

PATIENT

Fiona Jones

SPECIES

Guinea Pig

BREED

Guinea Pig

SEX

Intact female

AGE

5 years

WEIGHT

2.06 lbs

INTERPRETED BY

Alicia Angosto
Guerrero, DMV,
PgDip, MSc.

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Santa Clara AH

REFERRING VET

Dr. Malec

INVOICE

73886

DATE

3/30/26

PRESENTING CLINICAL SIGNS

- Clinical Exam Findings: - Waxy/crusty brown discharge around nipples, easily removed. No mammary passes palpable.
- - Reported behavior change- more aggressive

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is poorly distended, limiting evaluation of the wall. The urine is predominantly anechoic with scant suspended echoes. The mildly cloudy appearance is consistent with physiological calcium excretion commonly seen in guinea pigs. No uroliths are identified.

The left kidney is normal in shape and size (2.98 × 1.73 cm), with a cortical thickness of 0.29 cm in the sagittal plane.

The right kidney is normal in shape and size (2.44 × 1.59 cm), with a cortical thickness of 0.25 cm.

In both kidneys, the cortex is within normal echogenicity, with preserved corticomedullary definition. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

Reproductive System

The uterine body measures approximately 5.93 mm and appears within normal limits. No uterine fluid, mass lesions, or abnormal thickening are identified.

The ovaries are not confidently visualized. No large cystic structures are identified within the expected ovarian regions.

Adrenal Glands

Not visualized.

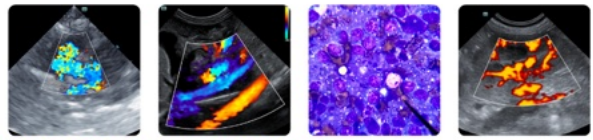
Spleen

Not confidently visualized.

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.

Poorly distended. The wall appears thin and the contents are anechoic. No biliary duct dilation is identified.



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Gastrointestinal

The stomach contains normal ingesta (not desiccated or impacted), with a mural thickness of 0.92 mm and preserved wall layering. The duodenum measures 0.81 mm, the jejunum 0.72 mm, and the cecum 0.45 mm, all with normal appearance and content. No evidence of tympanism or impaction is observed.

Pancreas

The evaluated pancreatic areas 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 appears normal.

PRIMARY FINDINGS

- No significant ultrasonographic abnormalities are identified in the provided study.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No large cystic structures are identified within the ovarian regions. In guinea pigs, large non-functional ovarian cysts (serous or inclusion cysts) typically become markedly enlarged and would be expected to be readily identifiable on ultrasound. The absence of such findings makes this type of cyst unlikely in this case.

However, smaller hormonally active ovarian cysts (follicular or luteal cysts) may be difficult to detect ultrasonographically and cannot be excluded.

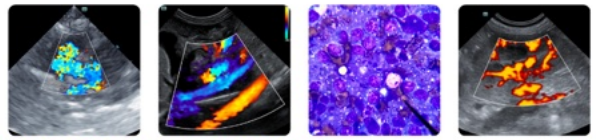
The uterus appears normal in size and echotexture, with no evidence of luminal fluid, mass lesions, or ultrasonographic features to suggest uterine pathology.

Given the clinical presentation (mammary discharge and behavioral changes), findings are most consistent with a hormonally driven process, most likely associated with functionally active ovarian cystic disease, even in the absence of clearly visualized cysts.

Recommendations

GnRH therapy may help reduce hormonally driven mammary secretion, although response can be variable and recurrence is possible. Surgical management remains the definitive treatment.

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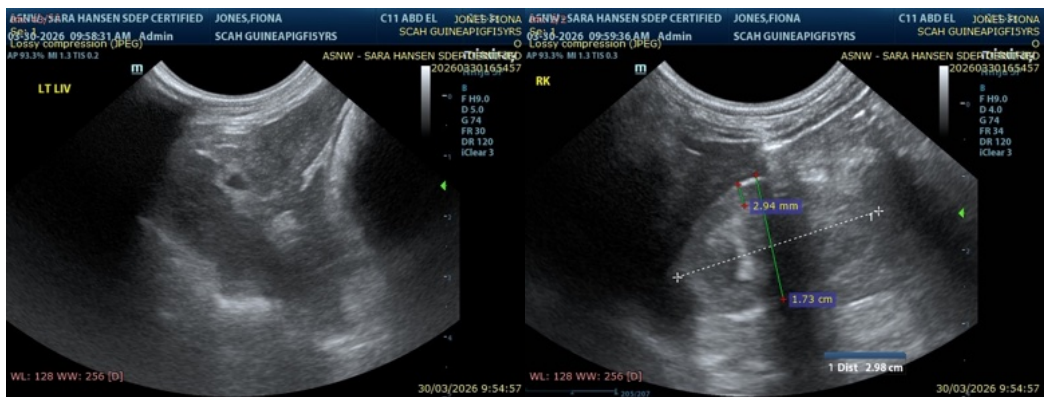
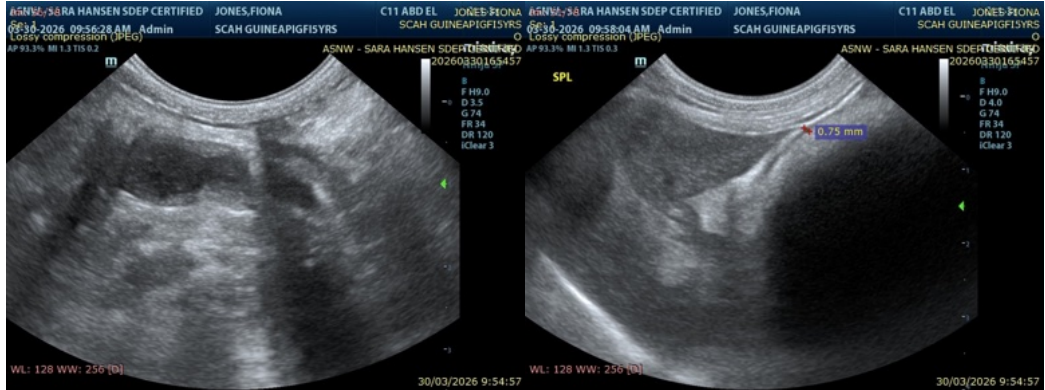
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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