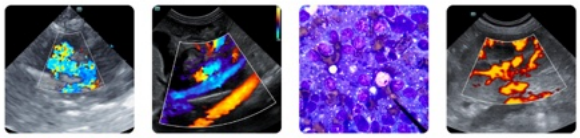


PATIENT

Ginger Henson

SPECIES

Guinea Pig

BREED

SEX

Intact female

AGE

5 years

WEIGHT

0.91 kg

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Loetitia Saint-Jacques LVT

HOSPITAL NAME

MountainView Animal

REFERRING VET

Dr. Landon

INVOICE

73869

DATE

3/26/26

PRESENTING CLINICAL SIGNS

- Hx bladder sludge since last august. Patient now squeaking and urinating blood. Patient was seen 1 month ago at another clinic and was treated with antibiotics, seemed to respond but symptoms returned.
- Relevant Medical History and Physical Exam Findings: on exam, mild blood around vulva, reaction to mid to caudal abdominal palpation. Patient eating and defecating in the hospital - weight stable from previous visits. No stones seen on ultrasound, concern for uterine/cervical enlargment on brief ultrasound for cysto. Concern for possible uterine disease
- LAB unable to get ua, to try to get ua today
- Current medications: meloxicam 0.5 mg/kg po bid

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is normally distended, with a mildly thickened wall measuring 2.25 mm, which remains smooth. The lumen contains a moderate amount of echogenic sediment consistent with urinary sludge. The bladder neck and proximal urethra have a normal appearance. No discrete calculi are identified.

The left kidney is normal in shape and size: 2.01×1.26 cm, with a cortical thickness of 0.29 cm in the sagittal plane.

The right kidney is normal in shape and size: 2.20×1.53 cm; cortical thickness is not recorded.

In both kidneys, the cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. Increased medullary echogenicity is present. There is no evidence of pyelectasia, hydronephrosis, nephrolithiasis, or perirenal inflammation.

Reproductive System

The uterine body measures 4.65 mm.

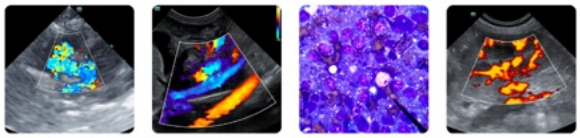
Two cervical structures are identified, measuring 5.01 mm and 5.12 mm, consistent with the normal bicornuate anatomy of guinea pigs.

The left ovary measures 7.64×4.12 mm and contains a small follicle measuring 1.89×2.37 mm.

The right ovary measures 1.11×0.56 cm in the provided image.

Adrenal Glands

Not confidently visualized.



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Spleen

Splenic thickness is 0.26 cm. The parenchyma demonstrates normal echogenicity and 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 looks uniform, with a normal echotexture. No hepatic lymphadenopathy is observed.

The gallbladder is normally distended, with a thin wall. A small polypoid structure is present, considered an incidental finding in this species. The contents are anechoic. No dilation of the cystic duct or common bile duct is observed.

Gastrointestinal

The stomach contains normal ingesta (not desiccated or impacted), with a mural thickness of 0.92 mm and preserved wall layering. The duodenum measures 0.77 mm, the jejunum 0.67 mm, and the cecum 0.47 mm, all with normal appearance and content. No evidence of tympany is observed.

Pancreas

The pancreas measures 2.73 mm in thickness and is isoechoic relative to the adjacent omental fat.

Free Abdomen

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

PRIMARY FINDINGS

- Moderate urinary bladder sludge.
- Mild urinary bladder wall thickening.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The urinary bladder contains a moderate amount of sludge with mild wall thickening (2.25 mm). In guinea pigs, sludge may be an incidental finding; however, in this case, given the presence of hematuria, dysuria, and pain on caudal abdominal palpation, these findings support clinically relevant lower urinary tract disease, most consistent with cystitis and/or irritation secondary to mineral sediment. No discrete uroliths are identified, although small calculi may be obscured by sediment.

The reproductive tract appears within expected limits for the species, with no ultrasonographic evidence of uterine enlargement, ovarian cysts or mass effect to account for the clinical signs. A primary

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reproductive cause for hematuria is therefore considered unlikely based on this study.

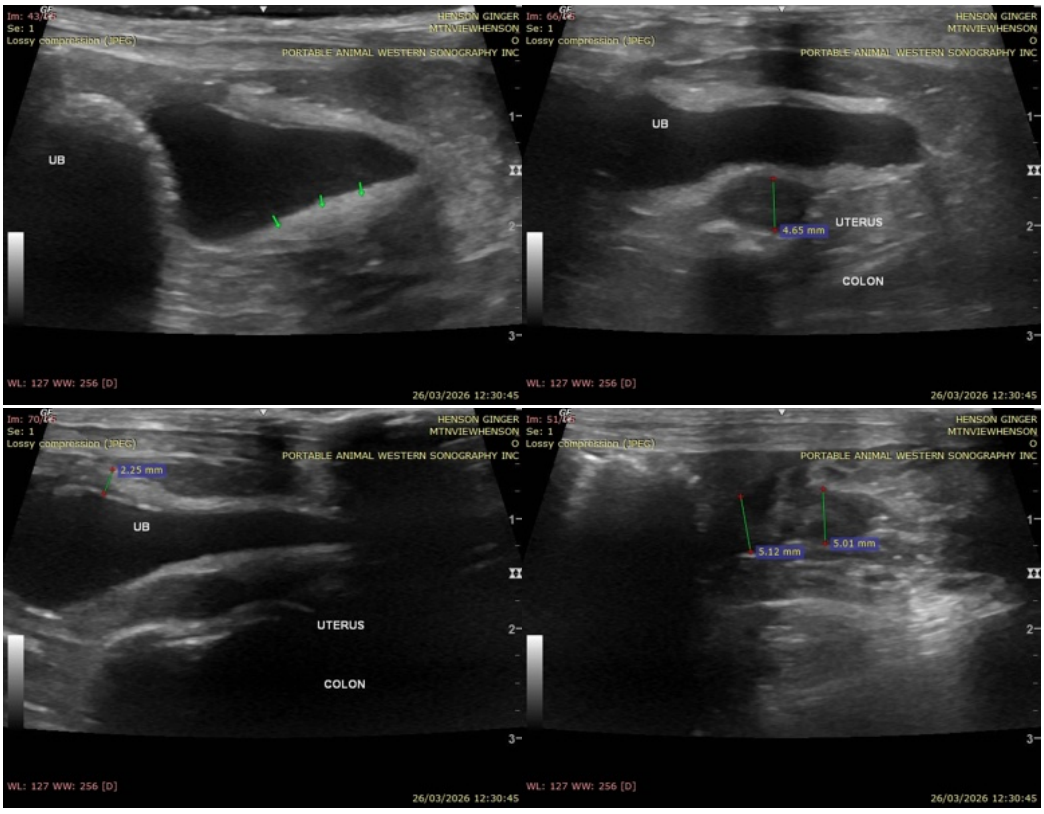
Renal findings are within normal limits for a guinea pig. The observed medullary mineralization is considered most consistent with physiologic mineral deposition, as commonly seen in this species, rather than structural renal disease.

Overall, imaging findings support a primary lower urinary tract process, with no evidence of upper urinary tract or reproductive tract involvement identified on ultrasound.

Recommendations

- Management should focus on dietary calcium reduction, increasing water intake, and promoting physical activity, as these are the most effective measures to reduce sediment accumulation.
- Repeat urinalysis and urine culture may be considered, particularly if clinical signs persist; however, recent antibiotic therapy may affect results, and current findings are more strongly supportive of mineral sediment–associated irritation rather than primary infection.
- Clinical follow-up is recommended to assess response to management. Repeat imaging may be considered if signs persist or worsen, to evaluate for development of uroliths.

Final diagnostic and therapeutic decisions should be made by the attending veterinarian, who can best integrate these findings with the patient's clinical status.



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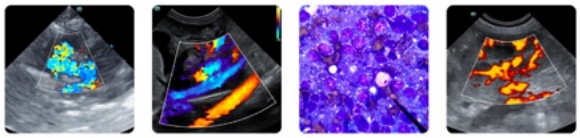

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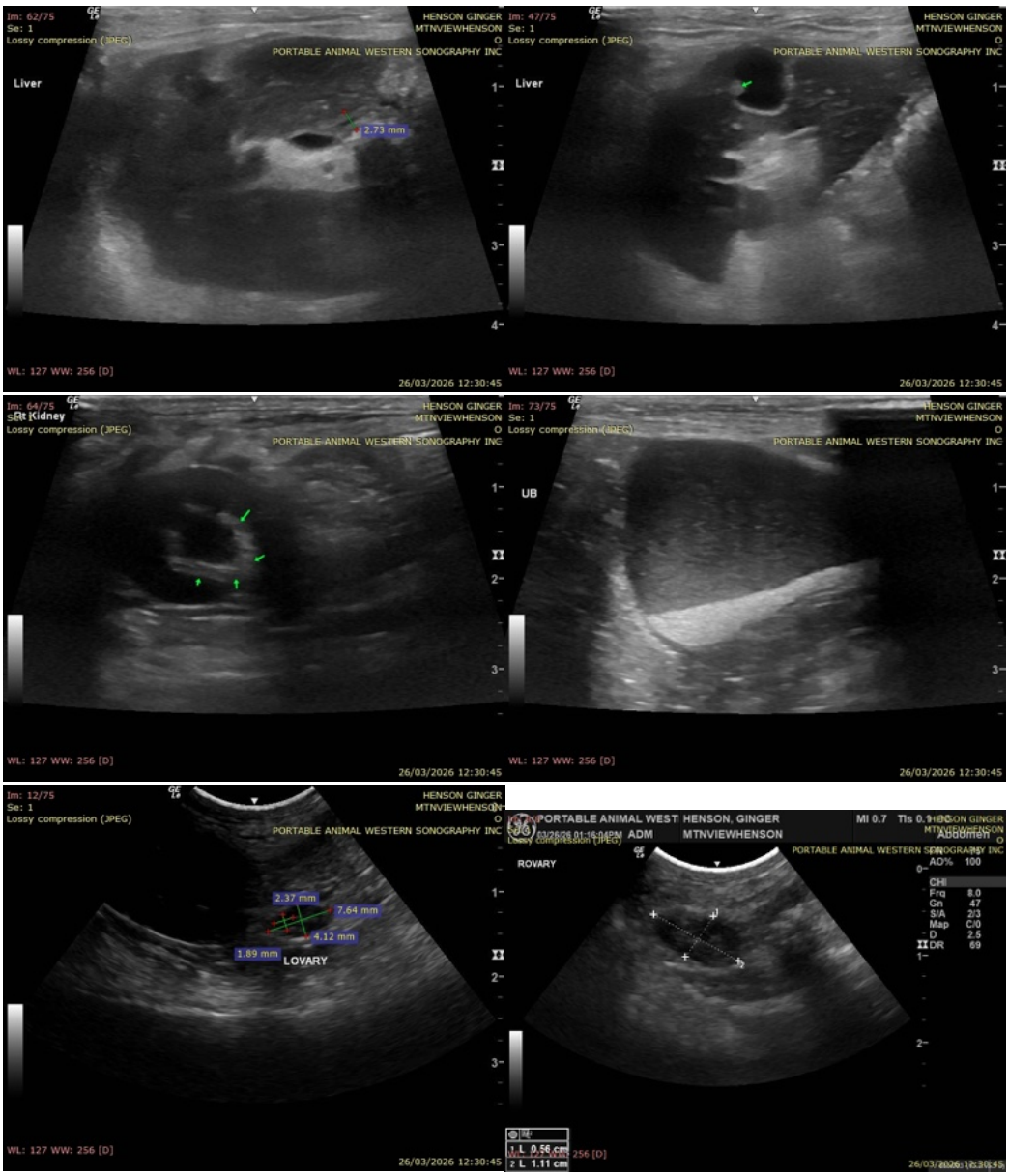

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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