



PATIENT

Honey Bun Nelson

SPECIES

Canine

BREED

Maltese Cross

SEX

Spayed female

AGE

14 years

WEIGHT

5.59 lbs

INTERPRETED BY

Alicia Angosto
Guerrero, DMV,
PgDip, MSc.

IMAGING PERFORMED BY

Rachel Bunn, DVM

HOSPITAL NAME

Wellesley AH

REFERRING VET

Dr. Dean

INVOICE

78341

DATE

6/3/26

PRESENTING CLINICAL SIGNS

History: Chronically recurrent colitis/enteritis noted 2019, 2025, May 2026, June 2026. Current symptoms include severe hyporexia, although yesterday AM ate full bowl of rice/kibble/broth. Had not eaten anything for 2.5 days prior. Intermittently has diarrhea, hematochezia, inappetence.

Radiographs yesterday showed segmental to diffuse gas content of intestine, concern for partial obstruction or intestinal mass. Images attached.

Abnormal PE/Chem/CBC/UA Results: Severe bridging tartar & halitosis Grade 5/6 L systolic heart murmur Several small dermal masses Elevated SDMA (20ug/dl) and BUN (54 mg/dl) with normal Creat (1.2 mg/dl) . Normal Chemistry otherwise. CBC shows monocytosis (1.985 K/ul) eosinopenia (0.108 K/ul) and thrombocytosis (491 K/ul), else WNL Normal T4, 4dx. No recent UA, but history of CaOx crystalluria

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is underdistended. The urinary bladder wall measures 2.5 mm and appears smooth. Due to underdistension, wall thickness may be overestimated. The urine is anechoic. The bladder neck and proximal urethra appear normal. No calculi or sonographic evidence of inflammatory or proliferative disease are identified.

The left kidney is markedly reduced in size, measuring 1.88×1.47 cm. The renal contour is irregular, and cortical thickness measures 0.18 cm in the sagittal plane. The renal cortex is diffusely hyperechoic relative to the hepatic parenchyma. Corticomedullary definition is decreased. Mild pyelectasia is present, measuring 1.25 mm. No nephrolithiasis or hydronephrosis is identified. Color Doppler evaluation demonstrates a normal vascular pattern.

The right kidney is normal in shape and size, measuring 3.02×2.14 cm. Cortical thickness measures 0.40 cm in the sagittal plane. The renal cortex is isoechoic to the hepatic parenchyma. Corticomedullary definition and corticomedullary ratio are preserved. No pyelectasia, nephrolithiasis, or hydronephrosis is identified. Color Doppler evaluation 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 0.36 cm at the cranial pole and 0.46 cm at the caudal pole. The right adrenal gland measures 0.38 cm at the cranial pole and 0.32 cm at the caudal pole.

Spleen

Splenic thickness is 0.99 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 normal echotexture. No hepatic lymphadenopathy is observed.

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 predominantly empty, containing only scant residual ingesta. Gastric wall thickness measures 1.66 mm, and normal wall layering is preserved.

The pyloric wall measures 4.83 mm. The duodenal wall measures 2.81 mm. The jejunal wall measures 2.65 mm. The ileal wall measures 1.76 mm. Intestinal wall layering is preserved throughout the examined segments.

No sonographic evidence of gastrointestinal obstruction, focal mural thickening, infiltrative intestinal disease, ileus, foreign material, or lymphangiectasia is identified.

The colonic wall measures 0.82–1.04 mm and contains semiformed 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

- Marked left renal atrophy with cortical thinning, cortical hyperechogenicity, decreased corticomedullary definition, and mild pyelectasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Severe chronic left renal disease characterized by marked renal atrophy, cortical thinning, cortical hyperechogenicity, reduced corticomedullary definition, and mild pyelectasia. These findings are most consistent with chronic end-stage renal change. The right kidney demonstrates compensatory preservation of size and architecture.



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No sonographic evidence of gastrointestinal obstruction, intestinal mass, focal intestinal mural lesion, or clinically significant infiltrative intestinal disease is identified. Intestinal wall thickness and layering are within normal ultrasonographic limits throughout the examined gastrointestinal tract.

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No sonographic explanation for the reported recurrent episodes of diarrhea, hematochezia, and inappetence is identified. Functional gastrointestinal disease, chronic inflammatory enterocolopathy below the threshold of sonographic detection, dietary-responsive disease, dysbiosis, or other non-structural gastrointestinal disorders remain possible.

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Recomendaciones

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- Correlate the renal findings with urinalysis, urine specific gravity, urine protein assessment, blood pressure measurement, and serial renal monitoring.
- If gastrointestinal signs persist despite appropriate medical and dietary management, further investigation for non-structural enterocolonic disease (including fecal testing, gastrointestinal panel, cobalamin assessment, and consideration of endoscopic evaluation) may be considered at the discretion of the attending veterinarian.

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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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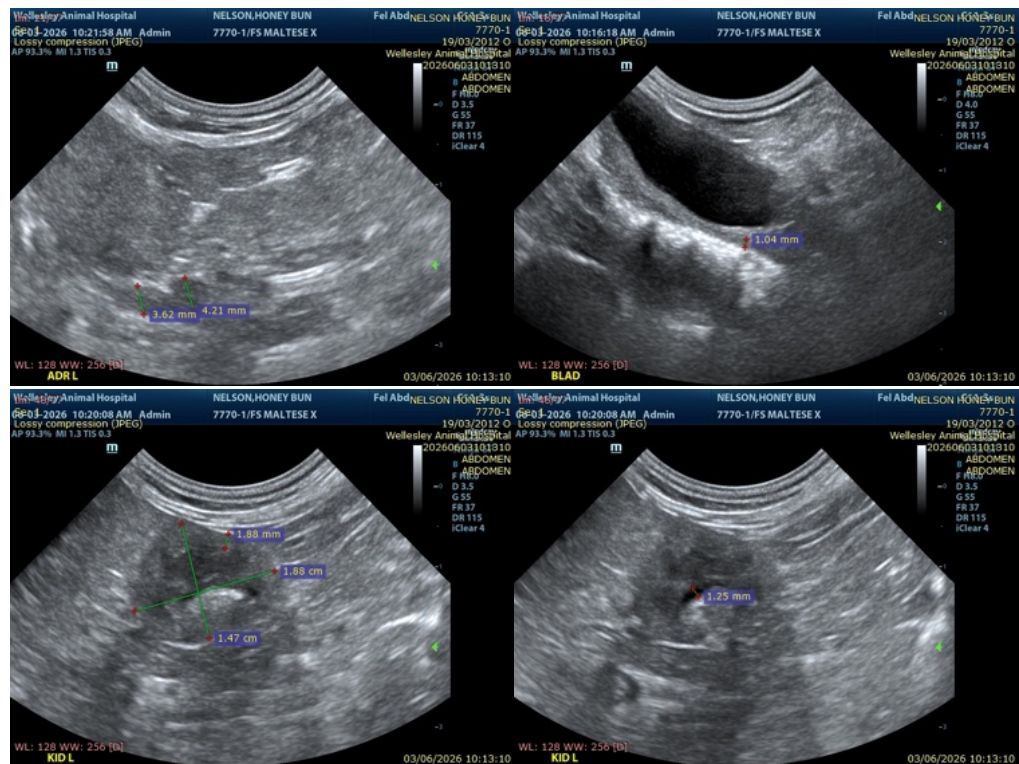
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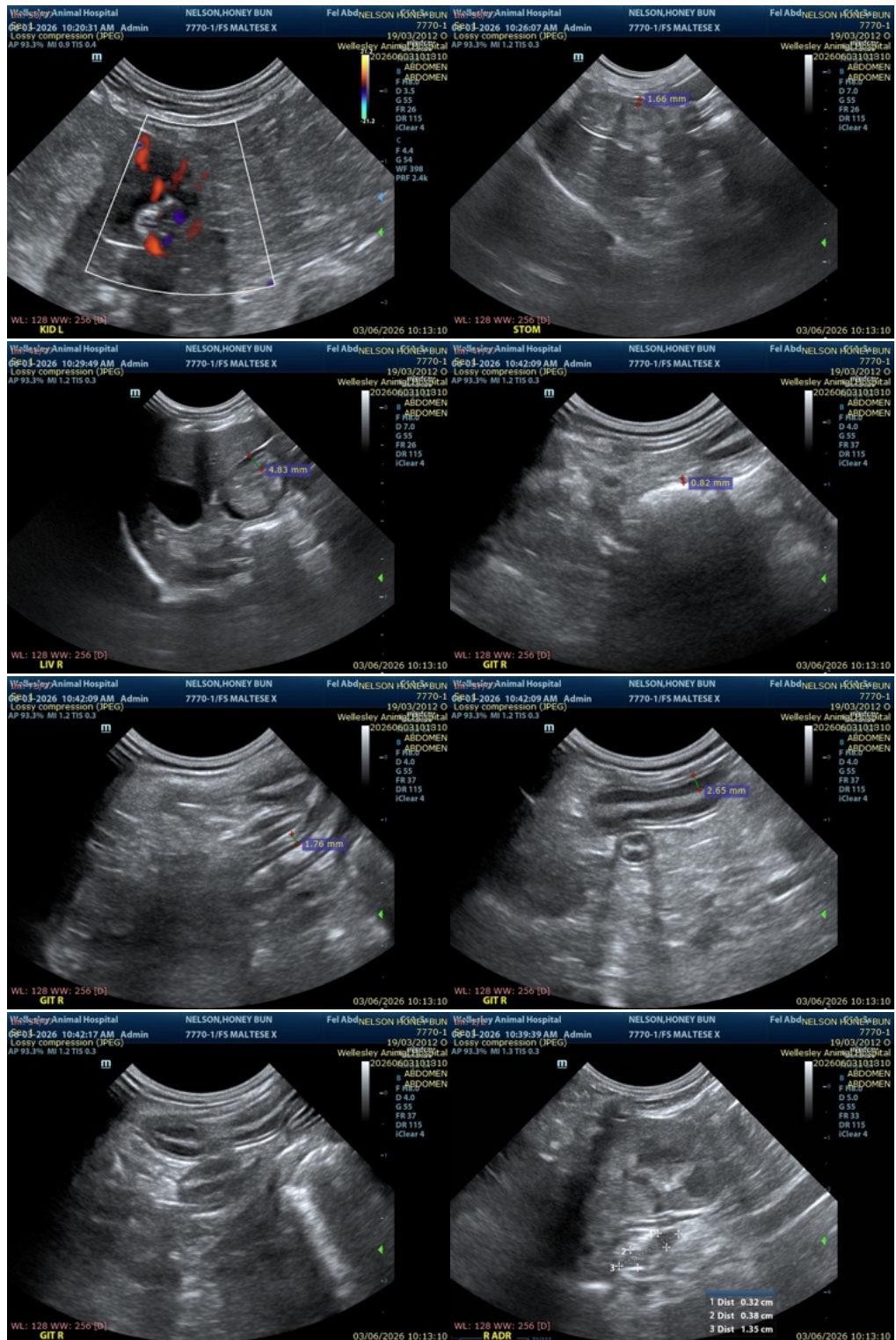
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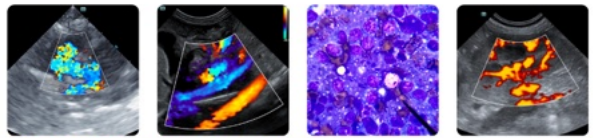
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The information and recommendations provided are based on the images presented by the



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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