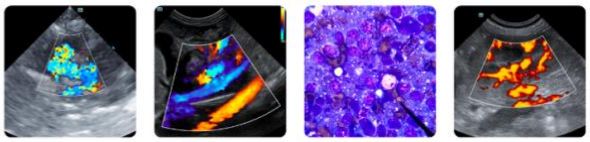


PATIENT

Echo PLP

SPECIES

Canine

BREED

Pomeranian

SEX

Female Spayed

AGE

10

WEIGHT

5.82

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Jocelyn Smith CVT

HOSPITAL NAME

Annville-Cleona VA

REFERRING VET

Lisa Bardsley

INVOICE

22993

DATE

5-7-26

PRESENTING CLINICAL SIGNS

History: Rescue Dog through Peace Love and Poms 02/2026. Estimated age through humane society of 10, seems too much older. Grade 4 of 6 heart murmur. Trying to put weight on her as she came to them underweight and has been unsuccessful, she has lost a pound since March. Eats well, no vomiting. Occasional diarrhea depending on what she eats but consistent with diet being fed.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is normally distended. The urinary bladder wall is thin and smooth. The urine is predominantly anechoic with scant suspended echoes. The bladder neck and proximal urethra are unremarkable. No cystoliths or sonographic evidence of inflammatory or neoplastic urinary bladder disease are identified.

The left kidney measures approximately 2.77×1.82 cm, with cortical thickness measuring 0.26 cm in the sagittal plane. The renal cortex is isoechoic relative to the hepatic parenchyma. Corticomedullary ratio and corticomedullary distinction are preserved. Mild multifocal medullary mineralization is identified. No pyelectasia, hydronephrosis, or nephrolithiasis is identified. Color Doppler evaluation demonstrates a subjectively normal vascular pattern.

The right kidney measures approximately 2.94×1.65 cm, with cortical thickness measuring 0.23 cm in the sagittal plane. The renal cortex appears mildly hyperechoic relative to the hepatic parenchyma, with multifocal medullary mineralization. Corticomedullary ratio and corticomedullary distinction remain preserved. No pyelectasia or hydronephrosis is identified.

Adrenal Glands

Not confidently visualized.

Spleen

Splenic thickness measures approximately 0.72 cm. The splenic parenchyma demonstrates normal echogenicity and homogeneous fine echotexture with a few small hyperechoic myelolipoma-like nodules. The splenic capsule is smooth and regular.

Liver

The liver is subjectively normal in size, with sharp margins and regular contour. The hepatic parenchyma is homogeneous and isoechoic relative to the falciform fat, with preserved echotexture. No focal hepatic lesions or hepatic lymphadenopathy are identified.

Gallbladder

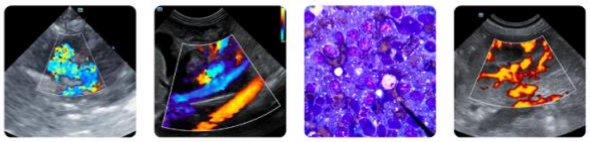
The gallbladder is normally distended. The gallbladder wall appears mildly thickened. A large amount of biliary sludge is present. No evidence of cystic duct or common bile duct dilation is identified.

Gastrointestinal Tract

The stomach is empty and folded, with mural thickness measuring 2.72 mm and preserved mural layering.

The pyloric wall measures 4.96 mm. Duodenal wall thickness measures approximately 2.55 mm. Jejunal wall thickness measures 3.35 mm with preserved mural layering. Moderate luminal gas is present throughout portions of the gastrointestinal tract.

Colonic wall thickness measures approximately 1.48–2.09 mm with preserved mural layering. Small amounts of soft fecal material are present within the lumen.



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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 mineralization, greater on the right.
- Mild right renal cortical hyperechogenicity.
- Mild gallbladder wall thickening with marked biliary sludge.

SECONDARY FINDINGS

- Small incidental splenic myelolipoma-like nodules.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Mild chronic renal changes are present, including multifocal medullary mineralization and mild right-sided cortical hyperechogenicity. These findings are nonspecific but may reflect chronic degenerative renal change/mineralization commonly encountered in geriatric small breed dogs. No sonographic evidence of obstructive nephropathy is identified.

Marked biliary sludge accumulation and mild gallbladder wall thickening are present without ultrasonographic evidence of extrahepatic biliary obstruction or advanced gallbladder mucocele formation at this time. Mild chronic cholestatic/hepatobiliary change and early gallbladder dysmotility are considered possible.

No convincing ultrasonographic evidence of clinically significant gastrointestinal disease, intestinal obstruction, pancreatitis, or abdominal neoplasia is identified on the current examination.

Overall, the current ultrasonographic findings do not fully explain the reported progressive weight loss. Chronic geriatric change, nutritional factors, cardiac cachexia/sarcopenia associated with chronic cardiac disease, and/or early non-obstructive chronic hepatobiliary disease remain considerations.

Recommendations

- Periodic monitoring of renal and hepatobiliary parameters may be beneficial.
- Consideration of ursodeoxycholic acid (ursodiol) if clinically appropriate..

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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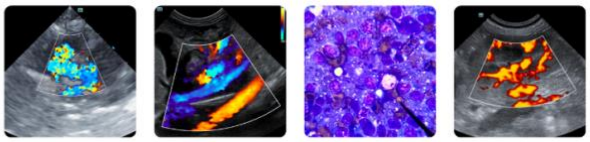

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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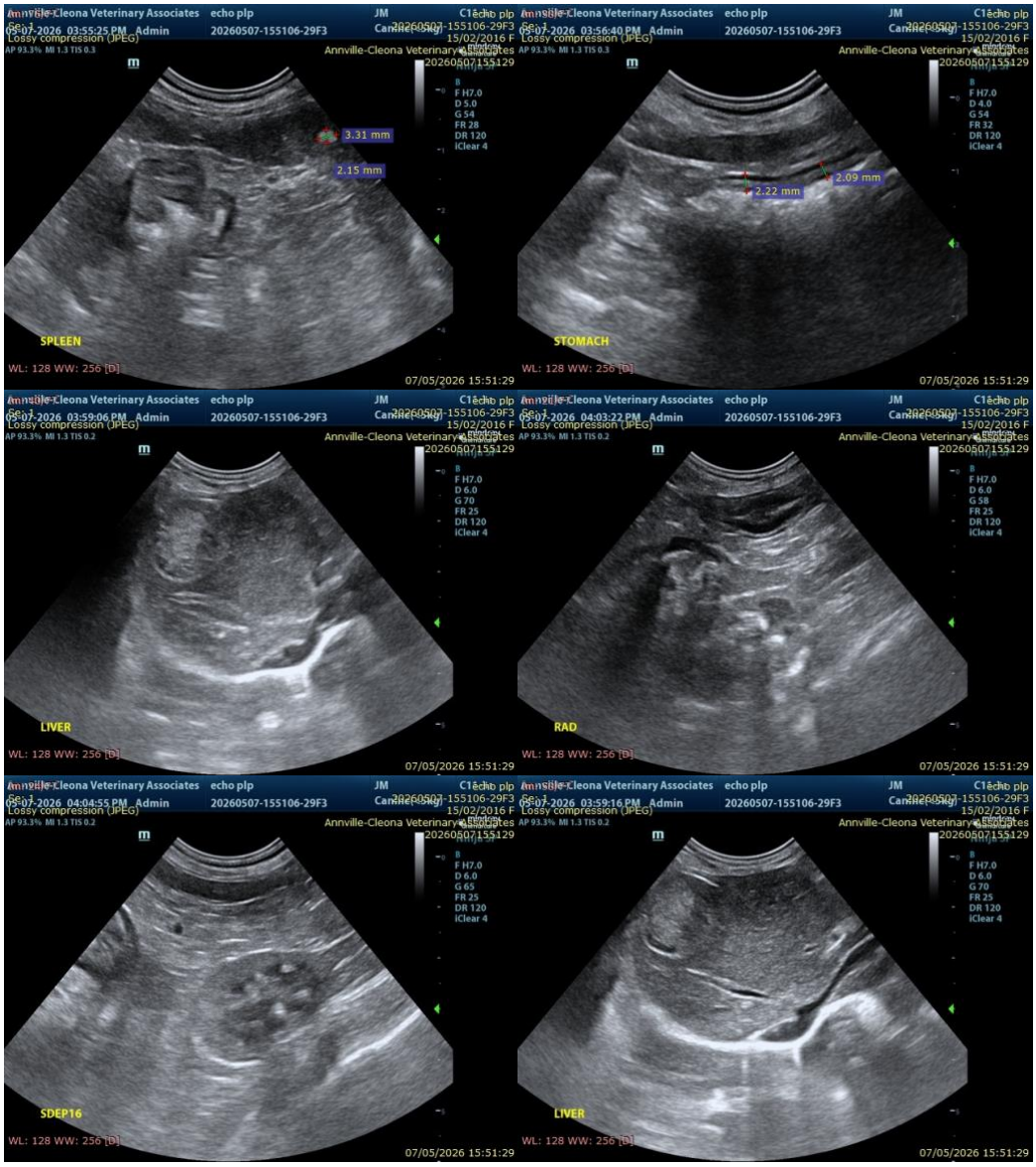

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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