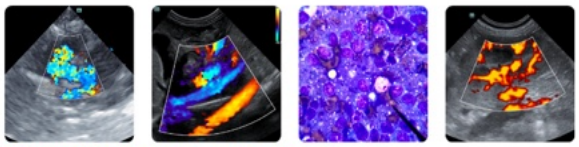


PATIENT

Oreo Vuyosevich

SPECIES

Guinea Pig

BREED

Abyssinian

SEX

Intact male

AGE

4 years

WEIGHT

2.4 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Animal Care Center of Flanders

REFERRING VET

Dr. Hallihan

INVOICE

77855

DATE

5/21/26

PRESENTING CLINICAL SIGNS

History: Palpable abdominal mass, had seizure like episode, increased respiration.
BCS 5/9. Current Medications: Metacam suspension 0.5mg/15ml (0.2 ml SID)
Abnormal PE/Chem/CBC/UA Results: Pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is normally distended, and the urinary bladder wall appears thin and smooth. Mildly cloudy urine with a small amount of fine suspended sediment is present, compatible with physiological calcium excretion commonly observed in guinea pigs. 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 2.77×1.87 cm, with a cortical thickness of 0.28 cm in the sagittal plane. The renal cortex is isoechoic relative to the liver parenchyma. Multiple renal cystic structures are present, predominantly cortical and measuring less than 1 cm. Additionally, a large eccentric cystic structure arising from or immediately adjacent to the left kidney is identified, measuring 4.25×3.54 cm. This structure is thin-walled and contains predominantly anechoic fluid with a small amount of suspended echogenic debris. The appearance is most compatible with a large renal or pararenal cystic lesion. Mildly increased medullary echogenicity is present, a finding commonly observed in guinea pigs secondary to physiological mineral/calcium excretion. No pyelectasia, nephrolithiasis, or hydronephrosis is identified. Color Doppler evaluation demonstrates a normal vascular pattern.

The right kidney is normal in shape and size, measuring 2.70×1.56 cm, with a cortical thickness of 0.27 cm in the sagittal plane. The renal cortex is isoechoic relative to the liver parenchyma. Multiple small cortical cysts are present, the largest measuring 5.71×6.57 mm. Corticomedullary ratio and corticomedullary definition are preserved. Mildly increased medullary echogenicity is present. No pyelectasia, nephrolithiasis, or hydronephrosis is identified. Color Doppler evaluation demonstrates a normal vascular pattern

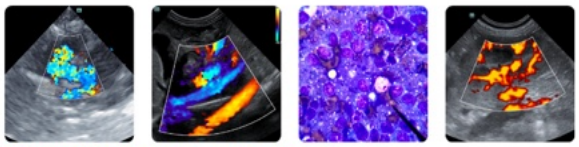
Reproductive System

The testes are sonographically unremarkable.

The seminal vesicles measure approximately 0.55–0.58 cm in thickness bilaterally and appear homogeneous and normoechoic.

Adrenal Glands

The adrenal glands are not confidently visualized.



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Spleen

Splenic thickness is 0.35 m. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.

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

The stomach contains normal ingesta (not desiccated or impacted), with a mural thickness of 0.51 mm and preserved wall layering. The small intestines appear normal, and the cecum 0.34 mm, with normal appearance and content. No evidence of tympanism or impaction is observed.

Pancreas

The evaluated pancreatic regions do not show evidence of overt inflammation or neoplastic disease.

Free Abdomen

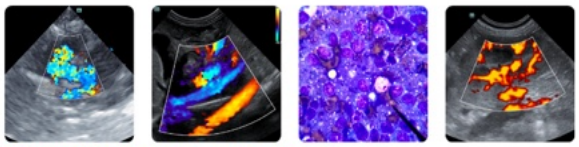
A minimal amount of free abdominal fluid is present. No sonographic evidence of peritonitis, abdominal lymphadenopathy, or focal mesenteric abnormality is identified. The region of the iliac trifurcation is unremarkable.

PRIMARY FINDINGS

- Multiple bilateral renal cortical cysts.
- Large left-sided renal/pararenal cystic lesion measuring 4.25×3.54 cm.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Multiple bilateral renal cortical cysts are present, together with a large thin-walled cystic lesion arising from or immediately adjacent to the left kidney. The lesion is predominantly fluid-filled with minimal internal echogenic debris and lacks ultrasonographic features strongly supportive of abscessation or overtly aggressive cystic neoplasia on the current examination. Differential considerations include a large simple renal cyst, or pararenal cyst.



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The multiplicity and bilateral distribution of the renal cystic lesions raise concern for an underlying generalized cystic renal disease process rather than an isolated incidental cyst. Although renal cysts are considered uncommon in guinea pigs, published case reports and reviews have described bilateral cortical renal cysts and polycystic-type renal disease in this species. The current appearance therefore warrants consideration of an underlying polycystic/cystic renal disease process, although acquired chronic cystic degeneration cannot be definitively differentiated ultrasonographically.

Despite the cystic changes, overall renal architecture remains relatively preserved, without hydronephrosis, obstructive uropathy, or convincing sonographic evidence of advanced renal failure at this time. Mildly increased medullary echogenicity is present bilaterally and is considered a common physiologic/species-related finding in guinea pigs secondary to urinary calcium handling and mineral excretion. Mild urinary sediment is likewise considered physiologic for species.

A minimal volume of free abdominal fluid is present. Given the very small quantity and absence of mesenteric inflammation, peritoneal echogenicity changes, or abdominal lymphadenopathy, this finding is nonspecific and may represent a mild reactive or incidental finding.

The reported palpable abdominal mass most likely corresponds to the large left-sided renal/pararenal cystic lesion. The relationship between the renal/pararenal cystic lesion and the reported seizure-like episode remains uncertain based on the current abdominal ultrasound examination alone. Given the history of increased respiratory effort and the known predisposition of guinea pigs to clinically significant cardiovascular disease, including cardiomyopathy and pericardial effusion, further thoracic and/or echocardiographic evaluation could be considered if clinical signs persist or recur.

Other recommendations

- Correlation with pending CBC/biochemistry is recommended, particularly renal parameters and calcium/phosphorus status.
- Given the overall benign cystic appearance and the potential risk of compromising remaining functional renal tissue, conservative monitoring is favored unless the large left-sided cystic structure becomes clinically problematic due to progressive enlargement, compression, pain, secondary infection, or deterioration in renal function.
- Intervention or aspiration of the large cystic structure may be considered only if clinically justified, recognizing that many renal/pararenal cystic lesions can be managed conservatively when renal function remains stable.

Final diagnostic and therapeutic decisions should be made by the attending veterinarian, who can best integrate these findings with the patient's clinical status.

New Jersey Mobile
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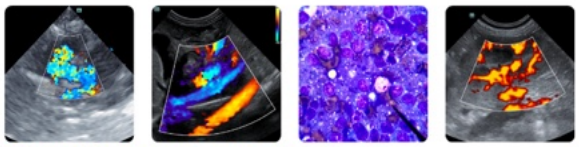

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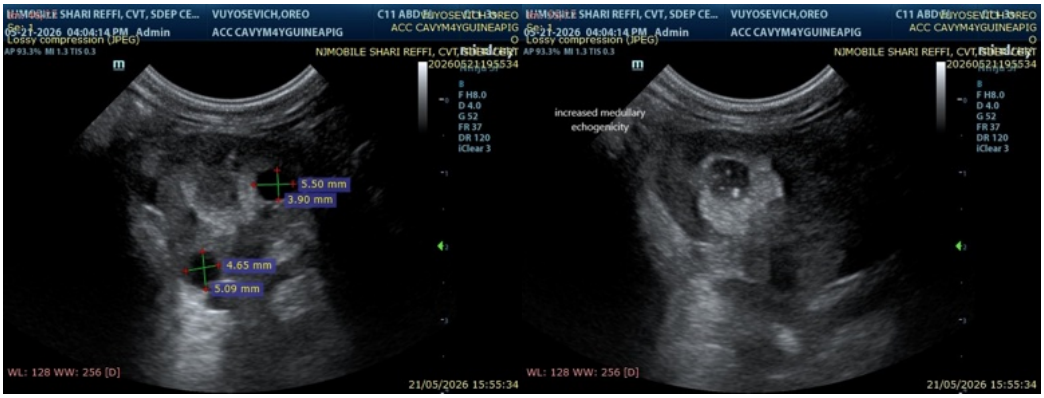

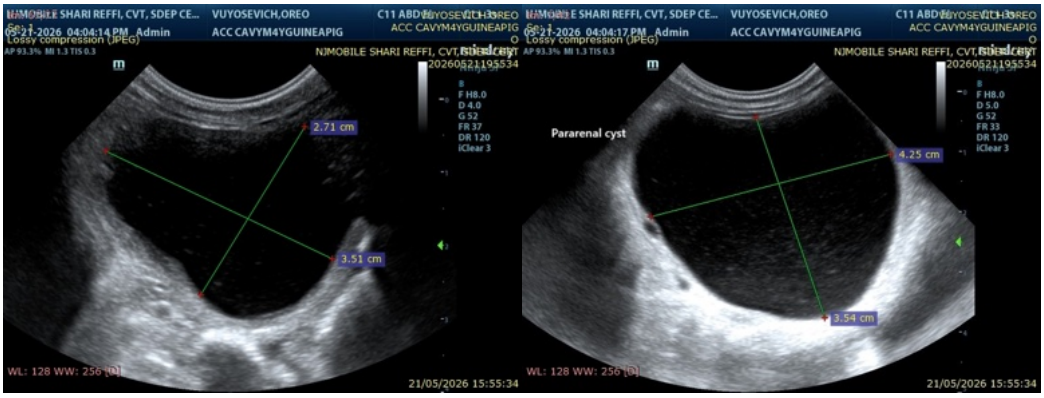

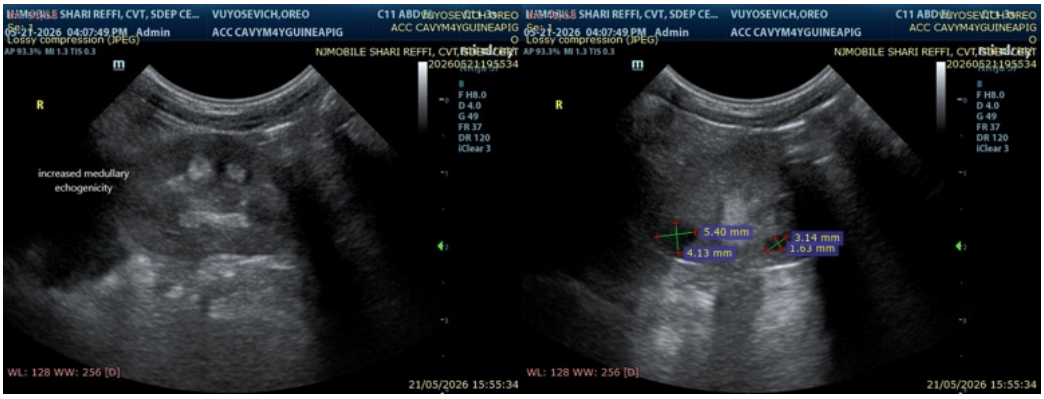

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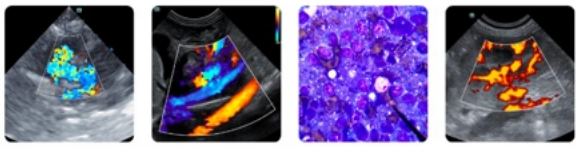

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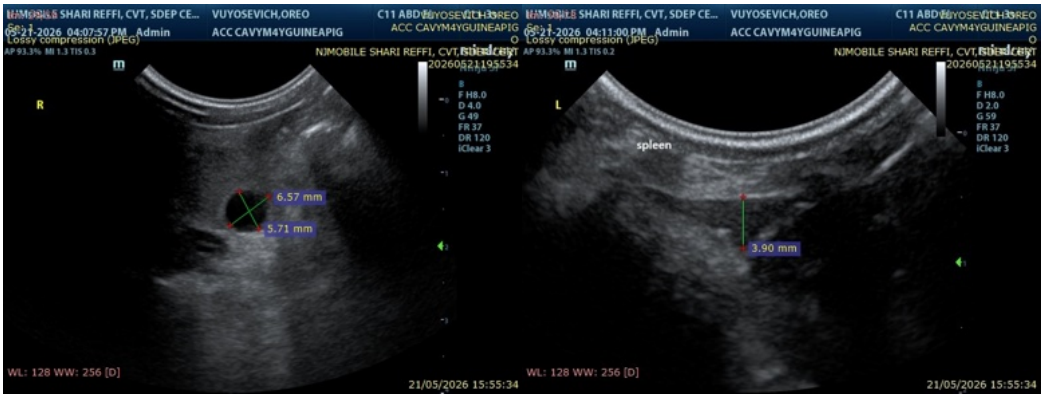

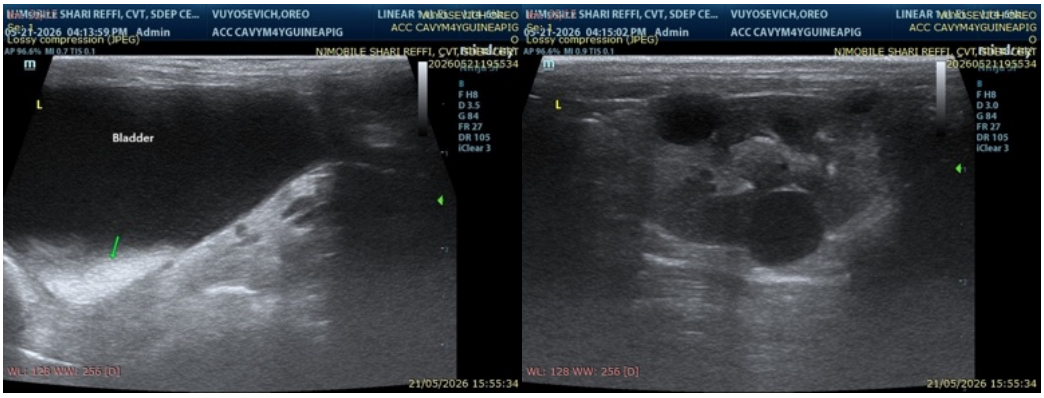

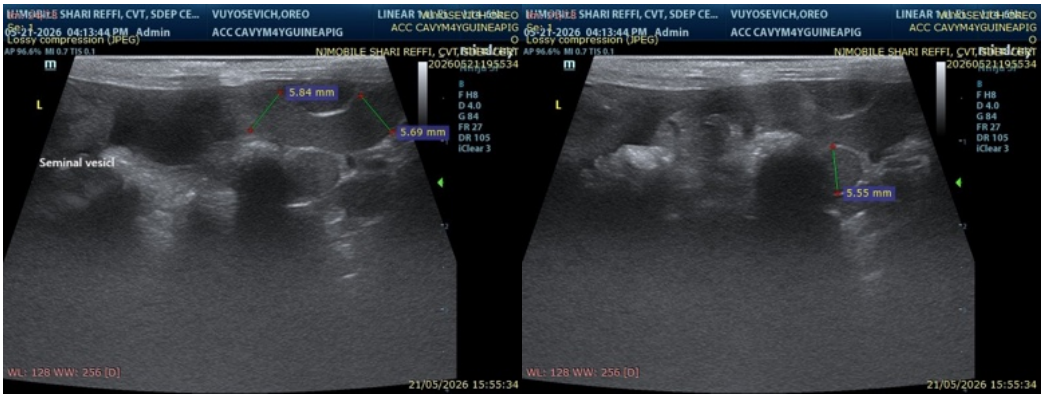

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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