal Medical Center

REFERRING VET

Dr. Sondra Oliver

INVOICE

73748

DATE

3/24/26

PRESENTING CLINICAL SIGNS

- Sedated w/ butorphanol (10mg/mL) 0.04mL IV prior to US scan
- Fasted for US scan
- chronic hematuria not responding to antibiotics
- small renolith observed on radiographs
- Rx'd amoxicillin 3 12 26
- Flexprofen (carprofen) 1 13 26
- determine cause of chronic hematuria

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. The bladder neck and proximal urethra are not visualized; therefore, evaluation for calculi in this region is better assessed radiographically. There are no intraluminal calculi identified and no evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size: 3.86×2.54 cm, and the thickness of the cortex is 0.44 cm in the sagittal plane. The cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. Two cortical cysts are present, measuring 0.42×0.54 cm and 0.69×0.77 cm. A few small nephroliths measuring approximately 1–3 mm are identified. There is no evidence of pyelectasia or hydronephrosis.

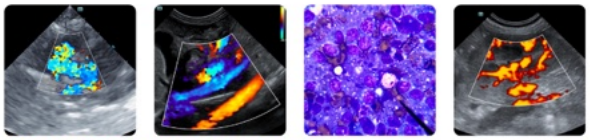
The right kidney is normal in shape and size: 3.63×2.04 cm; cortical thickness is not provided. The cortex is isoechoic compared to the liver parenchyma. A cortical cyst measuring 0.28×0.33 cm is present. The corticomedullary ratio is normal and corticomedullary definition is preserved. A few small nephroliths are identified. There is no evidence of pyelectasia or hydronephrosis.

Adrenal Glands

Both adrenal glands appear mildly enlarged with a globose shape. Dorsoventral diameters measured in the sagittal plane: the left adrenal gland measures 0.73 cm at both cranial and caudal poles. The right adrenal gland measures 0.75 cm at the caudal pole; cranial pole measurement is not provided.

Spleen

A hypoechoic splenic nodule is identified within the body of the spleen, measuring 1.78×2.13 cm (maximum measurements from two planes). The nodule is homogeneous, well-defined, and slightly protrudes beyond the splenic capsule. The remaining splenic parenchyma demonstrates normal echogenicity and fine homogeneous echotexture. The splenic capsule is otherwise smooth and regular.



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Liver

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

Gastrointestinal

The stomach is empty and folded with gas content, mural thickness (1.97 mm), and preserved wall layering.

Duodenum: 2.97 mm. Jejunum: 2.30 mm with normal wall layering. No evidence of inflammation, ileus, or foreign material is identified.

Colon: 0.68 cm, with formed feces in the descending segment.

Pancreas

The evaluated pancreatic regions show no evidence of overt inflammation or neoplastic disease.

Free Abdomen

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

PRIMARY FINDINGS

- Bilateral nephroliths (1–3 mm).
- Bilateral renal cortical cysts.
- Mild bilateral adrenal enlargement with globose shape.
- Solitary splenic nodule (1.78×2.13 cm).

SECONDARY FINDINGS

- Mild biliary sludge.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chronic hematuria in this patient is most consistent with urolith-associated urinary tract irritation, supported by the presence of bilateral nephroliths and prior identification of calcium oxalate crystalluria on urinalysis. Although no obstruction or hydronephrosis is identified, small renal calculi can

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still result in persistent microscopic or macroscopic hematuria.

The bladder appears unremarkable on ultrasound; however, the bladder neck and proximal urethra are not visualized, and therefore a distal urinary tract source (including urethroliths) cannot be excluded. Bilateral renal cortical cysts are identified and are considered incidental, age-related changes, with no current evidence of associated renal disease.

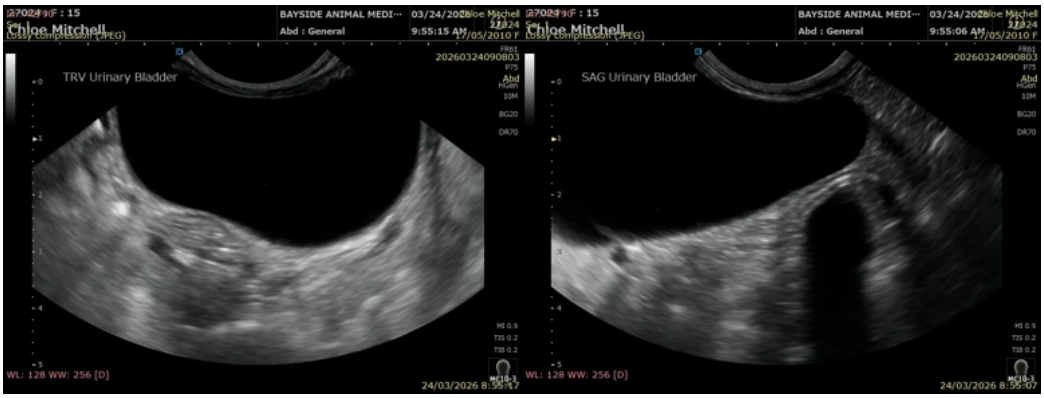
Both adrenal glands are mildly enlarged (up to approximately 0.73–0.75 cm). In a dog of this size, these measurements exceed typical reference values, raising the possibility of adrenal hyperplasia or early endocrinopathy (pituitary-dependent hyperadrenocorticism).

A well-defined hypoechoic splenic nodule is present. Given its size, shape, echogenicity and mild capsular protrusion, this is most consistent with nodular hyperplasia; however, early neoplasia cannot be excluded based on imaging alone.

Recommendations

- Correlate with radiographs for urethral/bladder neck calculi.
- Dietary and medical management for calcium oxalate urolithiasis.
- Periodic imaging follow-up.
- Fine-needle aspiration for cytologic evaluation of the splenic nodule and short-term ultrasound follow-up to assess stability.
- Adrenal glands: Correlate with clinical signs and consider endocrine testing (if indicated).

Final diagnostic and therapeutic decisions should be made by the attending veterinarian.



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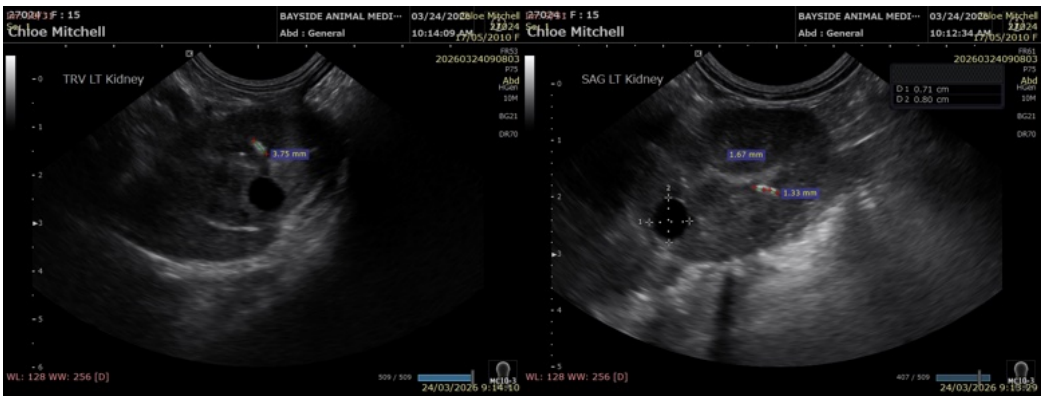

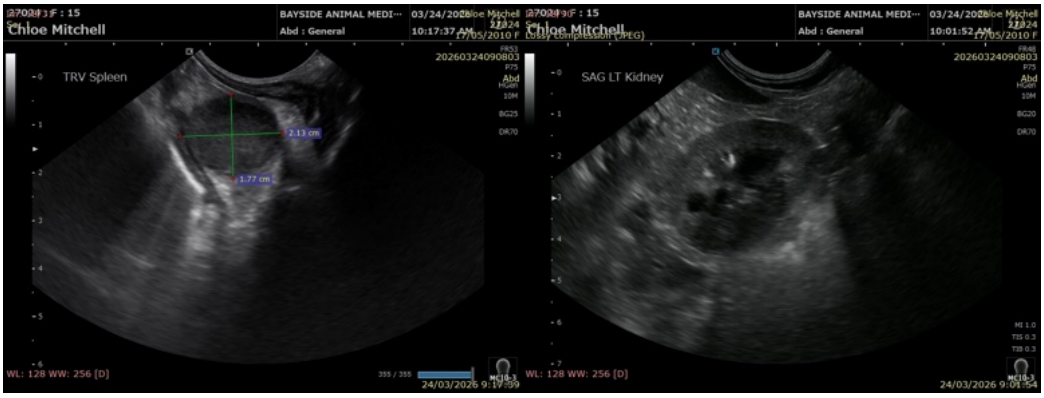

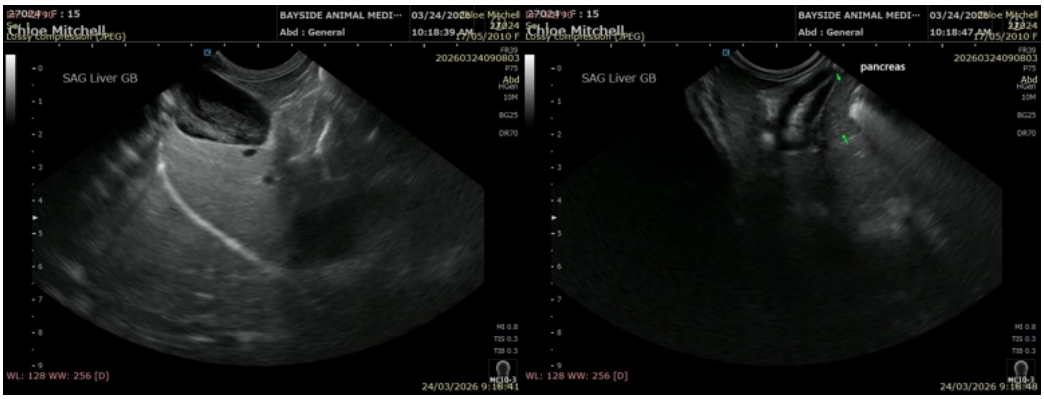

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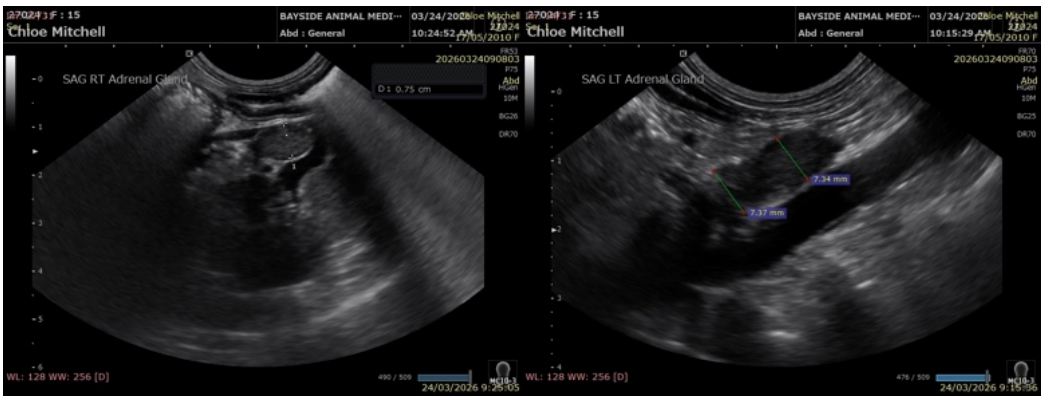

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

info@SonoPath.com