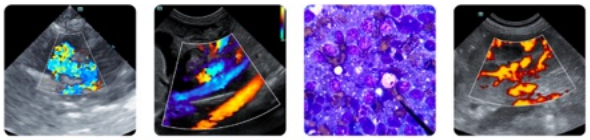




**PATIENT**

Rosie Rodriguez

**SPECIES**

Canine

**BREED**

Shih Tzu Cross

**SEX**

Spayed female

**AGE**

9 years

**WEIGHT**

15.7 lbs

**INTERPRETED BY**

Alicia Angosto Guerrero, DMV, PgDip, MSc.

**IMAGING PERFORMED BY**

Christian Diaz

**HOSPITAL NAME**

St George VH

**REFERRING VET**

Dr. Ng

**INVOICE**

77872

**DATE**

5/21/26

## PRESENTING CLINICAL SIGNS

History: HX of elevated ALP clinically ok
Abnormal PE/Chem/CBC/UA Results: ALP 498, CRE 1.5 . UA: Sg 1.023 pH 7.5

## 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 cystoliths or sonographic evidence of inflammatory or neoplastic mural change are identified.

The left kidney is normal in shape and size, measuring 3.81×2.36 cm, with a cortical thickness of 0.30 cm in the sagittal plane. The renal cortex is mildly hyperechoic relative to the liver parenchyma. A small cortical cyst measuring 1.42×1.91 mm is identified. Corticomedullary ratio and corticomedullary definition are preserved. Two small hyperechoic foci with distal acoustic shadowing are present within the collecting system, compatible with minimal nephrolithiasis or mineralized sediment. No pyelectasia or hydronephrosis is identified. Color Doppler evaluation demonstrates a normal vascular pattern.

The right kidney is normal in shape and size, measuring 4.02×2.13 cm, with a cortical thickness of 0.35 cm in the sagittal plane. The renal cortex is mildly hyperechoic relative to the liver parenchyma. A cortical cyst measuring 4.56×5.20 mm is present. Corticomedullary ratio and corticomedullary definition are preserved. No pyelectasia, nephrolithiasis, or hydronephrosis is identified. Color Doppler evaluation demonstrates a normal vascular pattern.

### *Adrenal Glands*

Dorsoventral diameters measured in the sagittal plane: the left adrenal gland measures 0.50 cm at the cranial pole and 0.57 cm at the caudal pole, remaining within expected size limits for a dog of this size. The right adrenal gland is not confidently visualized.

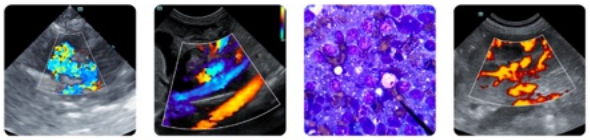
### *Spleen*

The spleen is not visualized, compatible with the reported prior splenectomy.

### *Liver*

The liver is subjectively within normal size limits, minimally extending beyond the lesser curvature of the stomach. The hepatic margins remain sharp, and the hepatic lobes maintain a regular contour. The hepatic parenchyma is homogeneous and isoechoic relative to the surrounding falciform fat, with a normal echotexture. No focal hepatic lesions or hepatic-associated lymphadenopathy are identified.

The gallbladder is normally distended. The wall is thin and smooth. A mild-to-moderate amount of dependent biliary sludge is present within the lumen. No dilation of the cystic duct or common bile duct is identified.





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## *Gastrointestinal*

The stomach is empty and folded, with preserved wall layering and mural thickness measuring 1.86 mm. The pylorus measures 6.43 mm. The duodenal wall measures 2.54 mm, and the jejunal wall measures 3.60 mm, with preserved wall layering throughout the evaluated intestinal segments. No evidence of gastrointestinal ileus, focal inflammatory change, obstructive foreign material, or mural mass lesion is identified.

The colon measures 1.46 mm in wall thickness and contains a small amount of formed fecal material within the descending colon.

## *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 bilateral renal cortical hyperechogenicity.
- Small bilateral renal cortical cysts.
- Two small mineralized foci/nephroliths within the left renal collecting system.
- Mild-to-moderate biliary sludge.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Mild bilateral renal cortical hyperechogenicity with small renal cortical cysts and minimal left-sided nephrolithiasis/mineralized collecting system sediment is present. Despite these mild chronic renal changes, corticomedullary definition remains preserved and there is no evidence of obstructive uropathy, hydronephrosis, or sonographic pyelonephritis. Given the mildly increased creatinine concentration and urine specific gravity of 1.023, early chronic kidney disease or mild chronic degenerative renal change is considered possible.

Mild-to-moderate biliary sludge is present without gallbladder wall thickening, biliary ductal dilation, or convincing ultrasonographic evidence of obstructive biliary disease. In the context of isolated ALP elevation and otherwise relatively unremarkable hepatic ultrasonographic appearance, the findings may reflect early or mild chronic hepatobiliary change, including vacuolar hepatopathy/cholestatic change, although the current study does not demonstrate advanced hepatobiliary disease.

Recommendations

- Correlation with serial renal values, SDMA, blood pressure, and repeat urinalysis/urine specific gravity monitoring is recommended to further assess for early chronic kidney disease.
- Correlation of the elevated ALP with endocrine screening, medication history, body condition,

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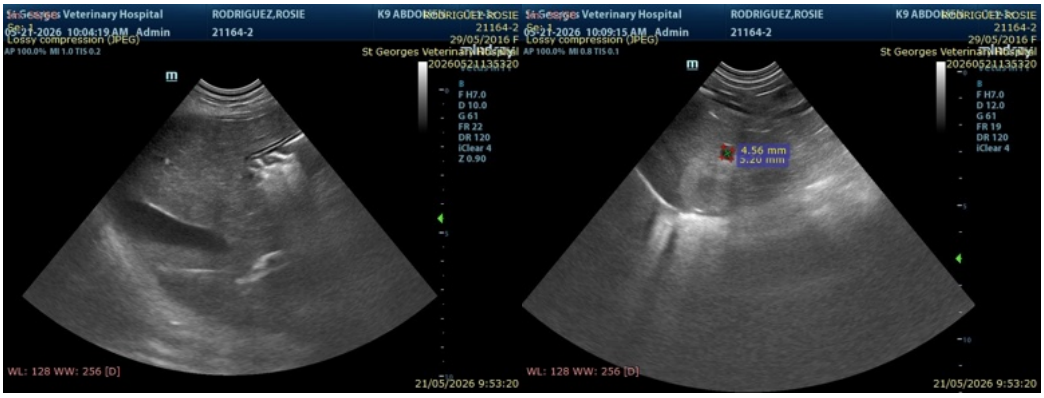
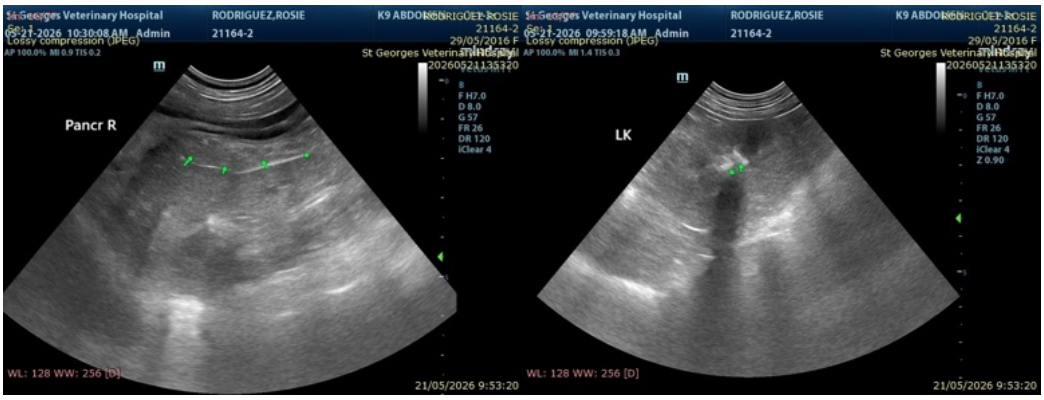
and serial hepatobiliary biochemical trends may be clinically useful if enzyme elevation persists or progresses.

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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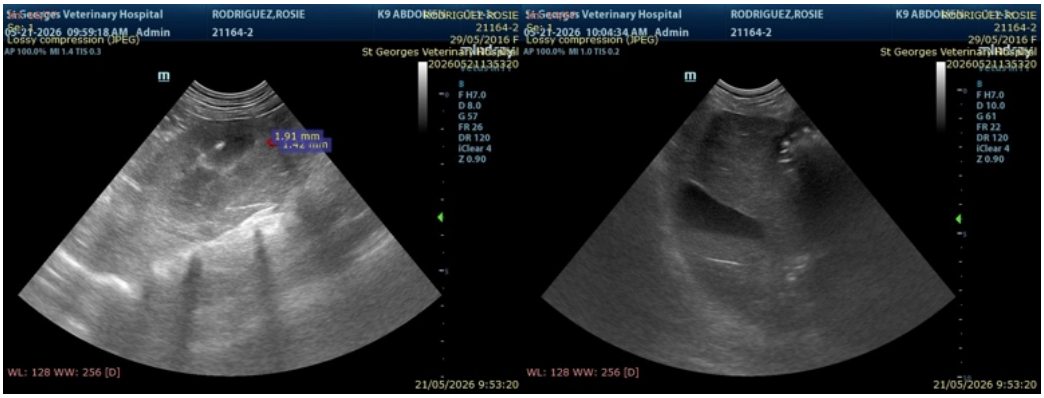



**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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