



PATIENT

Dusty Clark

SPECIES

Canine

BREED

Pomeranian

SEX

Spayed Female

AGE

12 years

WEIGHT

4.2 kg

INTERPRETED BY

Dr. Alicia Angosto
Guerrero

IMAGING PERFORMED BY

Danielle RVT

HOSPITAL NAME

Orchard VC

REFERRING VET

Dr. Antonopoulos

INVOICE

72223

DATE

3/4/26

PRESENTING CLINICAL SIGNS

- Pu/Pd, accidents at home.
- History of ongoing GI issues, currently on ZD diet and been on tylosin for about 2.5 years
- Chem-SDMA-16(0-14), Creat-102(44-133), BUN-15(3.2-11), ALT-562(5-160) U/A-USG-1.027

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is normally distended and the bladder wall appears thin and smooth. The urine is anechoic. The bladder neck and proximal urethra have a normal ultrasonographic appearance. No calculi are identified and there is no evidence of inflammatory or neoplastic change.

The left kidney measures 2.69×1.86 cm, with a cortical thickness of 0.28 cm in the sagittal plane.

The right kidney measures 2.64×1.94 cm, with a cortical thickness of 0.27 cm in the sagittal plane.

In both kidneys, the renal cortex is isoechoic compared with the hepatic parenchyma. Corticomedullary distinction is mildly reduced. A mild medullary rim sign is present. No evidence of pyelectasia or hydronephrosis is identified. Several small hyperechoic foci without clear distal acoustic shadowing are observed within the calyceal region, most consistent with early nephrolithiasis or small mineral deposits. Color Doppler evaluation demonstrates a normal vascular pattern.

Adrenal Glands

Both adrenal glands show normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane represent the maximal values obtained from three measurements.

The left adrenal gland measures 0.43 cm at both the cranial and caudal poles.

The right adrenal gland was suboptimally visualized, with an approximate dorsoventral measurement of 0.32 cm.

Spleen

Splenic thickness is 1.02 cm. The splenic parenchyma demonstrates normal echogenicity and a fine homogeneous echotexture without focal abnormalities. The splenic capsule is smooth and regular.

Liver

The liver is subjectively normal in size with sharp margins and a regular contour. The hepatic parenchyma appears uniform and isoechoic relative to the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is identified.



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The gallbladder lumen is normally distended. The wall is thin and the contents are primarily anechoic. No dilation of the cystic duct or common bile duct is observed.

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Gastrointestinal

The stomach is empty and folded, with a mural thickness of 2.86 mm and preserved wall layering.

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The pylorus measures 4.47 mm and appears mildly distended with fluid within the lumen. The duodenum measures 2.57 mm with preserved wall layering. The jejunum measures 2.71 mm with preserved wall layering. The ileocecal junction measures 1.56 mm. No evidence of intestinal inflammation, ileus, or intraluminal foreign material is identified.

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The colon measures 0.81 mm, with formed fecal material present in the descending segment.

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Pancreas

The evaluated pancreatic regions do not show evidence of overt inflammatory change.

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Peritoneal Cavity

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There is no sonographic evidence of abdominal effusion, peritonitis, or abdominal lymphadenomegaly.

ULTRASONOGRAPHIC FINDINGS

- Mildly reduced renal corticomedullary distinction
- Mild medullary rim sign
- Small non-shadowing mineral foci within the renal collecting regions

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Mild renal structural changes are present, characterized by mild reduction in corticomedullary distinction and the presence of a mild medullary rim sign, together with small non-shadowing mineral foci within the renal collecting regions. These findings may represent early or mild chronic renal change and could be consistent with early chronic kidney disease or age-related renal degeneration, particularly in an older patient. The mild increase in SDMA and BUN, together with a urine specific gravity of 1.027, may support early renal dysfunction, although renal concentrating ability remains partially preserved.

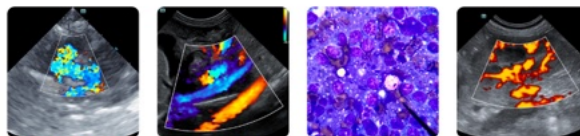
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The adrenal glands appear within expected size limits, with the left adrenal gland measuring 0.43 cm dorsoventrally, which is within the commonly accepted reference range (<0.55–0.60 cm) for dogs of this size. No sonographic evidence of adrenal enlargement is identified, making hyperadrenocorticism less likely based on imaging alone, although ultrasound cannot definitively exclude endocrine disease.



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The liver and gallbladder appear sonographically unremarkable, despite the marked elevation in ALT. Ultrasonographically normal hepatic architecture does not exclude hepatocellular disease, and the biochemical findings may represent hepatocellular injury without significant structural change detectable by ultrasound. The marked elevation in ALT, in the absence of significant ultrasonographic hepatic abnormalities, suggests early hepatocellular disease. Potential causes include inflammatory hepatopathy, vacuolar hepatopathy, or drug-associated hepatopathy.

The gastrointestinal tract appears structurally normal, with preserved mural layering and normal wall thickness throughout the evaluated segments. Mild fluid distension of the pylorus, in the absence of clinical signs of gastric outflow obstruction, is most likely physiologic or transient.

Recommendations

- Monitoring of renal parameters (SDMA, creatinine, BUN) and urine specific gravity is recommended to evaluate for progression of early renal disease.
- Given the marked elevation in ALT, further hepatobiliary evaluation may be considered, including repeat biochemical testing, bile acids testing, or additional hepatic diagnostics if clinically indicated.
- Final diagnostic and therapeutic decisions should be made by the attending veterinarian, integrating these imaging findings with the complete clinical and laboratory picture.

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

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