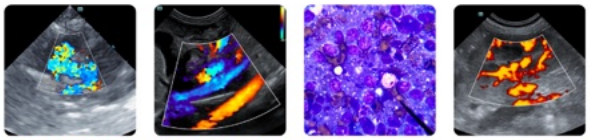


PATIENT

Franky Greenstein

SPECIES

Canine

BREED

Australian Cattle Dog

SEX

Neutered male

AGE

7 ½ years

WEIGHT

42 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Adrienne Hou

HOSPITAL NAME

Marina Village Veterinary & Integrative Care

REFERRING VET

Dr. Hou

INVOICE

72314

DATE

3/6/26

PRESENTING CLINICAL SIGNS

- Pet is doing well at home, no PUPD, active. History of repeatable slightly decreased urine specific gravity on first morning urine.
- Feb 2026: SDMA normal, USG=1.024 Jan 2026: Mild increase SDMA=15.4, creatinine=1.3, USG=1.013, First morning USG=1.027 April 2025 USG=1.035

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder lumen is moderately distended, and the wall of the urinary bladder appears thin and smooth. The urine is anechoic. The bladder neck and proximal urethra appear normal. No calculi are identified, and there is no ultrasonographic evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size, measuring 5.41×3.03 cm, with cortical thickness measuring 0.53 cm in the sagittal plane.

The right kidney is normal in shape and size, measuring 5.17×2.90 cm.

The renal cortex is isoechoic relative to the liver parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. Mild hyperechogenicity of the outer medulla is observed. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

Adrenal Glands

Both adrenal glands demonstrate normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane show the cranial pole of the left adrenal gland not clearly visualized due to acoustic shadowing from fecal material within the colon, while the caudal pole measures 0.70 cm.

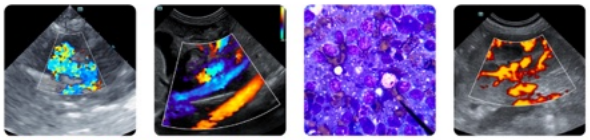
The right adrenal gland measures 0.67 cm at the cranial pole and 0.70 cm at the caudal pole.

Spleen

Splenic thickness measures 1.93 cm. The splenic margins appear mildly rounded, which may be associated with sedation. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal abnormalities. The splenic capsule is smooth and regular, and the splenic vasculature appears normal.

Liver

The liver is subjectively normal in size, with sharp edges and a regular contour. The hepatic parenchyma appears uniform and isoechoic relative to the falciform fat with 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 with a small amount of biliary sludge. No dilation of the cystic duct or common bile duct is identified.

Gastrointestinal

The stomach is empty and folded with preserved wall layering. The pylorus measures 4.16 mm.

The duodenum measures 4.48 mm.

The jejunum measures 3.47–3.65 mm.

The ileum measures 2.38 mm.

Wall layering is preserved throughout the evaluated small intestinal segments. No ultrasonographic evidence of intestinal inflammation, ileus, obstruction, or foreign material is identified.

The ascending colon appears empty and collapsed. The transverse colon measures 0.98 mm, and the descending colon 1 mm, with formed fecal material present within the lumen.

Pancreas

The evaluated pancreatic regions do not show ultrasonographic evidence of inflammation or focal pancreatic lesions.

Peritoneal Cavity

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

ULTRASONOGRAPHIC FINDINGS

- Mild hyperechogenicity of the outer renal medulla.
- Mild biliary sludge.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Renal size, architecture, corticomedullary definition, and cortical echogenicity appear within normal ultrasonographic limits. A mild increase in echogenicity of the outer medulla is noted. This finding is nonspecific and may be seen in a variety of conditions, including physiologic variation, early tubular changes, or medullary solute alterations. The current findings do not provide imaging evidence of clinically significant renal disease.

Intermittent decreases in urine specific gravity may occur in otherwise healthy dogs and may be influenced by physiologic factors such as variations in hydration status or transient renal medullary solute washout.

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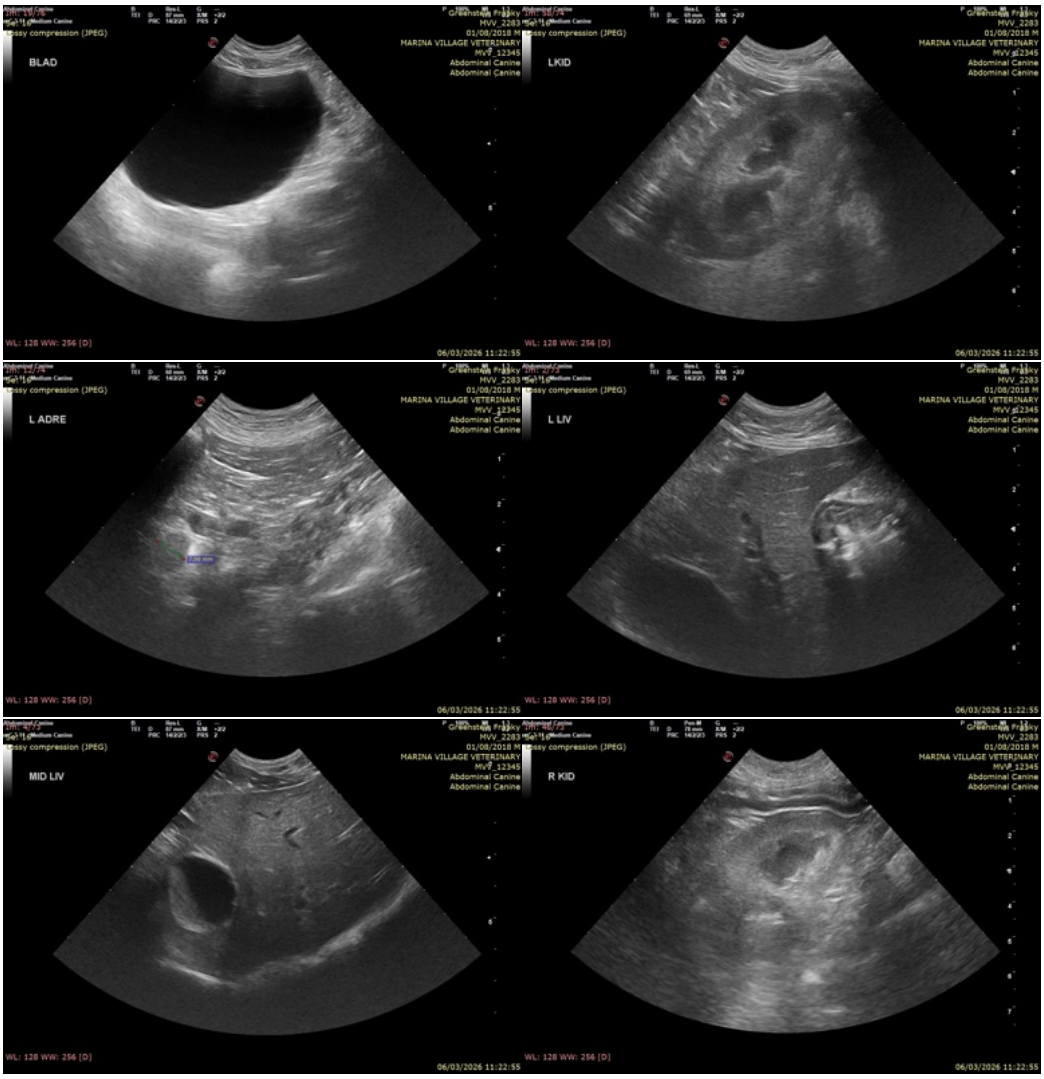
Both adrenal glands measure within the upper range of reported reference values but maintain normal morphology and echogenicity, with no ultrasonographic evidence of adrenal enlargement disease. The liver and ALP appear normal, and no imaging findings are identified to support hyperadrenocorticism at this moment.

Recommendations

• Continued periodic monitoring of renal parameters and urine specific gravity may be considered, particularly with first-morning urine samples, to better assess renal concentrating ability.

• Correlation with the pending UPC and urine culture results.



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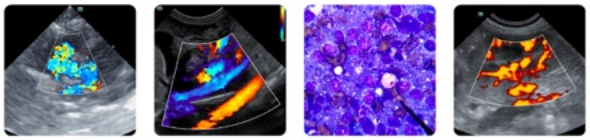

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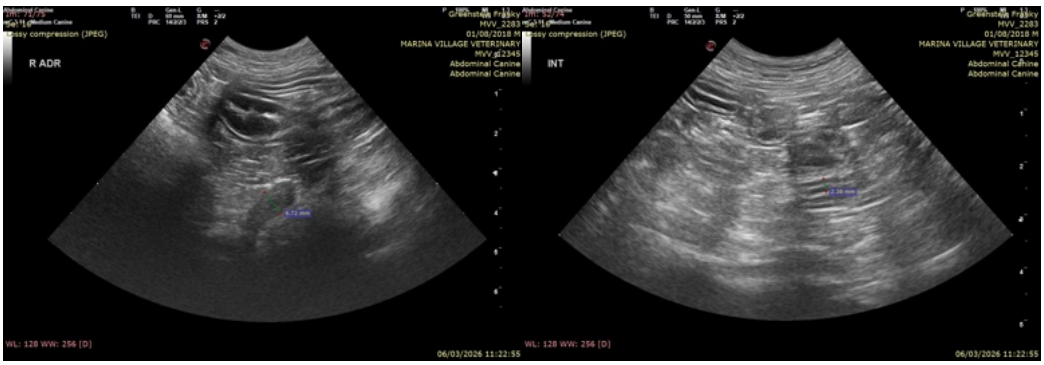

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

MV Esp Ultrasound in Domestic and Wild Animals

info@SonoPath.com