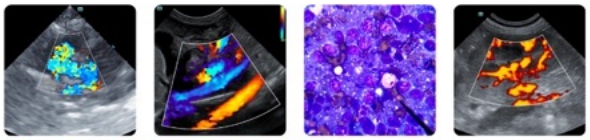


PATIENT

Henry Thompson

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Male

AGE

12 years

WEIGHT

19 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Dr. Amy Caughlin

HOSPITAL NAME

Animal Care Center VC

REFERRING VET

Dr. Caughlin

INVOICE

75397

DATE

5/12/26

PRESENTING CLINICAL SIGNS

History: 2/25/26: Senior Profile- CBC: nsf / Chem: SDMA 17, Cystatin B 140, Glob 4.4, Alb:Glob 0.6, ALT 212 / UA- pH 5.5
TTO regarding labwork (overall looks good, mild ALT elevation, Mild SDMA (17) and cystatin B elevation (140), and USG (1.044). Recommend move forward with dental as planned due to severity of dental dz. Recheck bw in 3-4 months.
COHAT with 36 extraction preformed 3/5/26
Recheck labs 5/5/26: Senior Profile- CBC nsf/ IDEXX SDMA a 22; BUN 33; IDEXX Cystatin B (Urine) b 186;ALT 314/ UA pH 5.0; RBC 20-30
Recommended abd U/S as next step

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is normally distended, and the wall of the urinary bladder appears thin and smooth. The urine is anechoic. Normal appearance of the bladder neck and proximal urethra. No calculi are identified, and there is no ultrasonographic evidence of inflammatory or neoplastic change.

The left kidney is normal in shape and size, measuring 4.30×2.13 cm, with a cortical thickness of 0.30 cm in the sagittal plane. The right kidney is normal in shape and size, measuring 4.29×2.15 cm, with a cortical thickness of 0.38 cm in the sagittal plane. Both kidneys demonstrate cortical echogenicity similar to the hepatic parenchyma. The corticomedullary ratio and corticomedullary definition are preserved bilaterally. No evidence of pyelectasia, nephrolithiasis, or hydronephrosis is identified. Color Doppler demonstrates a normal vascular pattern.

Adrenal Glands

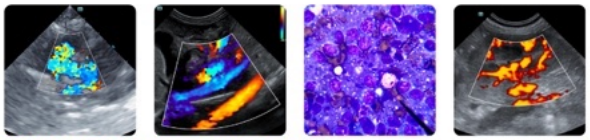
Both adrenal glands show normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane: The left adrenal gland measures 0.48 cm at the cranial pole and 0.45 cm at the caudal pole. The right adrenal gland measures 0.61 cm at the cranial pole and 0.52 cm at the caudal pole.

Spleen

Splenic thickness is 1.37 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.



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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 Tract

The stomach is empty and folded, with mural thickness measuring 3.02 mm and preserved wall layering. The pylorus measures 5.59 mm. The duodenum measures 3.32 mm in thickness. The jejunum measures approximately 2.49-2.96 mm in thickness, with preserved wall layering. No ultrasonographic evidence of gastrointestinal inflammation, ileus, or foreign material is identified. The colon measures approximately 1.13 mm in thickness and contains scant intraluminal material.

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

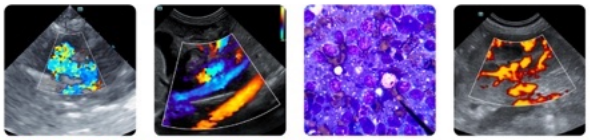
- Mild prominence of the cranial pole of the right adrenal gland is of uncertain clinical significance and may partially reflect mild measurement overestimation related to adrenal curvature at the cranial pole.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Despite the progressive ALT elevation, no convincing ultrasonographic evidence of clinically significant structural hepatobiliary disease is identified. Mild or early hepatocellular disease, reactive hepatopathy, inflammatory hepatopathy, or endocrinopathic hepatopathy may occur in the absence of substantial ultrasonographic abnormalities.

Likewise, despite the mildly increased SDMA/cystatin B values, the kidneys maintain normal size, architecture, corticomedullary definition, and renal pelvic appearance. These findings may reflect very early chronic kidney disease or mild functional renal change not yet associated with overt structural ultrasonographic abnormalities.

Mild prominence of the cranial pole of the right adrenal gland is present; however, the caudal pole measurement remains within expected limits for a dog of this size, both adrenal glands maintain normal shape and echogenicity, and no adrenal mass lesion is identified. Mild measurement overestimation related to adrenal curvature at the cranial pole is considered possible. No convincing ultrasonographic evidence of clinically significant adrenal enlargement is identified on the current study.



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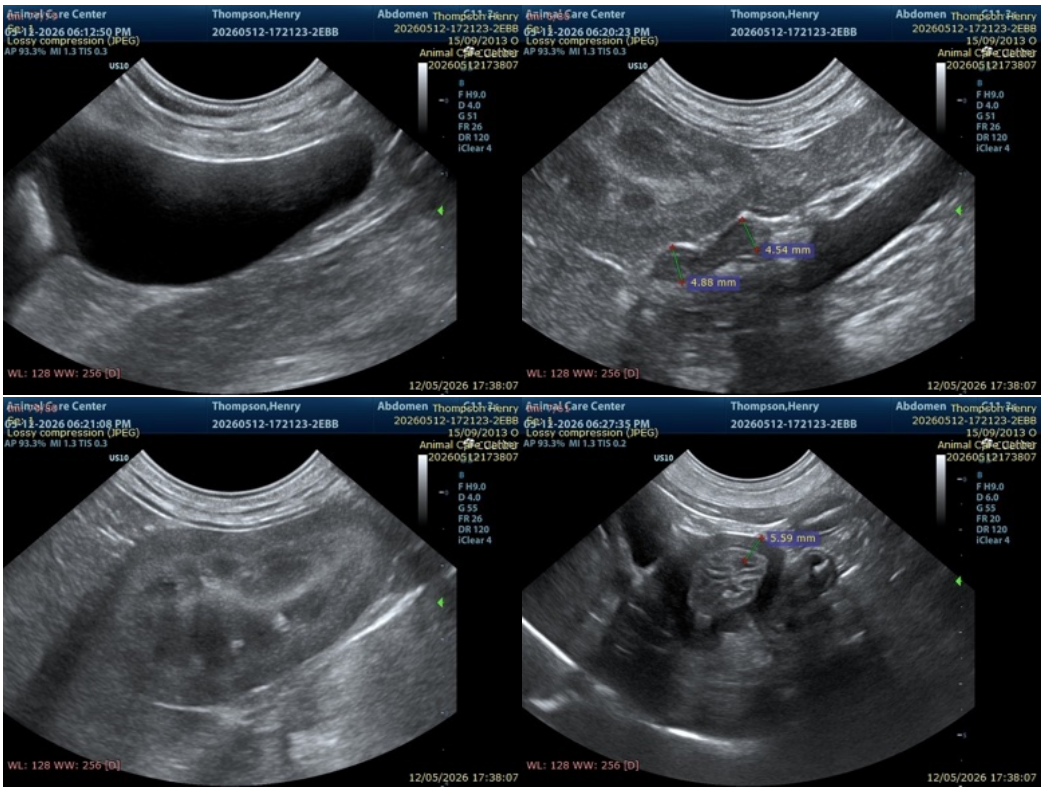
No ultrasonographic explanation for the microscopic hematuria is identified in this examination. The visible portion appears small, diffusely hypoechoic, and consistent with post-orchiectomy atrophy. Lower urinary tract inflammation, intermittent hemorrhage, occult urinary sediment, or non-structural causes remain possible.

Recommendations

- Serial monitoring of renal values, SDMA, urinalysis, UPC, urine sediment, blood pressure, and urine concentrating ability is recommended.
- Repeat urinalysis with sediment examination and urine culture if microscopic hematuria persists.
- Hepatobiliary supportive therapy may be considered. Serial monitoring of liver enzyme activities is recommended.
- Although no convincing ultrasonographic evidence of clinically significant adrenal disease is identified, further endocrinologic investigation may still be considered if clinical suspicion for endocrinopathic disease increases 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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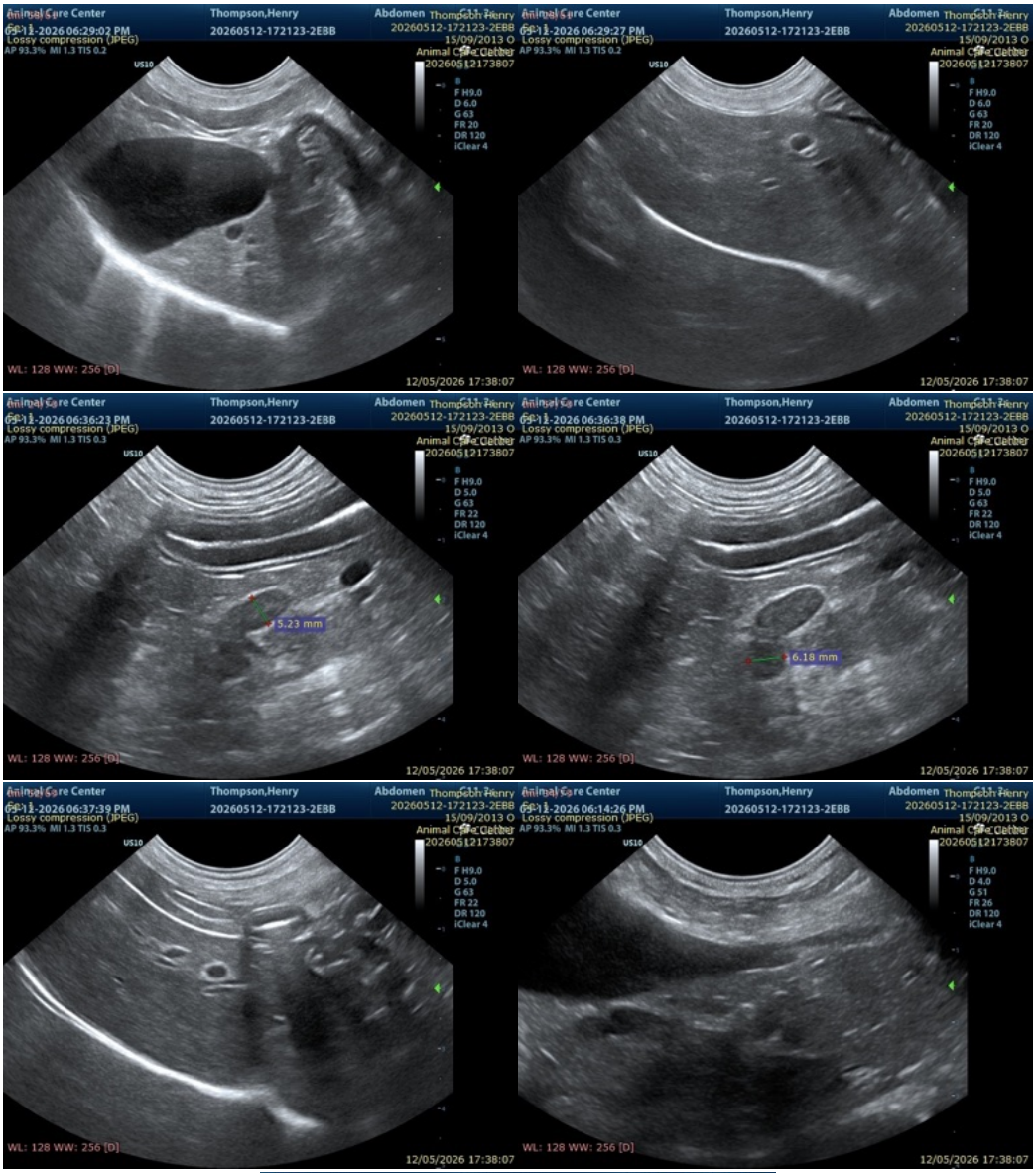

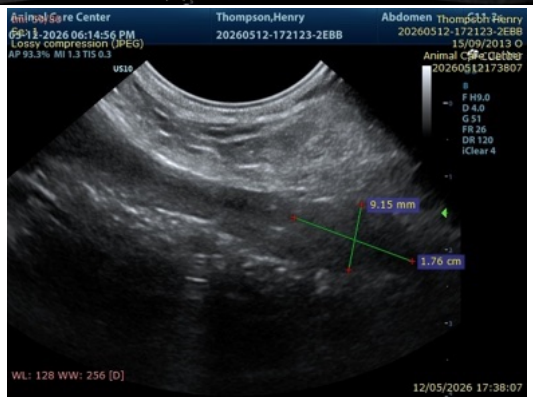

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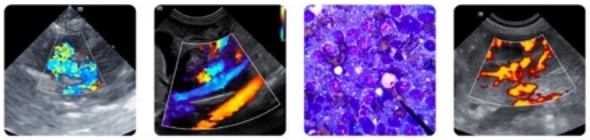

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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