



## PATIENT

Oscar Musso

## SPECIES

Canine

## BREED

American Bully Mix

## SEX

Male

## AGE

3 Years

## WEIGHT

98 Pounds

## INTERPRETED BY

Alicia Angosto  
Guerrero, DMV,  
PgDip, MSc.

## IMAGING PERFORMED BY

Danielle Shemanski,  
DVM, MA

## HOSPITAL NAME

Western New York VS

## REFERRING VET

Brenda Lefler, DVM

## INVOICE

35558

## DATE

1/23/26

## PRESENTING CLINICAL SIGNS

### RDVM REASON FOR REFERRAL:

- Patient presented in November for a hoarse bark or inability to bark.
- Physical exam: Within normal limits.
- Chest and throat rads: Within normal limits.
- Thyroid panel: Within normal limits.
- Patient has polycythemia on CBC.

Abnormal PE/Chem/CBC/UA Results: PE=WNL, Chest and throat rads WNL, thyroid panel WNL. Patient had polycythemia on CBC. November values: RBC=9.83 (5.65-8.87) Hct=66.5 (37.3-61.7) Hgb=23 (13.1-20.5) December values: RBC=10.18, Hct=70.1, Hgb=24

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder lumen is normally distended. The bladder wall appears thin and smooth. 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.

Neuter status is not specified. However, the prostate is small, homogeneous, and hypoechoic, findings compatible with prostatic atrophy.

The left kidney is normal in shape and size, measuring 7.47×3.44 cm. Cortical thickness measures 0.57 cm in the sagittal plane. The renal cortex is isoechoic relative to the liver parenchyma. The corticomedullary ratio is within normal limits, and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler evaluation demonstrates a normal vascular pattern.

The right kidney is normal in shape and size, measuring 7.59×3.87 cm. Cortical thickness measures 0.59 cm in the sagittal plane. The renal cortex is isoechoic relative to the liver parenchyma. The corticomedullary ratio is within normal limits, and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler evaluation demonstrates a normal vascular pattern.

### Adrenal Glands

Both adrenal glands have normal shape and echogenicity. The left adrenal gland measures 0.59 cm at the cranial pole and 0.65 cm at the caudal pole. The right adrenal gland measures 0.55 cm at the cranial pole and 0.52 cm at the caudal pole.

### Spleen

Splenic thickness ranges from 2.07–2.87 cm. The splenic parenchyma demonstrates normal echogenicity with a fine, homogeneous echotexture and no focal parenchymal abnormalities. The splenic capsule is smooth and regular. Splenic vasculature appears normal.



## PATIENT

Oscar Musso

## SPECIES

Canine

## BREED

American Bully Mix

## SEX

Male

## AGE

3 Years

## WEIGHT

98 Pounds

## INTERPRETED BY

Alicia Angosto  
Guerrero, DMV,  
PgDip, MSc.

## IMAGING PERFORMED BY

Danielle Shemanski,  
DVM, MA

## HOSPITAL NAME

Western New York VS

## REFERRING VET

Brenda Lefler, DVM

## INVOICE

35558

## DATE

1/23/26

## Liver

The liver is subjectively normal in size, with sharp margins and a smooth, 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 normally distended. The gallbladder wall is thin, and the contents are anechoic. There is no ultrasonographic evidence of dilation of the cystic duct or common bile duct.

## Gastrointestinal

The stomach is empty and folded, with intraluminal gas, preserved wall layering, and a mural thickness of 2.26 mm. The pylorus measures 4.76 mm and contains a small amount of luminal fluid.

Duodenum: mural thickness 3.25 mm.

Jejunum: mural thickness 4.26 mm, with preserved wall layering.

No ultrasonographic evidence of gastrointestinal inflammation, ileus, or foreign material is identified.

The colon wall measures 0.93 mm, with formed fecal material present in the descending colon.

## Pancreas

The pancreas measures up to 1.08 cm in thickness. Pancreatic parenchyma is isoechoic relative to the adjacent omental fat. No ultrasonographic evidence of active inflammation is identified.

## Free Abdomen

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

## PRIMARY FINDINGS

- None identified

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This abdominal ultrasound examination is largely unremarkable, with preservation of normal organ size, architecture, and echogenicity throughout the abdomen. No ultrasonographic evidence of abdominal masses, organomegaly, inflammatory disease, or neoplasia is identified.

Overall, this study does not identify an abdominal cause for secondary polycythemia, such as renal masses, adrenal tumors, or abdominal neoplasia. Ultrasonography cannot differentiate primary polycythemia (polycythemia vera) from secondary causes related to hypoxia or other systemic conditions, and further diagnostic evaluation is required for definitive classification.

## Recommendations:

- Further evaluation to differentiate primary polycythemia (polycythemia vera) from secondary causes is recommended, including correlation with oxygenation status, cardiovascular and upper airway assessment, and hematologic workup as clinically indicated.



**PATIENT**

Oscar Musso

**SPECIES**

Canine

**BREED**

American Bully Mix

**SEX**

Male

**AGE**

3 Years

**WEIGHT**

98 Pounds

**INTERPRETED BY**

Alicia Angosto Guerrero, DMV, PgDip, MSc.

**IMAGING PERFORMED BY**

Danielle Shemanski, DVM, MA

**HOSPITAL NAME**

Western New York VS

**REFERRING VET**

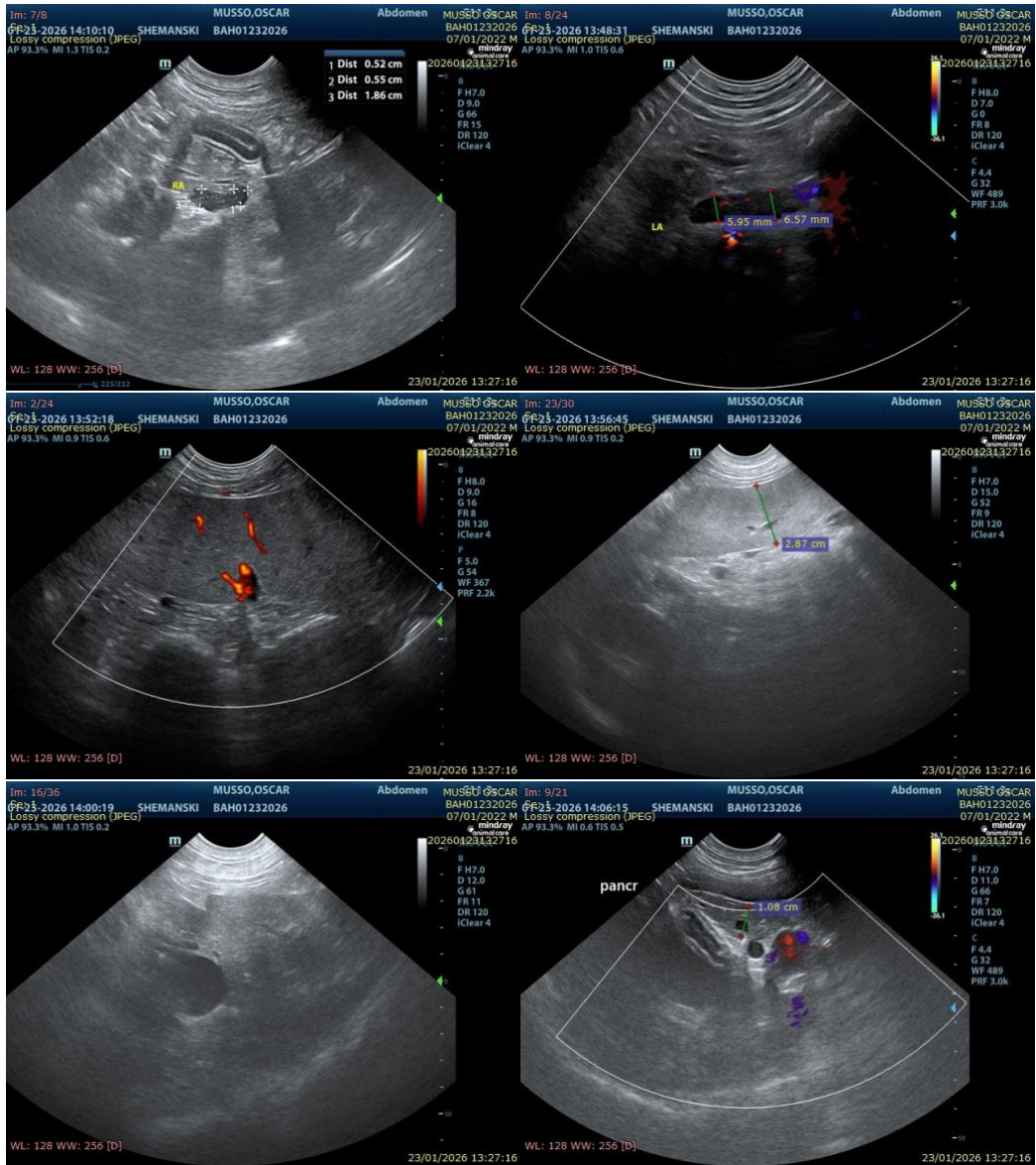
Brenda Lefler, DVM

**INVOICE**

35558

**DATE**

1/23/26



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](mailto:info@SonoPath.com)