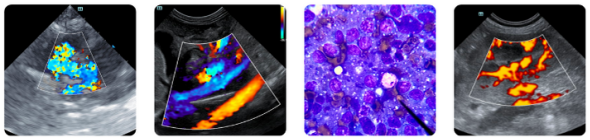


PATIENT

Nux Biddle

SPECIES

Canine

BREED

Boxer

SEX

Neutered male

AGE

9 years

WEIGHT

35.2 kg

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Dr. Corbeil

HOSPITAL NAME

Cochrane AC

REFERRING VET

Corbeil

INVOICE

74833

DATE

4/24/26

PRESENTING CLINICAL SIGNS

History: Abdominal ultrasound for part of workup of mild elevation urine protein:creatinine ratio of 0.7. Prior history: Multiple skin masses that occasionally fill with blood and rupture.
09-21-2024 - urinating larger volumes, occ urination during sleeping.
Grade 1/6 heart murmur as puppy with reportedly normal echo. No murmur readily audible today.
May 2023 - One kidney value was elevated, went to specialty hospital in May/June and had a full workup and everything was normal. A Cushing's test was recommended - negative LDDST for cushings
03-01-2026 Urine Protein: Creatinine Ratio 0.7 rr 0- 0.2 Specific Gravity 1.023 Urine Protein 1.0 g/L White Blood Cells <1 /HPF Red Blood Cells <1 /HPF No bacteria, no crystals 10-25-2025 - normal renal values Creatinine 87 µmol/L rr 44- 159 Urea (BUN) 5.0 mmol/L rr 2.5- 9.6 10-10-2024 low dose dexamethasone suppression (LDDS) test in this dog does not support a diagnosis of hyperadrenocorticism.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is normally distended. The bladder wall is thin and smooth. The luminal contents are anechoic. The bladder neck and proximal urethra appear normal. No uroliths or ultrasonographic evidence of inflammatory or proliferative/neoplastic changes are identified.

The left kidney measures 7.03 × 3.68 cm, with a cortical thickness of 0.78 cm in the sagittal plane. The right kidney measures 7.05 × 4.05 cm, with a cortical thickness of 0.70 cm. A small cortical cyst measuring approximately 2.7 mm is noted in the right kidney. Both kidneys are normal in size and shape for a dog of this size. The cortex is isoechoic relative to the liver. The corticomedullary ratio is preserved, and corticomedullary definition is maintained. There is mild increased echogenicity of the outer medulla, a nonspecific finding. No pyelectasia, nephrolithiasis, or hydronephrosis is identified. Doppler color demonstrates a normal vascular pattern bilaterally.

Adrenal Glands

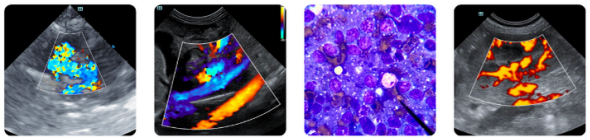
Dorsoventral diameters measured in the sagittal plane: The left adrenal gland measures 0.75 cm at the cranial pole and 0.79 cm at the caudal pole. The right adrenal gland is not confidently visualized.

Spleen

Splenic thickness is 2.49 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.

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.



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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.

Gastrointestinal

The stomach is empty and folded, with a mural thickness of approximately 3.19 mm and preserved wall layering (within normal limits). Duodenum: 3.54 mm. Jejunum: 3.48–3.84 mm. Wall layering is preserved throughout. No ultrasonographic evidence of inflammation, ileus, or foreign material is identified. The colon measures approximately 1.04 mm, within normal limits, with formed feces present.

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 is normal.

PRIMARY FINDINGS

- Mild increased echogenicity of the outer renal medulla.
- Small right renal cortical cyst.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This is a largely unremarkable abdominal ultrasound, with no significant structural abnormalities identified to explain the patient's proteinuria. Both kidneys are normal in size, shape, and architecture, with only mild increased echogenicity of the outer medulla, which is a nonspecific finding and may be seen in early or subclinical renal changes, but is not diagnostic of a specific disease.

The small right renal cortical cyst is considered an incidental finding with no expected clinical significance.

Importantly, the absence of ultrasonographic abnormalities does not exclude underlying renal disease, particularly glomerular disease, which is a common cause of proteinuria and is typically not detectable on imaging.

Overall, the findings are most consistent with early or functional renal disease not associated with structural changes, with glomerular disease remaining a primary consideration in the context of persistent proteinuria.

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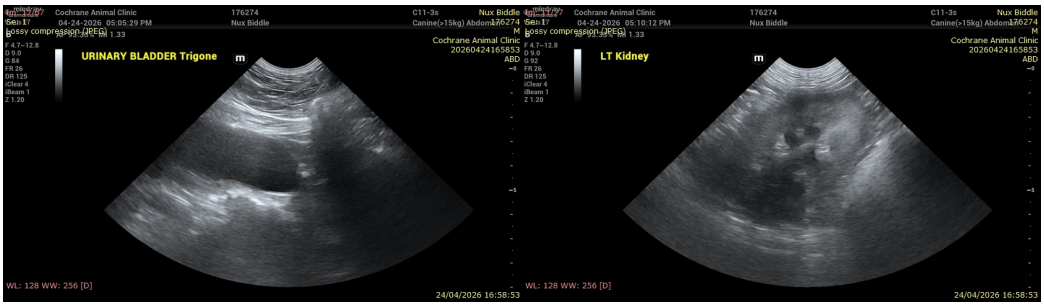
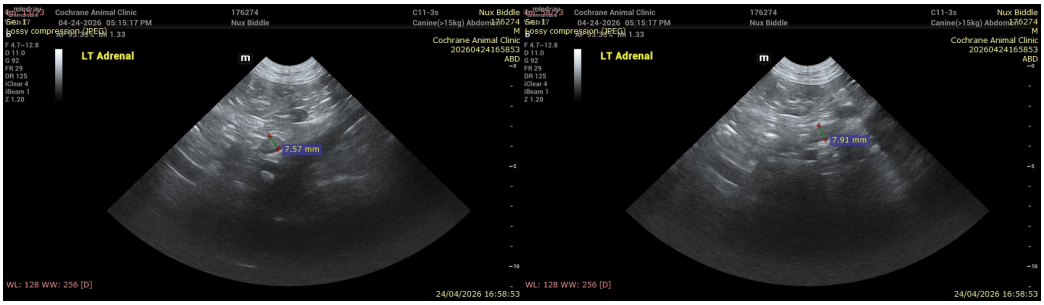
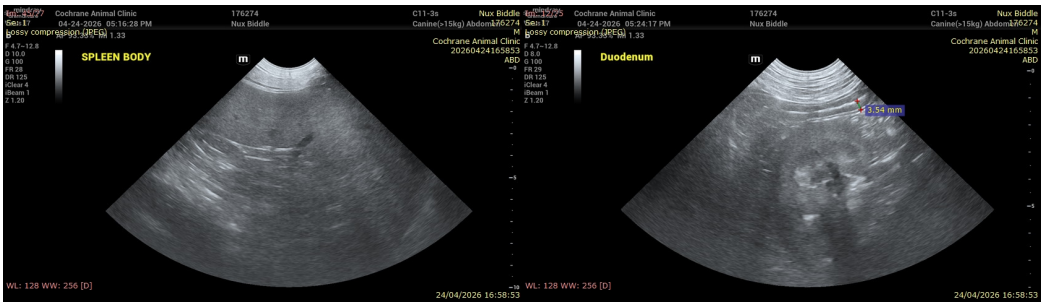
Recommendations

- Correlation with repeat urine protein:creatinine ratio (UPC) is recommended to confirm persistence.
- Blood pressure measurement is strongly recommended.
- Serial monitoring of renal parameters (including SDMA) is advised.
- If proteinuria persists, consideration of antiproteinuric therapy (ACE inhibitor or ARB) may be warranted based on clinical judgment.

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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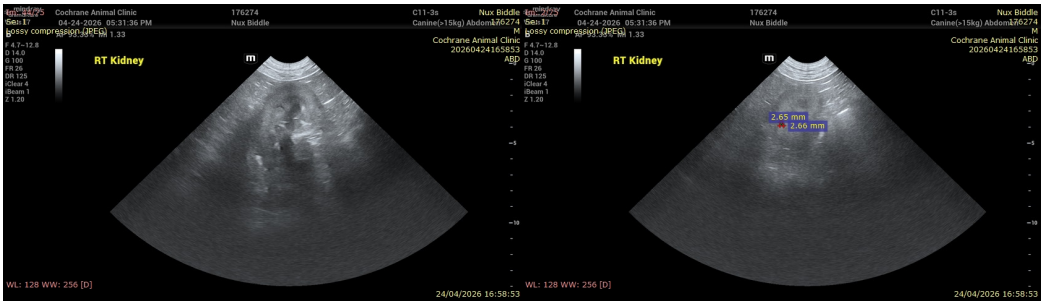

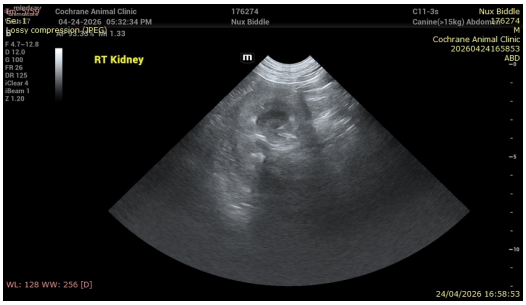

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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