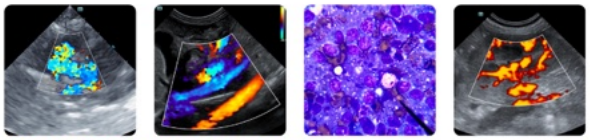


PATIENT

Bubbio Ng

SPECIES

Canine

BREED

Shih Tzu

SEX

Neutered male

AGE

14 years

WEIGHT

18.7 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Christian Diaz

HOSPITAL NAME

St George VH

REFERRING VET

Dr. Ng

INVOICE

77873

DATE

5/21/26

PRESENTING CLINICAL SIGNS

History of elevated LEZ, urolith. Prior 69546
Abnormal PE/Chem/CBC/UA Results: ALP 247, chol 356, trigly 1043

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder lumen is normally distended, and the wall of the urinary bladder appears thin and smooth. The urine is predominantly anechoic. A single shadowing cystolith measuring 5.54×7.61 mm is identified within the urinary bladder lumen. No evidence of cystitis, obstructive change, or urinary bladder neoplasia is identified. Normal appearance of the bladder neck and proximal urethra.

The left kidney measures 3.78×3.01 cm. The renal cortex is mildly hyperechoic compared to the liver parenchyma. A cortical/parapelvic anechoic cyst measuring 0.91×1.20 cm is identified. The corticomedullary ratio is preserved, although corticomedullary definition is mildly decreased. Mild-to-moderate pyelectasia is present, measuring 5.81 mm. No nephrolithiasis or hydronephrosis is identified.

The right kidney measures 4.32×2.89 cm. The renal cortex is mildly hyperechoic compared to the liver parenchyma. The corticomedullary ratio is preserved, although corticomedullary distinction is mildly decreased. Mild multifocal increased medullary echogenicity is noted, compatible with mild medullary mineralization/nephrocalcinosis-type change. Mild pyelectasia is present, measuring 3.06 mm. No nephrolithiasis or hydronephrosis is identified.

Prostate

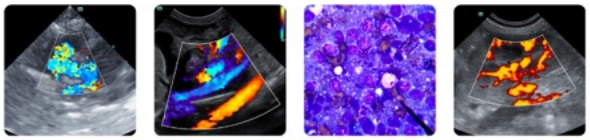
The prostate measures 1.90×1.01 cm and appears small, homogeneous, and mildly hypoechoic, compatible with post-castration prostatic atrophy.

Adrenal Glands

Both adrenal glands show normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane: The left adrenal gland measures 0.58 cm at the caudal pole. The right adrenal gland measures 0.52 cm at the cranial pole and 0.45 cm at the caudal pole.

Spleen

Splenic thickness is1.13 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.



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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 mild coarse echotexture. No hepatic lymphadenopathy is observed.

The gallbladder lumen is normally distended. The wall is thin and the contents are primarily anechoic, with a Very small amount of biliary sludge. No evident dilation of the cystic duct or common bile duct is observed.

Gastrointestinal

The stomach is moderately distended with ingesta. Gastric wall thickness measures 2.92 mm, with preserved wall layering.

The pylorus measures 5.92 mm. The duodenum measures 3.26 mm. The jejunum measures approximately 3.11–3.42 mm in thickness. Visible intestinal wall layering is preserved throughout the examined gastrointestinal tract. No focal intestinal mass lesion, obstructive pattern, ileus, foreign material, or significant inflammatory change is identified ultrasonographically.

The colon measures 1.21 cm and contains formed fecal material within the descending colon.

Pancreas

The base and limbs of the pancreas are visualized and appear largely isoechoic to the surrounding mesenteric/omental fat. Pancreatic capsular margins and parenchymal echotexture remain overall within acceptable limits.

Free Abdomen

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

PRIMARY FINDINGS

- Persistent urinary bladder calculus.
- Bilateral chronic degenerative renal changes with mildly decreased corticomedullary definition.
- Mild bilateral pyelectasia, greater on the left.
- Left renal cyst.
- Mild right renal medullary mineralization/nephrocalcinosis-type change.
- Very small amount of biliary sludge.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chronic bilateral renal degenerative change is present, characterized by mild cortical hyperechogenicity, decreased corticomedullary definition, mild bilateral pyelectasia, and mild right-sided medullary mineralization. These findings are most compatible with chronic nephropathy/age-related renal remodeling.

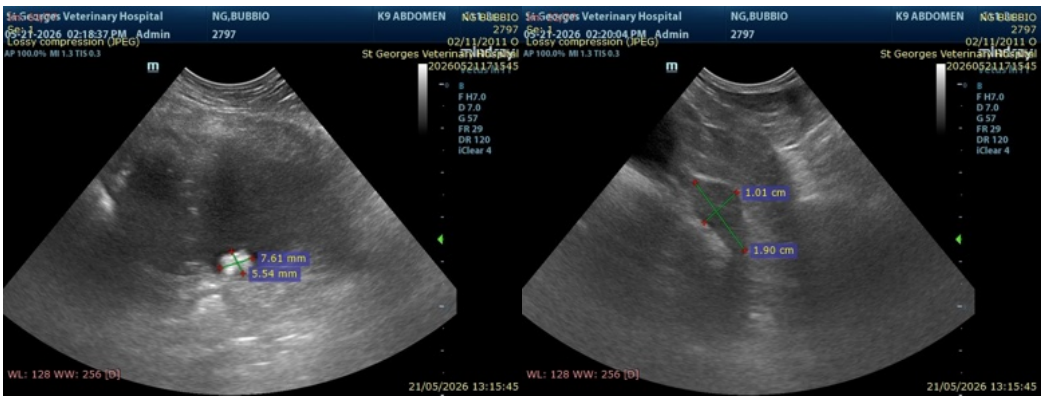
The urinary bladder calculus persists and remains nonobstructive at this time, and no convincing ultrasonographic evidence of cystitis is identified currently.

Only mild hepatobiliary changes are identified ultrasonographically, limited to a very small amount of biliary sludge. Overall, the hepatobiliary appearance remains largely unchanged compared to the previous abdominal ultrasound examination, without evidence of progressive biliary or hepatic structural disease identified sonographically at this time. However, the marked hypertriglyceridemia, hypercholesterolemia, and persistent ALP elevation suggest an important metabolic/endocrine hepatopathy despite the relatively unremarkable sonographic hepatic appearance. In dogs of this breed and age, vacuolar hepatopathy, endocrine disease, and dyslipidemia-associated hepatobiliary change remain clinically relevant considerations even in the absence of dramatic ultrasonographic abnormalities.

Recommendations

- Correlation with complete renal profile, SDMA, serial urine specific gravity, urine culture, UPC ratio, and systemic blood pressure is recommended.
- Cystotomy or other urolith management may still be clinically reasonable depending on urinary signs, culture status, stone composition concerns, and progression over time.
- Correlation of the marked hypertriglyceridemia and hypercholesterolemia with endocrine testing (including screening for hyperadrenocorticism and hypothyroidism if clinically indicated) should be considered.
- Although overt pancreatitis is not identified ultrasonographically, correlation with clinical signs and pancreatic lipase testing may still be reasonable given the degree of dyslipidemia and breed predisposition.

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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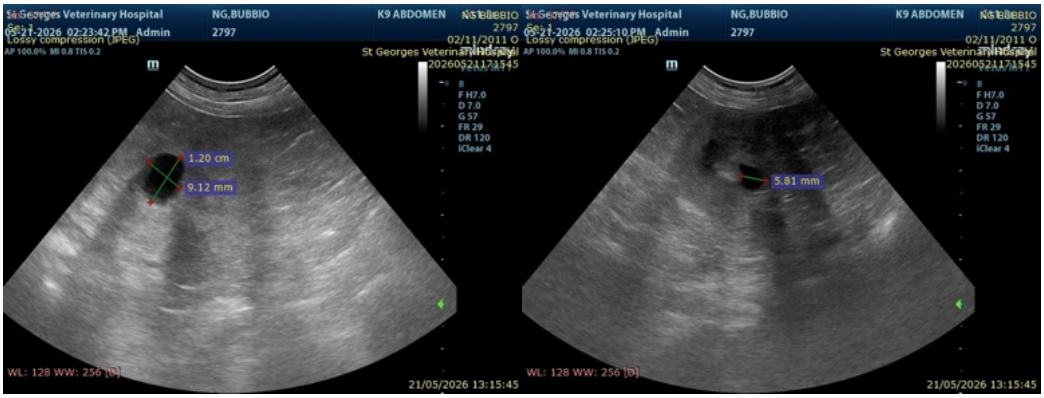

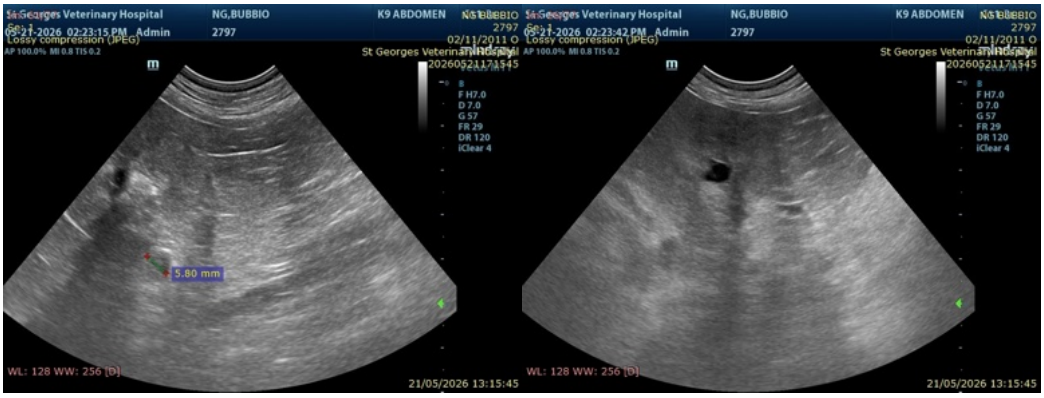

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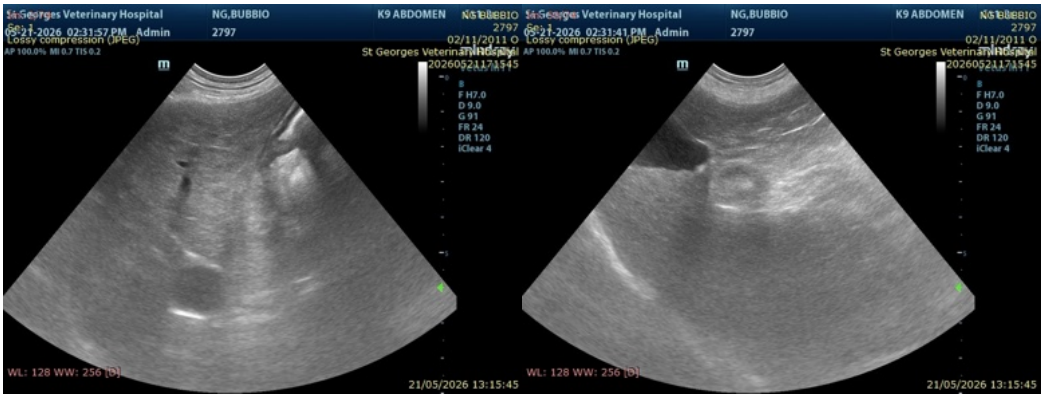

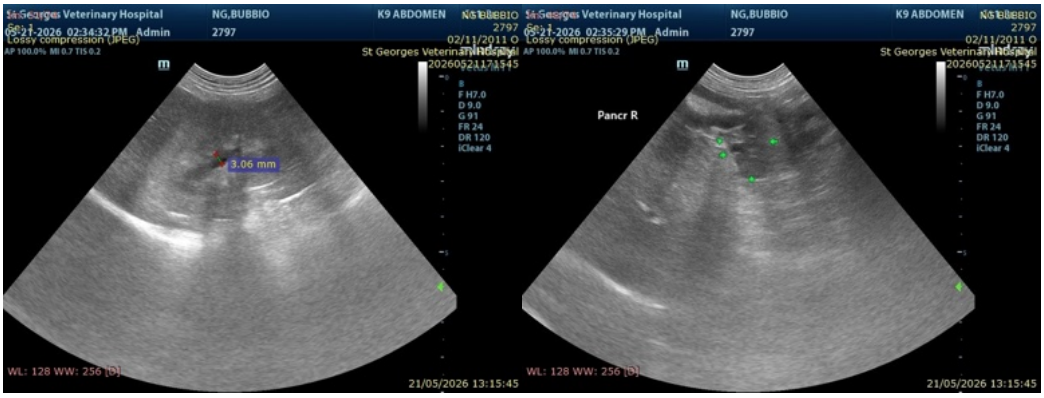

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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