



## PATIENT

Demi Brodie

## SPECIES

Canine

## BREED

Skye Terrier

## SEX

Spayed female

## AGE

9 years

## WEIGHT

31.8 lbs

## INTERPRETED BY

Alicia Angosto  
Guerrero, DMV,  
PgDip, MSc.

## IMAGING PERFORMED BY

Gail Schmieder

## HOSPITAL NAME

Slade VH

## REFERRING VET

Dr. Schmieder

## INVOICE

74021

## DATE

4/1/26

## PRESENTING CLINICAL SIGNS

- Ultrasound by SonoPath done back in June 2025. Routine annual ultrasound per owner request no health issues.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder is normally distended. The bladder wall is thin, smooth, and regular. The luminal contents are anechoic. Normal appearance of the bladder neck and proximal urethra. No evidence of urolithiasis or inflammatory or proliferative changes is identified.

The left kidney is normal in shape and size, measuring 5.79×3.12 cm in the sagittal plane. Cortical thickness is 0.43 cm. The cortex is mildly hyperechoic compared to the hepatic parenchyma. A few small cortical cysts are present, the largest measuring 2.41×2.93 mm. The corticomedullary ratio is within normal limits, and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler demonstrates a normal vascular pattern.

The right kidney is normal in shape and size, measuring 5.49×2.93 cm in the sagittal plane. Cortical thickness was not obtained. The cortex is mildly hyperechoic compared to the hepatic parenchyma. A few small cortical cysts are present, the largest measuring 2.98×3.90 mm. The corticomedullary ratio is within normal limits, and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. 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 0.42 cm at the cranial pole and 0.48 cm at the caudal pole. The right adrenal gland measures 0.56 cm at the cranial pole and 0.47 cm at the caudal pole.

### *Spleen*

Splenic thickness is 2.01 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 primarily 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 a wall thickness of 1.94 mm and preserved layering. Duodenum: 3.90 mm.

Jejunum: 3.16 mm, with preserved wall layering. No evidence of inflammation, ileus, or foreign material is identified.

Colon: 1.33–1.86 mm, containing formed feces in the descending segment.

## *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

- Mild bilateral renal cortical hyperechogenicity.
- Small bilateral renal cortical cysts.

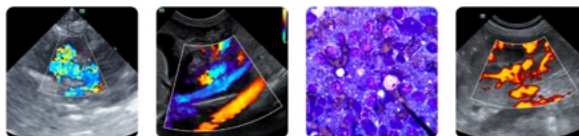
## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Renal size is within expected limits for a dog of this body weight, cortical thickness is appropriate and corticomedullary definition is preserved, which argues against advanced chronic kidney disease. Mild cortical hyperechogenicity is a common, nonspecific finding in older dogs, often associated with early or subclinical degenerative change or incidental variation. The small cortical cysts (all <4 mm) are consistent with incidental renal cystic change, which is frequently age-related and of no clinical significance when isolated.

## Recommendations

- Correlate with renal parameters (creatinine, SDMA, urinalysis). Findings are very mild and likely incidental but should be interpreted alongside laboratory data.
- Routine follow-up (annual recheck or earlier if clinical signs develop).

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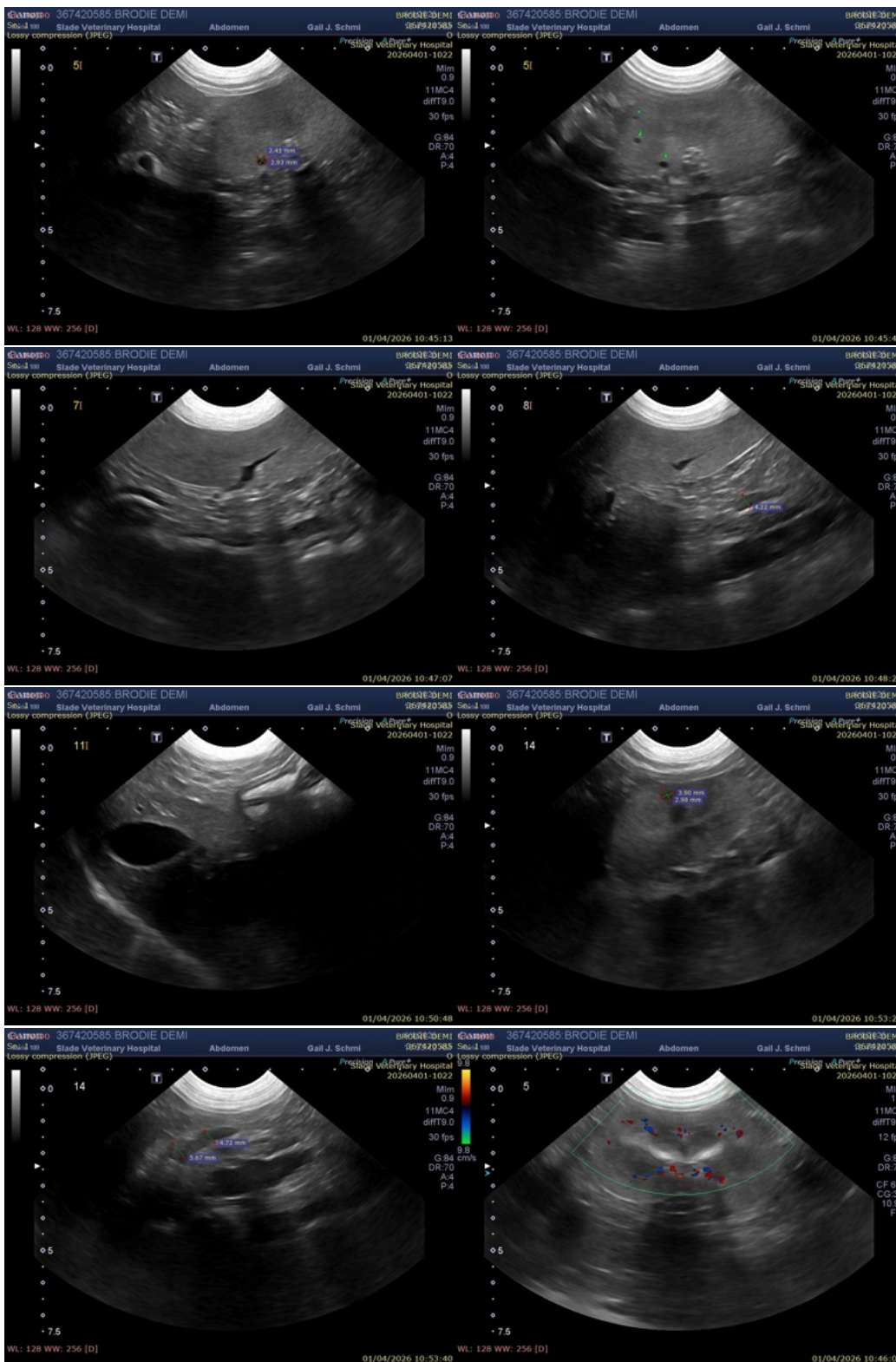
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.**

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