



## PATIENT

Abby Blalock

## SPECIES

Canine

## BREED

Cocker Spaniel

## SEX

Spayed female

## AGE

15 years

## WEIGHT

28.8 lbs

## INTERPRETED BY

Dr. Alicia Angosto  
Guerrero

## IMAGING PERFORMED BY

Ian Anderson

## HOSPITAL NAME

Chester Animal Clinic

## REFERRING VET

Dr. Mary Patton

## INVOICE

69089

## DATE

11/26/25

## PRESENTING CLINICAL SIGNS

History: The owner's primary concerns are an acute onset of neurological signs since Friday, including disorientation, difficulty with balance, falling over, and heavier breathing. Other concerns include diarrhea, mouth pain, and mobility issues. History of hypothyroidism (on thyroxine).  
 Disorientation: Walking past her food and water bowls. Staring episodes: Stands and stares, sometimes in a corner or at steps, for about 10 seconds. She is unresponsive to calls during these episodes.  
 Ataxia/Mobility: Having trouble keeping her balance, has fallen over a few times. Restlessness: Walking in circles and wandering at night, unable to sit still for long. Myoclonus/Tremors: Experiencing a "shutter" and single, random "jolt like front to back" episodes, even while lying down.  
 Abnormal PE/Chem/CBC/UA Results: Markedly distended abdomen, generalized muscle atrophy, tachypnea, significant dental plaque, multifocal subcutaneous masses Chemistry -low albumin, increased ALKP, Amylase and PSL. CBC decreased HGB, HCT. Increased Platelets, left shift with bands and some Dohle bodies seen. T4 WNL, UA shows Bacteria (rods) and protein but no inflammatory cells. Keyscreen positive for non parasitic Eimeria

## 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 proximal urethra and vesicoureteral junction. There are no calculi and no evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size: 4.88 × 2.65 cm, and the thickness of the cortex is 0.60 cm in the sagittal plane. The cortex is isoechogenic compared to the liver parenchyma. A 1.3×2.8 mm cortical cyst is present. Few diffuse mineral foci are noted within the cortex. The corticomedullary ratio is normal and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths, or hydronephrosis.

The right kidney is normal in shape and size: 4.85 × 2.60 cm, and the thickness of the cortex is 0.61 cm in the sagittal plane. The cortex is isoechogenic compared to the liver parenchyma. A 1.78×2.52 mm cortical cyst is present. Few diffuse mineral foci are noted within the cortex. The corticomedullary ratio is normal and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths, or hydronephrosis.

### Adrenal Glands

The left adrenal gland measures 0.72 cm at the cranial pole and 0.83 cm at the caudal pole. The right adrenal gland measures 0.71 cm at the cranial pole and 0.76 cm at the caudal pole.

### Spleen

Splenic thickness is 0.91 cm. The parenchyma demonstrates normal echogenicity and a fine, homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.



## PATIENT

Abby Blalock

## SPECIES

Canine

## BREED

Cocker Spaniel

## SEX

Spayed female

## AGE

15 years

## WEIGHT

28.8 lbs

## INTERPRETED BY

Dr. Alicia Angosto  
Guerrero

## IMAGING PERFORMED BY

Ian Anderson

## HOSPITAL NAME

Chester Animal Clinic

## REFERRING VET

Dr. Mary Patton

## INVOICE

69089

## DATE

11/26/25

## Liver

The liver is subjectively increased in size, with rounded edges and a regular contour. The liver parenchyma appears isoechoic compared to the falciform fat, with some slightly more hyperechoic areas. No hepatic lymphadenopathy is observed. The caudal vena cava shows a spontaneous contrast (echogenic swirling) suggestive of reduced venous flow velocity.

The gallbladder lumen is normally distended. The wall is thin, and the contents are primarily anechoic with a mild to moderate amount of biliary sludge in the fundus. No evident dilation of the cystic duct or common bile duct is observed.

## Gastrointestinal

The stomach is empty and folded, with mural thickness (3.05 mm) and preserved wall layering. Pylorus: 4.35 mm.

Duodenum: 4.70 mm (mucosa 3.57 mm), without mucosal striations or hyperechoic pinpoint speckling. Jejunum: 3–3.77 mm (mucosa 2.19 mm; submucosa 0.63 mm; muscularis propria 0.20 mm). Ileum: 1.44 mm. Normal wall layering is preserved throughout.

Colon: transverse segment 1.12 mm; descending segment 1.46 mm; the entire colon contains soft fecal material.

## Pancreas

Pancreatic thickness is 8.90 mm. Pancreatic parenchyma is slightly hypoechoic compared to the adjacent omental fat. No signs of active inflammation of the peripancreatic fat are evident.

## Peritoneal Cavity

No abdominal effusion or peritonitis is observed. Cranial mesenteric lymph nodes are not visualized, but the surrounding regions appear unremarkable. The iliac trifurcation is normal.

## ULTRASONOGRAPHIC FINDINGS

### PRIMARY FINDINGS

- Mild hepatomegaly with subtly heterogeneous parenchymal echogenicity.
- Spontaneous echogenic swirling within the caudal vena cava.
- Both adrenal glands at the upper limits of normal to mildly enlarged for body size (0.71–0.79 cm DV).

### SECONDARY FINDINGS

- Mild to moderate non-obstructive biliary sludge.



## PATIENT

Abby Blalock

- Small bilateral cortical renal cysts (1–3 mm). Scattered pinpoint cortical mineral foci in both kidneys.

## SPECIES

Canine

## BREED

Cocker Spaniel

## SEX

Spayed female

## AGE

15 years

## WEIGHT

28.8 lbs

## INTERPRETED BY

Dr. Alicia Angosto  
Guerrero

## IMAGING PERFORMED BY

Ian Anderson

## HOSPITAL NAME

Chester Animal Clinic

## REFERRING VET

Dr. Mary Patton

## INVOICE

69089

## DATE

11/26/25

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The abdominal ultrasound shows bilateral mild cortical renal changes, including small cortical cysts and scattered pinpoint mineral foci within both renal cortices. These findings are compatible with early cortical degenerative/mineralizing nephropathy (incipient nephrocalcinosis), which may reflect age-related change or a systemic metabolic or endocrine process.

The liver is mildly enlarged with rounded margins and subtle heterogeneous echogenicity, findings most consistent with an incipient vacuolar hepatopathy. This pattern is classically associated with endogenous or exogenous steroid exposure, including hyperadrenocorticism.

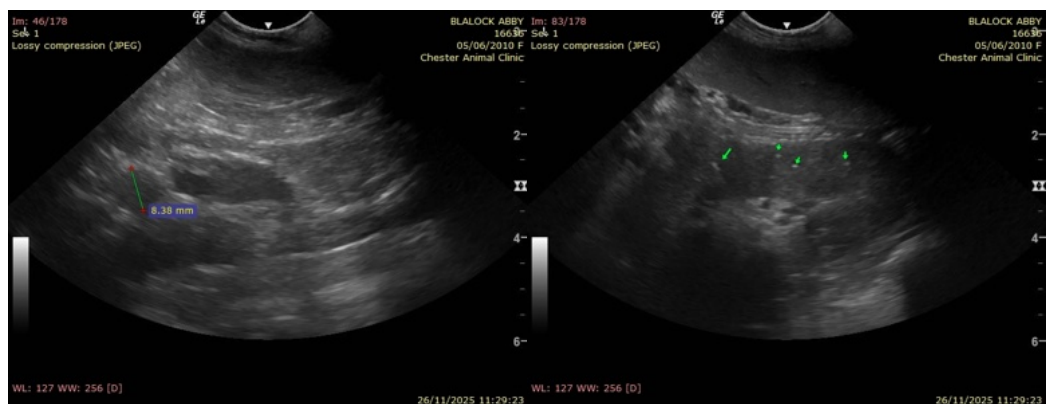
The gallbladder contains mild to moderate sludge without evidence of obstruction.

The spontaneous echogenic swirling in the caudal vena cava may reflect slow venous flow, which can be associated with hypoalbuminemia, systemic illness, or a hypercoagulable state.

Both adrenal glands at the upper limits of normal to mildly enlarged for a dog of this body weight (normal DV typically  $\leq 0.70$ – $0.75$  cm in dogs  $\approx 10$ – $15$  kg). This degree of enlargement is not diagnostic but is compatible with hyperadrenocorticism when considered alongside the patient's clinical signs and laboratory abnormalities.

### Recommendations

- Low-Dose Dexamethasone Suppression Test or ACTH stimulation test is recommended to investigate hyperadrenocorticism.
- Given the spontaneous contrast within the caudal vena cava and the constellation of findings compatible with hyperadrenocorticism (a recognized hypercoagulable condition), further evaluation with TEG and antithrombin activity is recommended to assess for hypercoagulability.





## PATIENT

Abby Blalock

## SPECIES

Canine

## BREED

Cocker Spaniel

## SEX

Spayed female

## AGE

15 years

## WEIGHT

28.8 lbs

## INTERPRETED BY

Dr. Alicia Angosto Guerrero

## IMAGING PERFORMED BY

Ian Anderson

## HOSPITAL NAME

Chester Animal Clinic

## REFERRING VET

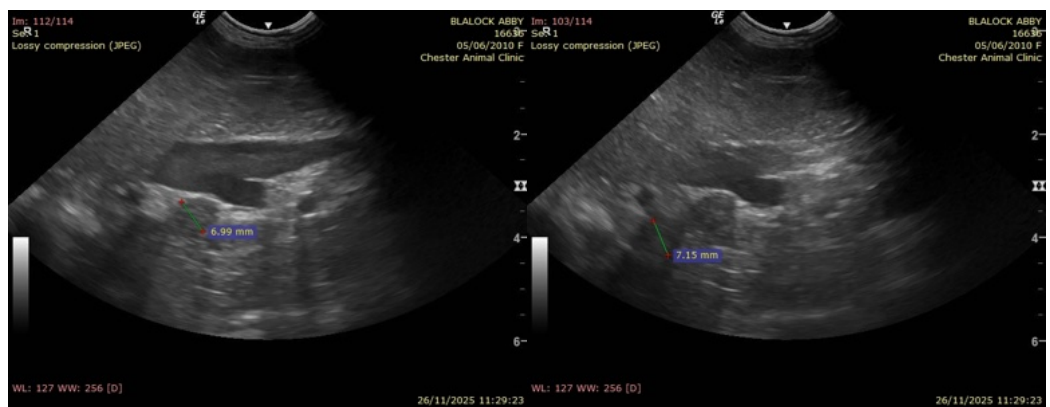
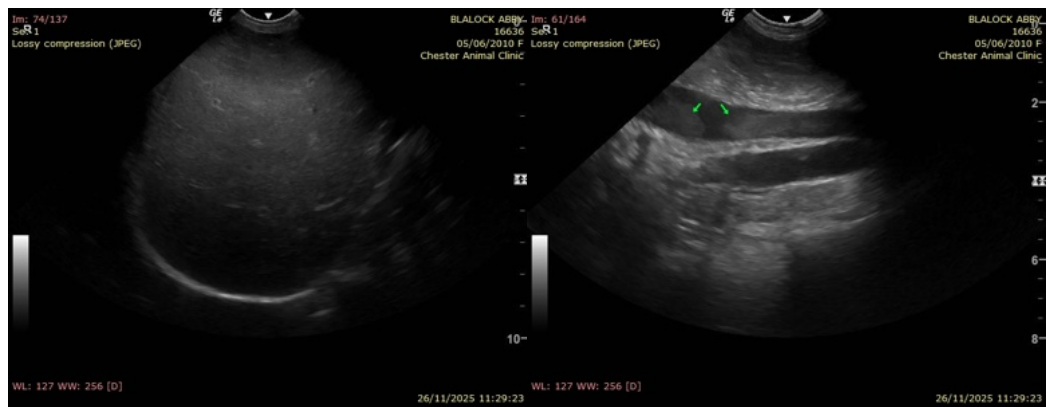
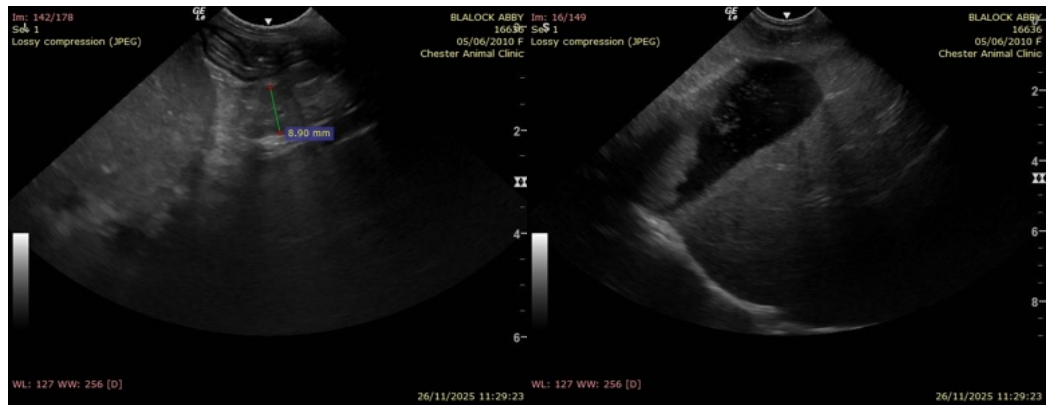
Dr. Mary Patton

## INVOICE

69089

## DATE

11/26/25



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.



## PATIENT

MV Esp Ultrasound in Domestic and Wild Animals

Abby Blalock

[info@SonoPath.com](mailto:info@SonoPath.com)

## SPECIES

Canine

## BREED

Cocker Spaniel

## SEX

Spayed female

## AGE

15 years

## WEIGHT

28.8 lbs

## INTERPRETED BY

Dr. Alicia Angosto  
Guerrero

## IMAGING PERFORMED BY

Ian Anderson

## HOSPITAL NAME

Chester Animal Clinic

## REFERRING VET

Dr. Mary Patton

## INVOICE

69089

## DATE

11/26/25