



PATIENT

Lucky Thomas

SPECIES

Canine

BREED

Terrier Mix

SEX

Neutered male

AGE

11 years

WEIGHT

18.4 lbs

INTERPRETED BY

Alicia Angosto
Guerrero, DMV,
PgDip, MSc.

IMAGING PERFORMED BY

Alexis Cervantes

HOSPITAL NAME

TLC AH

REFERRING VET

Dr. Ramirez

INVOICE

73960

DATE

3/31/26

PRESENTING CLINICAL SIGNS

- P has a history of liver elevations and pancreatitis. P is on denamarin. Was having some bouts of vomiting and decreased energy recently. Normal pancreatitis test and mild elevation of ALT. Some potential kidney dysfunction
- Bloodwork on 3/27/26: Elevated ALT : 234 Glucose: 126 SG: 1.020 Na: K ratio: 27

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is normally distended with a thin, smooth wall. Urine is anechoic. Bladder neck and proximal urethra unremarkable. No calculi, inflammation, or neoplasia identified.

The left kidney is normal in shape and size: 4.64x2.51 cm, and the thickness of the cortex is 0.45 cm, in the sagittal plane. The cortical is isoechoic compared to liver parenchyma. The corticomedullary ratio is normal and the corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths or hydronephrosis.

The right kidney is normal in shape and size: 4.52x2.15 cm, and the thickness of the cortex is 0.45 cm, in the sagittal plane. The cortical is isoechoic compared to liver parenchyma. Two small cortical cysts measuring 1.59x1.66 mm and 1.29x2.88 mm. The corticomedullary ratio is normal and the corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths or hydronephrosis.

Adrenal Glands

Both adrenal glands show normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane: The left adrenal gland measures 0.41 cm at the cranial pole and 0.48 cm at the caudal pole. The right adrenal gland measures 0.48 cm at the cranial pole and 0.46 cm at the caudal pole.

Spleen

Splenic thickness is 1.30 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular. Splenic vasculature appears normal.

Liver

The liver is subjectively normal in size, with sharp edges and a regular contour. The liver parenchyma looks 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 anechoic. No evident dilation of the cystic duct or common bile duct is observed.



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Gastrointestinal

The stomach is empty and folded with gas pattern. Mural thickness is 2.48 mm, with preserved layering. Pylorus 6.12 mm. Duodenum 3.89 mm with normal layering. No inflammation, ileus, or foreign material. Transverse colon 1.29 mm (empty), descending 0.88 mm with normal fecal material.

Pancreas

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

Free Abdomen

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

PRIMARY FINDINGS

- Very small right renal cortical cysts.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The abdominal ultrasound is essentially normal with only incidental bilateral renal cortical cysts (small, simple, clinically insignificant). Liver parenchyma, gallbladder, and biliary tree demonstrate no ultrasonographic abnormality to explain the chronic ALT elevations or recent vomiting/lethargy despite history of hepatopathy/pancreatitis. Normal pancreas correlates with recent negative fPLI.

Mildly increased gastric/duodenal measurements reflect physiologic variation or small reactive changes rather than active inflammation.

USG 1.020 suggests early renal concentrating impairment, but kidneys are structurally normal aside from incidental cysts. Na:K ratio 27 warrants monitoring but remains nonspecific.

Chronic clinical signs with normal ultrasound indicate functional rather than structural disease.

Recommendations

- Continue Denamarin.
- Consider empiric antiemetic trial (Cerenia) and probiotic support.
- Monitor renal parameters (repeat UA, SDMA).

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



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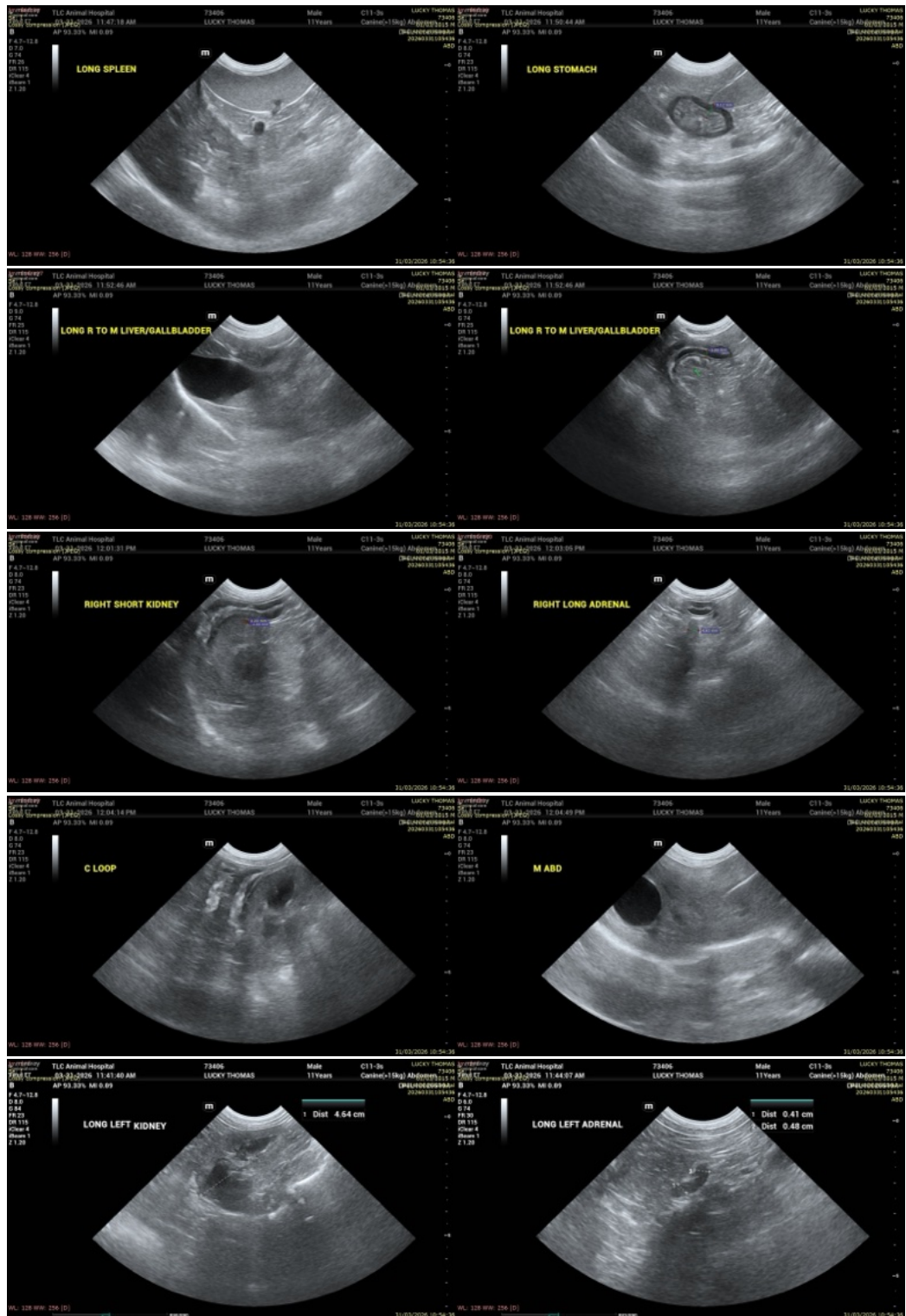
Dr. Ramirez

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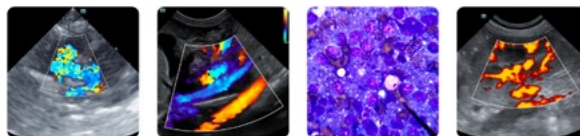
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The information and recommendations provided are based on the images presented by the



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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