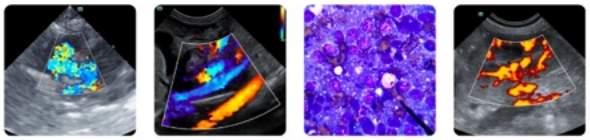


PATIENT

Mina Swindler

SPECIES

Canine

BREED

Shih Tzu Mix

SEX

Spayed female

AGE

15 years

WEIGHT

18.12 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Christina Wagner

HOSPITAL NAME

Angeles Clinic for Animals

REFERRING VET

Dr. Wagner

INVOICE

74889

DATE

4/27/26

PRESENTING CLINICAL SIGNS

History: IMHA/ITP 3 weeks following DAP-L and rabies vaccination. Improved since starting prednisone 15 mg q 24 hours; treatment started 4/21. Owner reported hematuria on 4/23 and 4/24 but has not continued.
Hx IRIS stage 2 CKD
Most recent CBC --HCT 43%; lowest was 35%; her normal is 55% --Platelets now 130-150k; low of 33k; Creat 2.2, BUN 29 Coombs positive 1:512 Rads after starting pred - hepatomegaly, splenomegaly

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is normally distended, with a thin and smooth wall. The urine is turbid with suspended echogenic material. The bladder neck and proximal urethra appear normal. There are no calculi and no ultrasonographic evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size, measuring 4.94×2.54 cm, with a cortical thickness of 0.49 cm in the sagittal plane. The cortex is isoechoic relative to the liver. A small cortical cyst measuring 3.19×3.67 mm is present. The corticomedullary ratio is within normal limits and corticomedullary definition is preserved. Mild pyelectasia measuring 3.46 mm is noted. No nephrolithiasis or hydronephrosis is identified. Color Doppler demonstrates a normal vascular pattern.

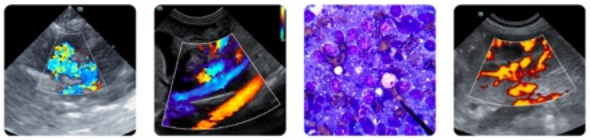
The right kidney is normal in shape and size, measuring 5.07×2.53 cm, with a cortical thickness of 0.44 cm in the sagittal plane. The cortex is isoechoic relative to the liver. A small cortical cyst measuring 3.7×4.3 mm is present. The corticomedullary ratio is within normal limits and corticomedullary definition is preserved. Mild pyelectasia measuring 1.94 mm is noted. No nephrolithiasis or hydronephrosis is identified. Color Doppler demonstrates a normal vascular pattern.

Adrenal Glands

Both adrenal glands have a rounded (globose) shape. Dorsoventral diameters measured in the sagittal plane: The left adrenal gland measures 0.72 cm at the cranial pole and 0.66 cm at the caudal pole. The right adrenal gland measures 0.83 cm at the cranial pole and 0.90 cm at the caudal pole.

Spleen

Splenic thickness is 1.30 cm, with mildly rounded margins. The parenchyma demonstrates normal echogenicity with a mildly coarse echotexture, without focal lesions. The splenic capsule is smooth and regular. Splenic vasculature appears normal.



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Liver

The liver is subjectively enlarged, with rounded margins and a regular contour. The hepatic parenchyma is homogeneous and isoechoic relative to the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is identified.

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 contains a small amount of ingesta, with a mural thickness of 2.40 mm and preserved wall layering. Duodenum measures 4.24 mm. Other intestinal segments were incompletely evaluated; however, wall layering appears preserved where visualized. No ultrasonographic evidence of obstruction, ileus, or foreign material is identified. The colon contains formed feces.

Pancreas

The pancreas measures approximately 9.04 mm in thickness. The parenchyma is isoechoic relative to the surrounding omental fat. No peripancreatic fat hyperechogenicity or free fluid is identified.

Free Abdomen

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

PRIMARY FINDINGS

- Hepatomegaly with rounded margins
- Mild splenomegaly with coarse echotexture
- Mild bilateral adrenal enlargement with rounded shape

SECONDARY FINDINGS

- Bilateral mild pyelectasia (left 3.46 mm, right 1.94 mm)
- Small bilateral renal cortical cysts (incidental)
- Turbid urine with suspended echoes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The predominant findings are hepatomegaly and mild splenomegaly, with otherwise homogeneous parenchymal architecture. In the context of recent corticosteroid therapy, these findings are most consistent with steroid-induced hepatopathy and mild splenic enlargement, both of which are well-recognized effects of exogenous glucocorticoids and can develop within a short time frame. However, both adrenal glands are enlarged and rounded, with the right adrenal gland measuring up to 0.90 cm in dorsoventral thickness. In dogs, adrenal thickness >0.7–0.8 cm is generally considered

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enlarged depending on body size. In this case, the bilateral, symmetric enlargement with preserved shape is most consistent with ACTH-driven adrenal stimulation; correlation with the clinical context is recommended.

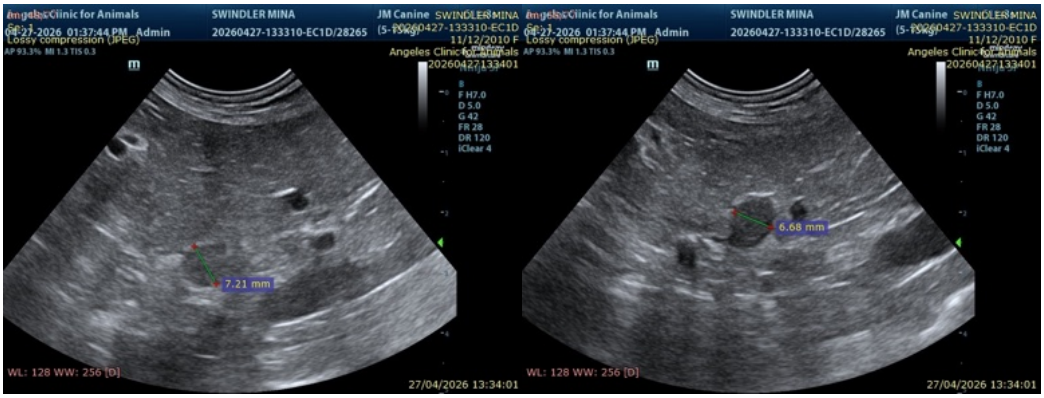
The kidneys are structurally preserved, with normal corticomedullary definition. The mild bilateral pyelectasia (particularly 3.46 mm on the left) may be functional (hydration status, diuresis) rather than obstructive, as there is no ureteral dilation or hydronephrosis. Small cortical cysts are incidental and common in older dogs.

The urinary bladder contains turbid urine with suspended echoes, which may represent hematuria, cellular debris, or inflammatory sediment, consistent with the recent history of transient hematuria. No mass, wall thickening, or calculi are identified, making a primary structural bladder lesion unlikely.

Recommendations

- Urinalysis ± urine culture to further characterize sediment and rule out urinary tract infection, given the presence of turbid urine and recent hematuria.
- Monitor renal parameters and hydration status, as mild pyelectasia may be functional but should be followed in a CKD patient.
- Consider endocrine testing if clinical signs suggest hyperadrenocorticism.
- Monitor liver enzymes.

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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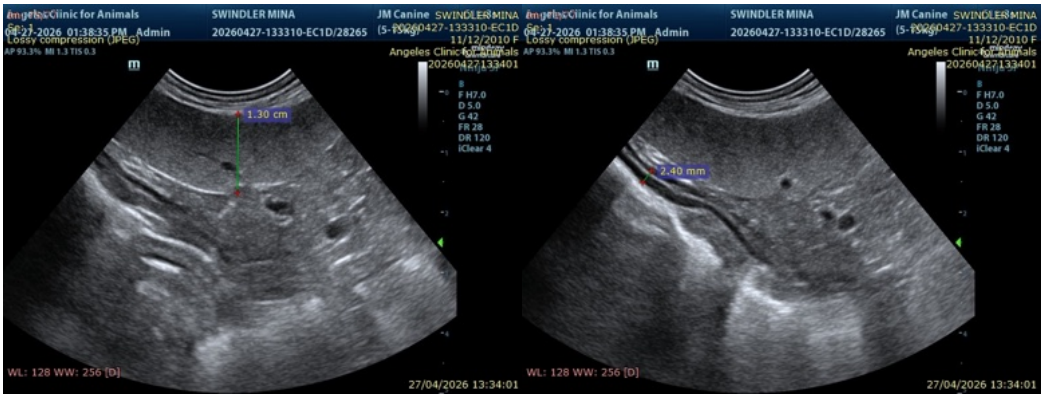

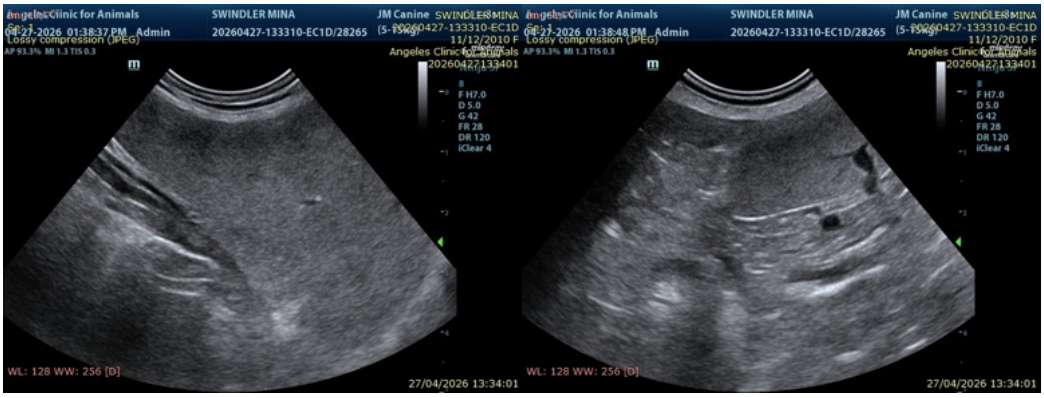

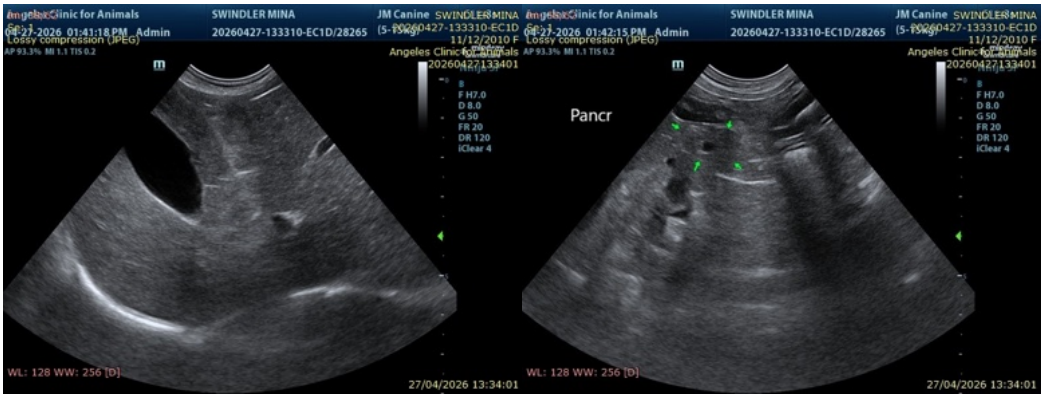

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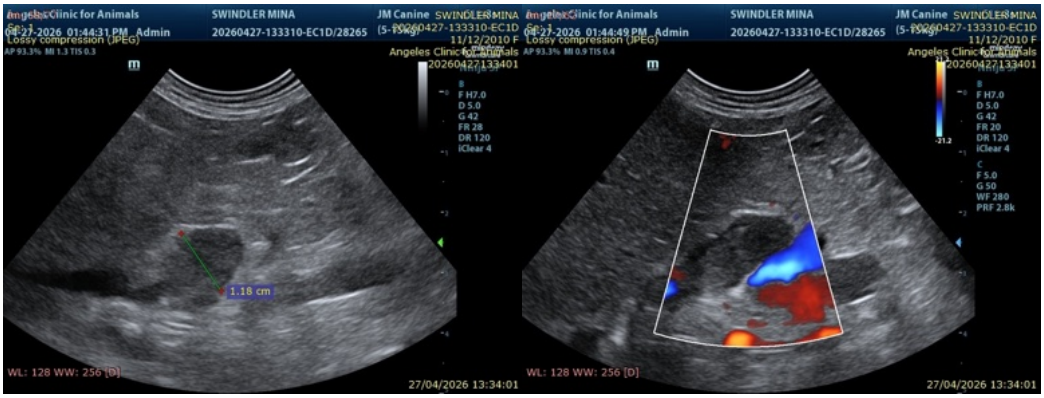

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

info@SonoPath.com