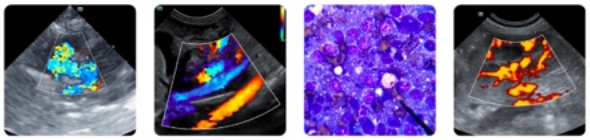


PATIENT

Koda Ulrich

SPECIES

Canine

BREED

Corgi

SEX

Spayed female

AGE

14 years

WEIGHT

25.4 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Kristi Whitten

HOSPITAL NAME

North Fork VC

REFERRING VET

Dr. Whitten

INVOICE

70295

DATE

1/19/26

PRESENTING CLINICAL SIGNS

- Seen for broken toenail last week. O has also noted increased coughing, gagging.
- Quick scan of spleen revealed abnormalities and recommended full abdominal US.
- Three view chest rads NSF
- Last chem was run in 2024. PE NSF

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is normally distended. The bladder wall is thin and smooth, and the urine is anechoic. The bladder neck and proximal urethra have a normal ultrasonographic appearance. No uroliths are identified, and there is no ultrasonographic evidence of inflammatory or neoplastic changes.

Left kidney: Normal in shape and size, measuring 4.98×2.57 cm. Cortical thickness is 0.41 cm in the sagittal plane. The renal cortex is isoechoic relative to the liver parenchyma. The corticomedullary ratio and corticomedullary definition are within normal limits. No pyelectasia, nephroliths, or hydronephrosis are observed.

Right kidney: Normal in shape and size, measuring 4.89x2.34 cm, Cortical thickness is 0.40 cm in the sagittal plane. The renal cortex is isoechoic relative to the liver parenchyma. The corticomedullary ratio and corticomedullary definition are preserved. No pyelectasia, nephroliths, or hydronephrosis are observed.

Adrenal Glands

The adrenal glands are not visualized.

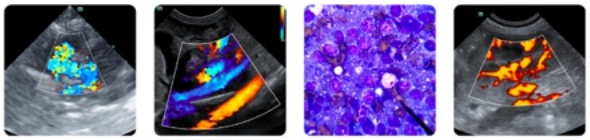
Spleen

Splenic thickness measures approximately 2.0 cm. The splenic parenchyma contains multiple, extensive, homogeneous hyperechoic lesions of variable size, diffusely distributed throughout the parenchyma. The splenic capsule is smooth and regular.

Liver

The liver is subjectively normal in size, with sharp margins and a regular contour. The hepatic parenchyma is uniform and isoechoic relative to the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is identified.

The gallbladder lumen is moderately distended. The gallbladder wall is thin, and the contents are predominantly anechoic. No dilation of the cystic duct or common bile duct is observed.



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Gastrointestinal

Stomach: Empty and folded, with normal mural thickness (2.21 mm) and preserved wall layering.

Duodenum: Wall thickness approximately 3.61 mm, with normal layering.

Jejunum: Wall thickness approximately 2.60–2.67 mm, with normal layering.

Ileum: Wall thickness approximately 2.15 mm, with normal layering.
No ultrasonographic evidence of inflammation, ileus, or foreign material is identified.

Colon: Transverse colon wall thickness approximately 1.08 mm. The colon is largely empty, with formed feces present in the descending colon.

Pancreas

The right pancreatic lobe is visualized and appears normal. The remaining pancreatic regions do not show ultrasonographic evidence of inflammation.

Peritoneal Cavity

No abdominal effusion or evidence of peritonitis is observed. Abdominal lymph nodes are not visualized; the surrounding regions appear unremarkable. The iliac trifurcation has a normal appearance.

ULTRASONOGRAPHIC FINDINGS

- Diffuse, multiple, homogeneous hyperechoic lesions of variable size throughout the splenic parenchyma.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The primary ultrasonographic abnormality in this examination is the presence of diffuse, multiple, homogeneous hyperechoic splenic lesions of variable size, affecting the entirety of the splenic parenchyma, with preservation of a smooth and regular splenic capsule. In an older dog, this pattern is most commonly associated with benign splenic processes, such as nodular hyperplasia, siderotic nodules, and other myelolipoma-like splenic changes.

All other evaluated abdominal organs, including the liver, kidneys, gastrointestinal tract, pancreas, and urinary bladder, are within normal ultrasonographic limits.

Recommendations

Conservative management with clinical and ultrasonographic monitoring is recommended, as the splenic changes are most consistent with benign, age-related degenerative processes and the patient is currently clinically stable with no ultrasonographic signs of splenic rupture or aggressive behavior.

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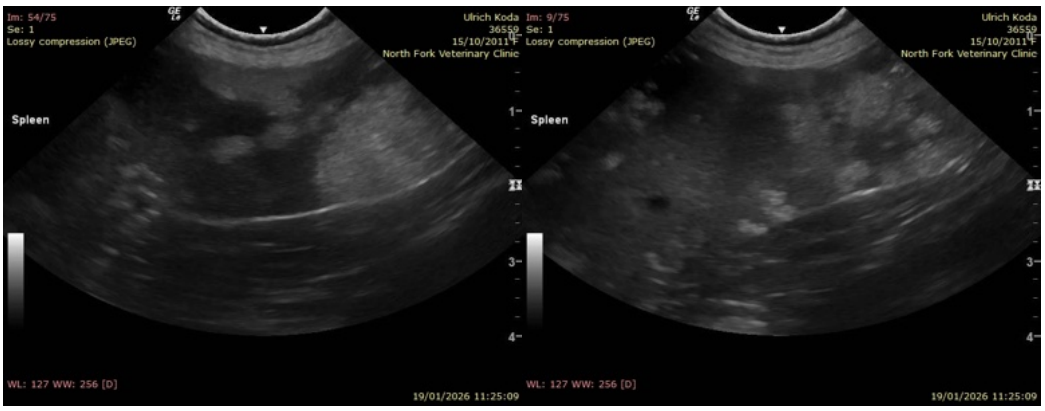
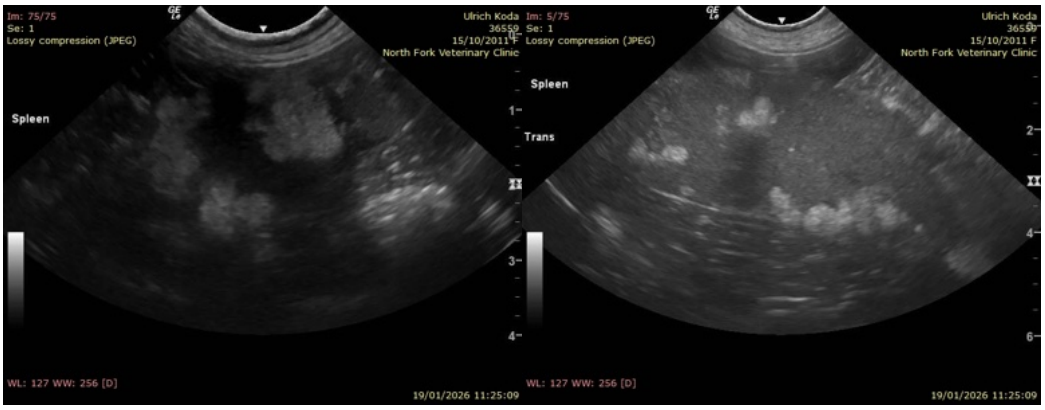
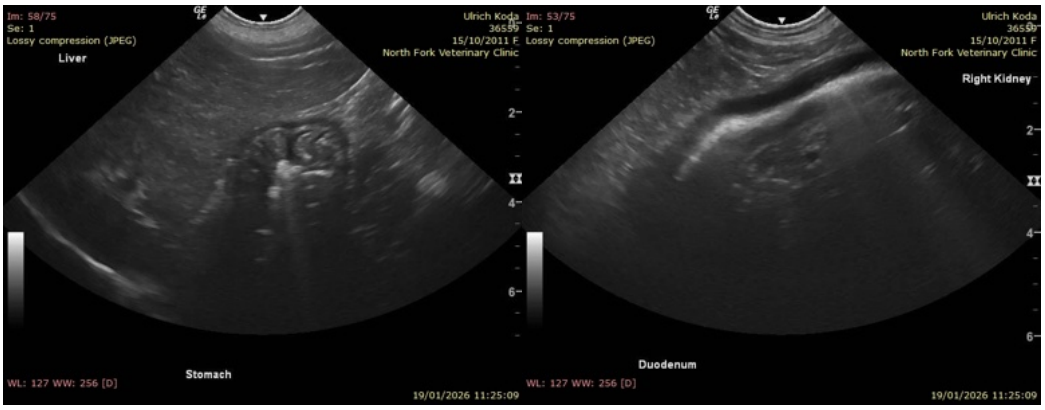


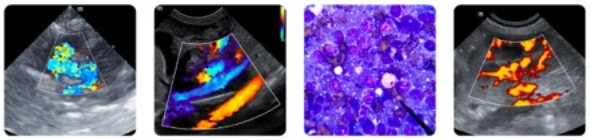




The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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MV Esp Ultrasound in Domestic and Wild Animals

info@SonoPath.com