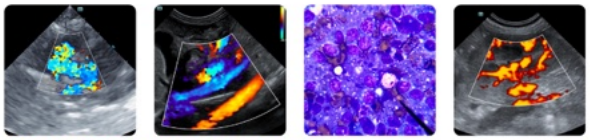


PATIENT

Lovey Hebb

SPECIES

Canine

BREED

Hound Mix

SEX

Spayed female

AGE

11 years

WEIGHT

47.1 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Shannon Matthies, DVM

HOSPITAL NAME

Saugerties AH

REFERRING VET

Dr. Matthies

INVOICE

70836

DATE

1/21/26

PRESENTING CLINICAL SIGNS

- Arrhythmia noted on wellness PE this year – asymptomatic.
- Occasional episodes of gastroenteritis
- PE - irregularly irregular rhythm. ECG results (Idexx cardiology) - sinus rhythm with single intermittent VPCs 3 view CXR - WNL CBC/Chem - WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder lumen is normally distended, and the wall of the urinary bladder appears thin and smooth. The urine is anechoic. Normal appearance of the bladder neck and proximal urethra. There are no calculi, and no evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size: 5.58 x 3.21 cm, and the thickness of the cortex is 0.48 cm, in the sagittal plane. The cortical is isoechogenic compared to liver parenchyma. The corticomedullary ratio is normal and the corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths or hydronephrosis. Doppler color shows normal pattern.

The right kidney is normal in shape and size: 5.67 x 3.20 cm, and the thickness of the cortex is cm, in the sagittal plane. The cortical is isoechogenic compared to liver parenchyma. The corticomedullary ratio is normal and the corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths or hydronephrosis. Doppler color shows normal pattern.

Adrenal Glands

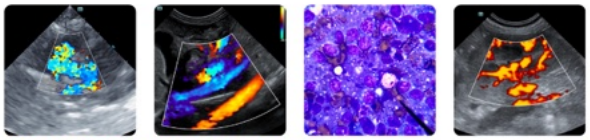
The left adrenal gland is visualized and measures 0.53 cm at the cranial pole and 0.52 cm at the caudal pole, with normal shape and echogenicity. The right adrenal gland is not visualized.

Spleen

Splenic thickness is 1.97 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular. Splenic vasculature appears normal.

Liver

The liver is subjectively normal in size, with sharp margins and a regular contour. Hepatic parenchyma is uniform and isoechoic relative to the falciform fat. Two small, well-defined hyperechoic parenchymal foci are identified, measuring approximately 1.44×1.46 cm and 0.78×0.87 cm. Additionally, a small, well-marginated cystic lesion measuring approximately 0.6×1.4 cm is noted. No hepatic lymphadenopathy is observed.



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The gallbladder is normally distended. The wall is thin. The lumen contains a mild to moderate amount of biliary sludge, with a minimal component of more echogenic, mineralized sediment. No dilation of the cystic duct or common bile duct is identified.

Gastrointestinal

The stomach contains a small amount of digested food material. Gastric wall thickness is 2.81 mm with preserved layering. The pylorus measures 4.7 mm.

The duodenum measures 3.50 mm. The jejunum measures 2.81–3.47 mm, and the ileum measures 2.24 mm. Wall layering is preserved throughout. No evidence of inflammation, obstruction, ileus, or foreign material is identified.

The colon measures 1.30 mm and contains formed feces in the descending segment.

Pancreas

The pancreatic regions evaluated appear unremarkable, with no sonographic evidence of pancreatitis.

Peritoneal Cavity

No abdominal effusion or peritonitis is observed. Abdominal lymph nodes are not visualized. The surrounding regions appear unremarkable. The iliac trifurcation is normal.

ULTRASONOGRAPHIC FINDINGS

- Small, focal hyperechoic hepatic parenchymal foci.
- Small hepatic cystic lesion.
- Mild to moderate biliary sludge with minimal mineralized sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This abdominal ultrasound examination does not identify a structural abdominal cause to explain the patient's ventricular premature complexes.

The liver contains small, well-defined hyperechoic foci and a small cystic lesion, which most likely represent benign incidental findings such as focal fatty change, nodular hyperplasia, mineralization, or a simple hepatic cyst. There is no ultrasonographic evidence of diffuse hepatopathy, mass effect, biliary obstruction, or hepatic disease that would be expected to contribute to systemic illness or arrhythmogenesis.

The presence of biliary sludge, with a minimal mineralized component, is considered a common incidental finding in older dogs and is not associated with biliary obstruction or cholecystitis in this case.

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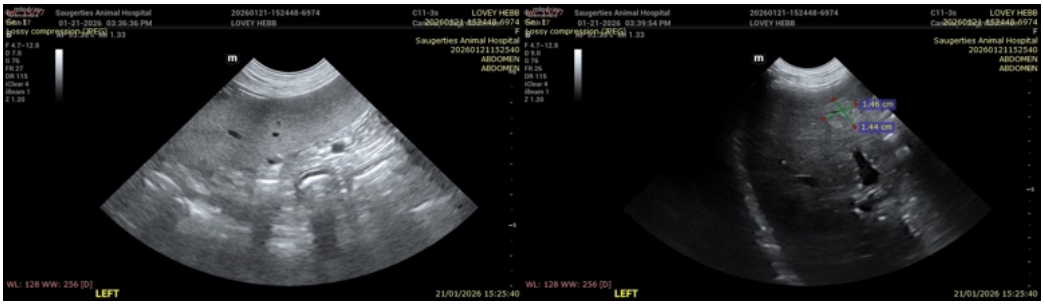
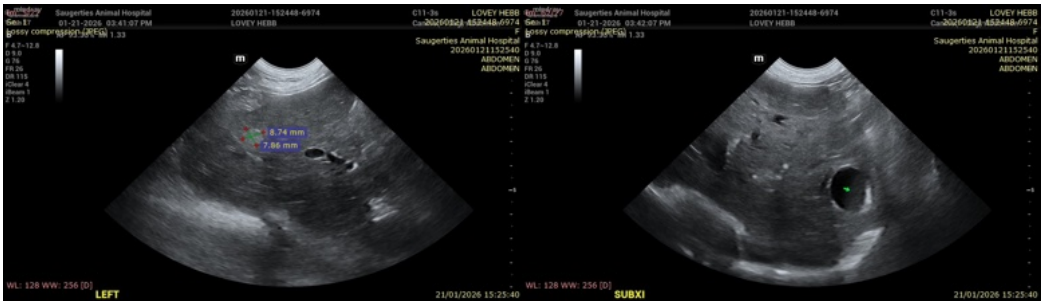
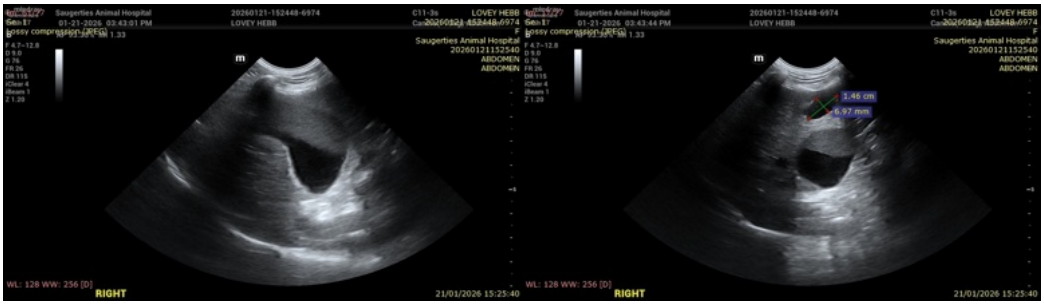
Overall, from an abdominal perspective, no clinically significant abnormalities are identified that would reasonably account for the documented cardiac arrhythmia. Although thoracic radiographs are unremarkable, this does not exclude the presence of underlying myocardial disease. In particular, early or occult cardiomyopathy—such as preclinical dilated cardiomyopathy—may not be radiographically apparent and, in some cases, may also precede overt structural changes detectable on echocardiography. Ventricular premature complexes can occur early in the course of myocardial disease and may represent an initial manifestation before the development of cardiomegaly or systolic dysfunction.

Recommendations

- Correlation with cardiology evaluation and ongoing cardiac monitoring is recommended.
- The incidental hepatic and biliary findings may be monitored clinically and reassessed on follow-up imaging if clinical signs or laboratory abnormalities develop.







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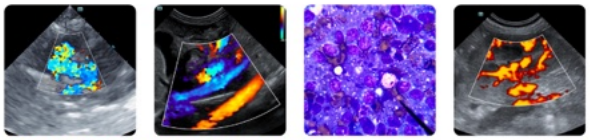

Clinical Sonography & Telecytology
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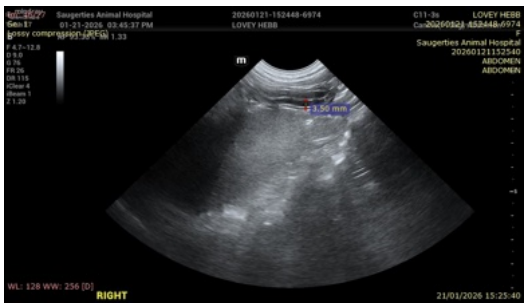

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

MV Esp Ultrasound in Domestic and Wild Animals

info@SonoPath.com