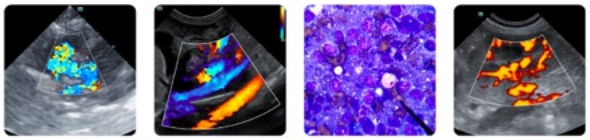


PATIENT

Ben Podgurski

SPECIES

Canine

BREED

Mix

SEX

Male

AGE

4 years

WEIGHT

56.4 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Daphne Flessas

HOSPITAL NAME

Millis AH

REFERRING VET

Dr. Flessas

INVOICE

75327

DATE

5/11/26

PRESENTING CLINICAL SIGNS

History: Healthy pet
Has had proteinuria which has resolved, not symptomatic

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is normally distended. The urinary bladder wall appears mildly thickened and mildly irregular along the cranial pole, measuring up to 6.83 mm in thickness. The urine is predominantly anechoic with scant suspended echoes. Normal appearance of the bladder neck and proximal urethra. No calculi are identified.

The left kidney is normal in shape and size, measuring 5.80×3.12 cm, with a cortical thickness of 0.77 cm in the sagittal plane. The right kidney is incompletely measured on the provided images/videos; however, the visualized portions appear normal in architecture. The renal cortices are isoechoic compared to the hepatic parenchyma. The corticomedullary ratio and corticomedullary definition are preserved bilaterally. No evidence of pyelectasia, nephrolithiasis, or hydronephrosis is identified.

Adrenal Glands

Both adrenal glands show normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane: The left adrenal gland measures 0.53 cm at the cranial pole and 0.57 cm at the caudal pole. The right adrenal gland measures 0.59 cm at the cranial pole and 0.58 cm at the caudal pole.

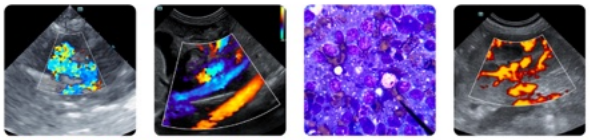
Spleen

Splenic thickness is 1.31 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.

The gallbladder demonstrates ultrasonographic changes suggestive of mucosal hyperplasia/chronic mucosal gland hyperplasia, with a moderate amount of biliary sludge. The common bile duct is not dilated.



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Gastrointestinal Tract

The stomach contains a small amount of ingesta, with mural thickness measuring 3.61 mm and preserved wall layering. The pylorus measures 6.45 mm. The duodenum measures 4.18 mm. The jejunum measures 2.75 mm in thickness, with preserved wall layering. No ultrasonographic evidence of gastrointestinal inflammation, ileus, or foreign material is identified. The colon measures 0.86 mm in thickness and contains formed fecal material within the descending segment.

Pancreas

The evaluated pancreatic regions 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

- Focal cranial urinary bladder wall thickening/irregularity.
- Gallbladder mucosal hyperplasia with moderate biliary sludge.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The ultrasonographic examination demonstrates mild focal thickening and irregularity of the cranial urinary bladder wall. In the absence of visible calculi or marked diffuse cystitis-type changes, the appearance is nonspecific and may reflect mild focal chronic inflammatory change, or reactive mural change. Given the reportedly resolved proteinuria and absence of structural renal abnormalities, a transient lower urinary tract inflammatory process or previous active urinary sediment could have contributed to the prior proteinuria.

No ultrasonographic evidence of structural renal disease, obstructive nephropathy, or pyelonephritis is identified. The kidneys appear structurally within normal limits on the current study.

The gallbladder changes are most compatible with chronic mucosal hyperplasia/chronic cholecystic change accompanied by moderate biliary sludge. No ultrasonographic evidence of mature gallbladder mucocele, biliary obstruction, or clinically significant hepatobiliary inflammatory disease is identified. However, the degree of gallbladder change is somewhat notable for a relatively young dog and may reflect chronic biliary stasis or early chronic cholecystic disease.

Recommendations

- Correlation with repeat urinalysis, UPC ratio, urine sediment evaluation, and urine culture results is recommended if not recently performed.
- Choleretic/hepatobiliary supportive therapy (such as ursodeoxycholic acid) may be considered

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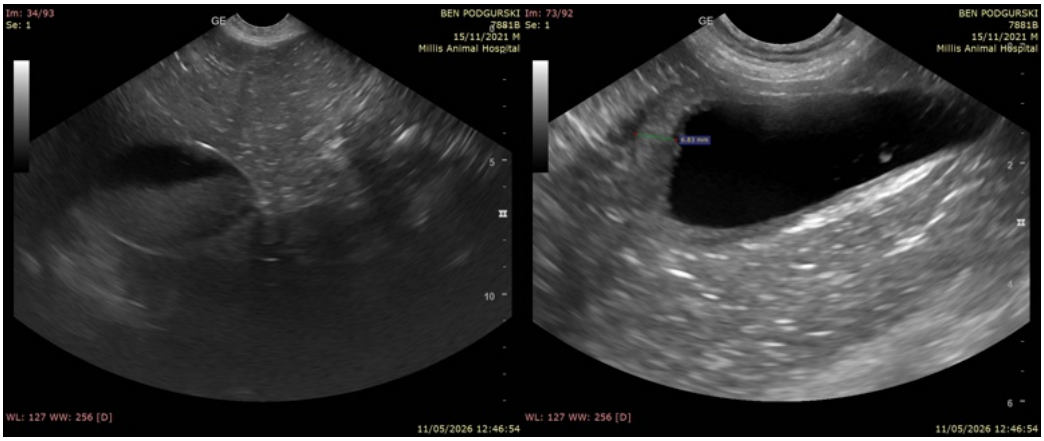
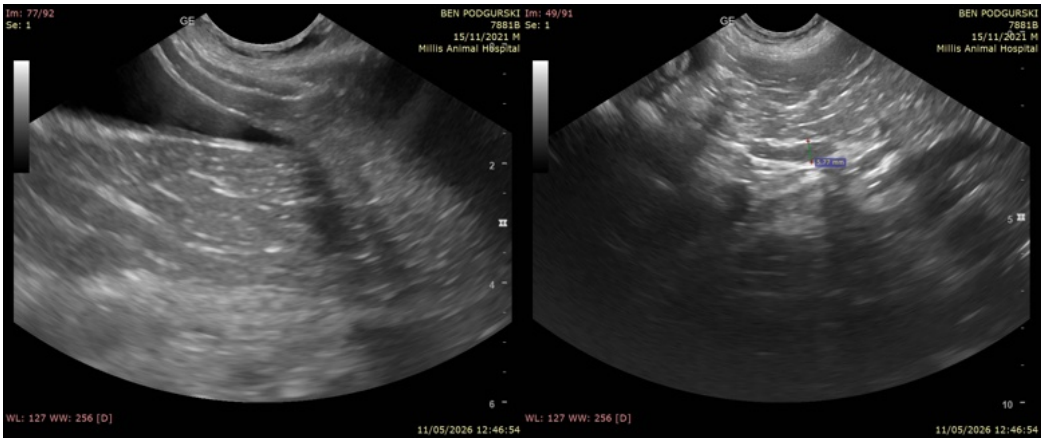
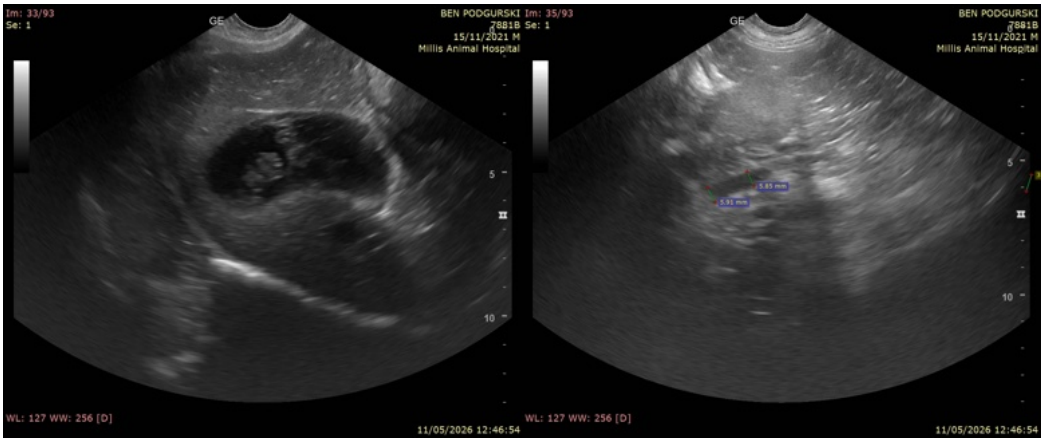
clinically given the degree of biliary sludge and chronic gallbladder change.

- Monitor the gallbladder ultrasonographically over time.

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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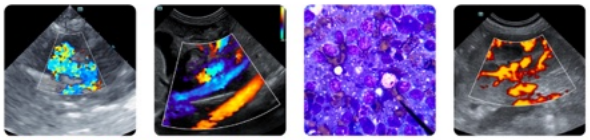

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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