



PATIENT

Reo Tocher

SPECIES

Canine

BREED

Jack Russell Mix

SEX

Spayed female

AGE

10 years

WEIGHT

9.2 lbs

INTERPRETED BY

Alicia Angosto
Guerrero, DMV,
PgDip, MSc.

IMAGING PERFORMED BY

Laura Field

HOSPITAL NAME

Westview VH

REFERRING VET

Dr. Field

INVOICE

73819

DATE

3/26/26

PRESENTING CLINICAL SIGNS

- Owner reported that Rio had been experiencing recurring symptoms over the past year, including loss of appetite, stomach discomfort, listlessness, and occasional diarrhea.
- Abnormal PE/Chem/CBC/UA Results: CBC WNL, except: LYM 0.97 (N 1.05-5.10) LOW Chemistry WNL, except: SDMA 44 (N 0-14) HIGH CREA 298 (N 44-159) HIGH UREA 30.0 (N 2.5-9.6) HIGH AMYL 2155 (N 500-1500) HIGH PL 499 (N 0-200) HIGH UA Analyzer - free catch, dark yellow, slightly cloudy sample USG 1.021 pH 6.5 LEU, GLU, KET, BIL negative PRO 500mg/dL BLD 250 Ery/uL UBG normal Sedivue Dx WBC 4/HPF RBC 3/HPF Bacteria & Crystals negative Epi squam/non-squam <1/HPF Casts Non-hyaline >1/LPF A) Pancreatitis with vomiting and diarrhea B) Kidney Disease IRIS stage 3 DDX: infection, inflammation, cysts, nephroliths, toxin

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is normally distended, with a thin and smooth wall. The urine is anechoic. The bladder neck and proximal urethra have a normal appearance. No calculi or evidence of inflammatory or neoplastic changes are identified.

The left kidney is normal in shape and size: 4.79×2.47 cm, with a cortical thickness of 0.48 cm in the sagittal plane. The cortex is hyperechoic compared to the liver parenchyma and contains several small cysts, the largest measuring 3×3.21 mm. The corticomedullary ratio is normal and corticomedullary definition is preserved. There is very mild pyelectasia. No nephroliths or hydronephrosis are identified. Color Doppler demonstrates a normal vascular pattern.

The right kidney is normal in shape and size: 5.10×2.82 cm. Cortical thickness is not recorded. The cortex is hyperechoic compared to the liver parenchyma and contains several small cysts, the largest measuring 3.5×4.21 mm. The corticomedullary ratio is normal and corticomedullary definition is preserved. There is very mild pyelectasia. No nephroliths or hydronephrosis are identified. Color Doppler demonstrates a normal vascular pattern.

Adrenal Glands

Both adrenal glands show normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane: The left adrenal gland measures 0.53 cm at the cranial pole and 0.57 cm at the caudal pole. The right adrenal gland measures 0.74 cm at the cranial pole and 0.76 cm at the caudal pole.

Spleen

Splenic thickness is 1.49 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is 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 homogeneous and isoechoic compared to the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is identified.

The gallbladder is markedly distended, with a thin wall. The lumen contains multiple choleliths. No dilation of the cystic duct or common bile duct is observed.

Gastrointestinal

The stomach is empty and folded, containing a small amount of fluid and moderate gas, with a mural thickness of 2.37 mm and preserved wall layering. The duodenum measures 4.05 mm. The jejunum measures 2.98–3.06 mm, with normal wall layering. No signs of inflammation, ileus, or foreign material are identified. The colon measures 1.19 mm, with formed feces in the descending segment.

Pancreas

The pancreas measures 8 mm in thickness. The parenchyma is isoechoic relative to the adjacent omental fat. No evidence of peripancreatic fat inflammation is identified.

Free Abdomen

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

PRIMARY FINDINGS

- Bilateral renal cortical hyperechogenicity with multiple small cortical cysts.
- Very mild bilateral pyelectasia.
- Markedly distended gallbladder with multiple choleliths.

SECONDARY FINDINGS

- Mild right adrenal enlargement.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Both kidneys show cortical hyperechogenicity with multiple small cysts, which is most consistent with chronic renal changes with acquired cystic degeneration, a finding commonly associated with age-related or chronic renal disease. The preserved corticomedullary definition and normal renal size suggest these changes are mild to moderate in severity. Mild pyelectasia is noted and is of uncertain clinical significance. While it can be seen in association with chronic renal changes, it is more commonly



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related to physiologic or transient factors (diuresis or bladder distension).

The right adrenal gland measures up to 0.76 cm, slightly exceeding typical reference values (<0.7 cm), indicating mild adrenal enlargement. In the absence of a mass effect and with a normal contralateral gland, this may represent asymmetric hyperplasia, although clinical correlation is required. This finding alone is not diagnostic of adrenal-dependent disease.

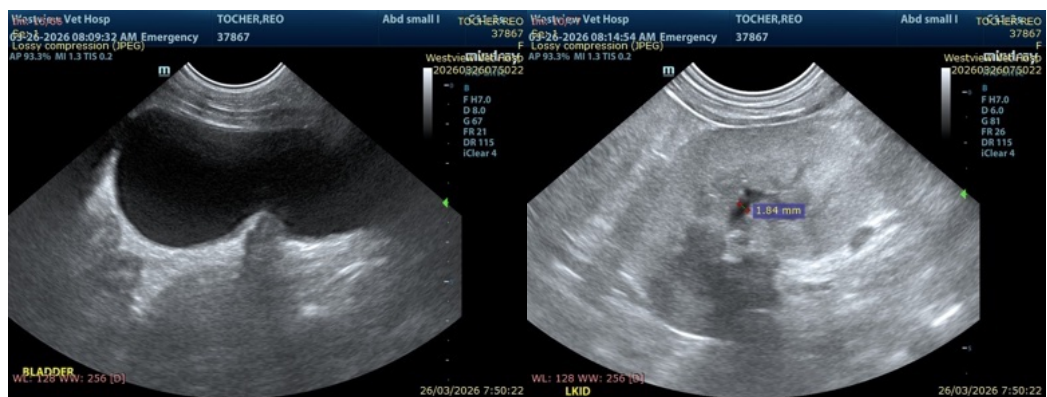
Several choleliths are present within a markedly distended gallbladder. In the absence of biliary duct dilation or wall thickening, this supports cholelithiasis without current evidence of obstruction. These may be incidental but can be associated with altered bile composition or chronic hepatobiliary changes. No ultrasonographic evidence of clinically significant gastrointestinal or pancreatic disease is identified.

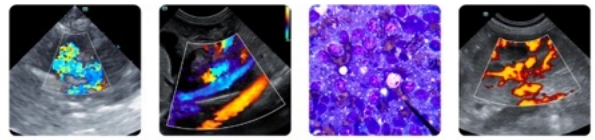
Overall, the main findings support chronic renal changes with cyst formation and incidental cholelithiasis, with mild adrenal asymmetry of uncertain clinical significance.

Recommendations

- Correlate renal findings with renal parameters, including blood pressure measurement and urine protein-to-creatinine ratio.
- Cholelithiasis can be monitored. Further evaluation is recommended only if clinical signs or biochemical abnormalities develop.
- Measurement of specific pancreatic lipase may be considered if there is clinical suspicion of pancreatic involvement.

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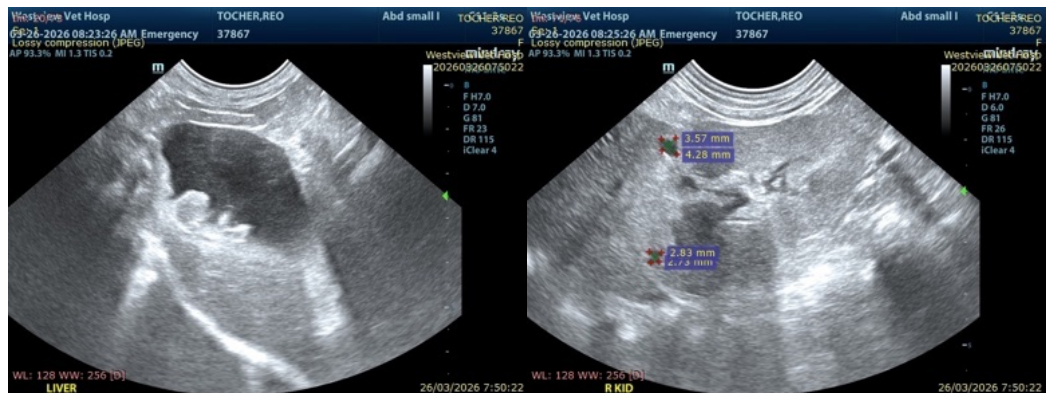
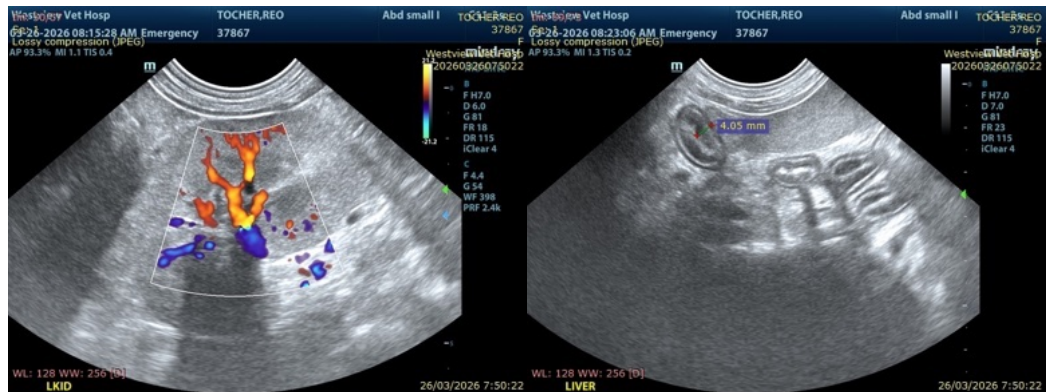
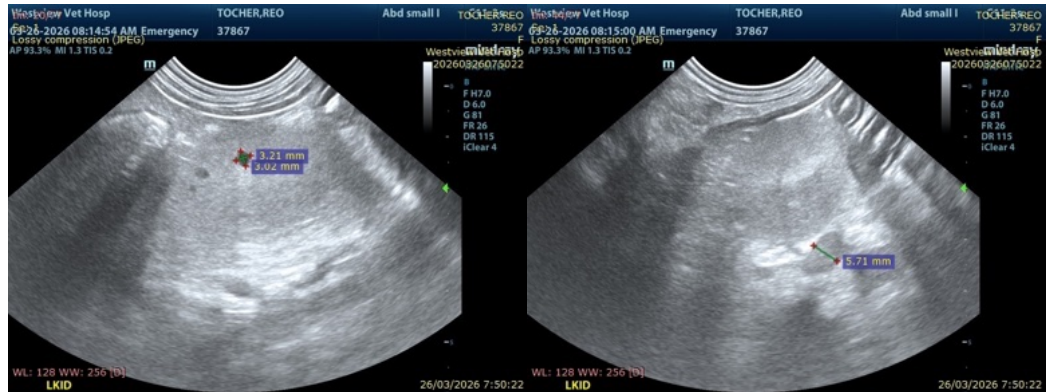
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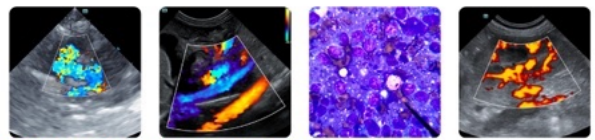
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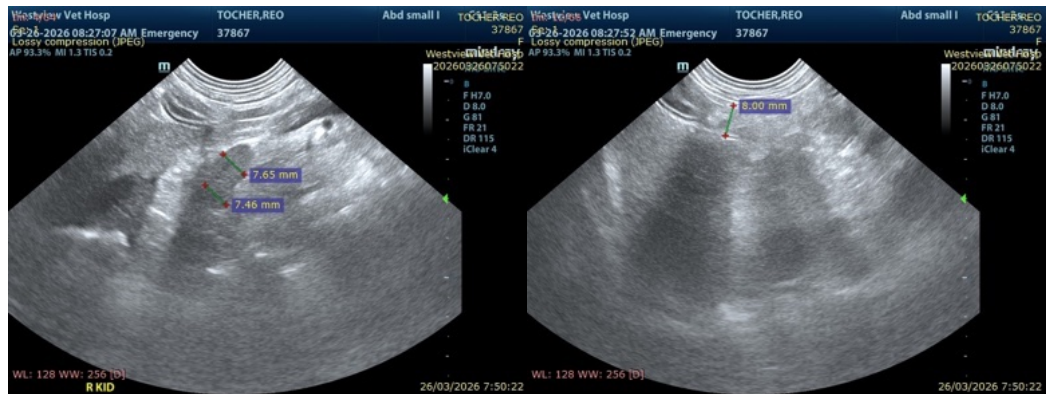
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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