

PATIENT

Molly Wagner

SPECIES

Canine

BREED

Greyhound

SEX

Spayed female

AGE

10 years

WEIGHT

90 lbs

INTERPRETED BY

Dr. Alicia Angosto
Guerrero

IMAGING PERFORMED BY

Tiffany Brady, DVM

HOSPITAL NAME

Shiloh VH

REFERRING VET

Dr. Herr

INVOICE

69088

DATE

11/26/25

PRESENTING CLINICAL SIGNS

History: History of inappropriate urination for past 3-4 months. O reports increased thirst and hunger. Recent UA unremarkable with no signs of inflammation and dilute USG but hematuria noted on stick. CBC/Chem/T4 pending urine culture pending BP avg 110 mmHg

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder lumen is very 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: 8.10 x 4.09 cm, and the thickness of the cortex is 0.75 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.

The right kidney is normal in shape and size: 8.02 x 3.91 cm, and the thickness of the cortex is 0.72 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.

Adrenal Glands

Unfortunately, neither adrenal gland was visualized in any of the videos provided. The image labeled as the left adrenal gland does not correspond to the left adrenal gland.

Spleen

Splenic thickness is 2.28 cm. 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 with a small amount of biliary sludge. No evident dilation of the cystic duct or common bile duct is observed.



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Gastrointestinal

The stomach is moderately distended with food remnants, with mural thickness of 2.72 mm and preserved wall layering.

Duodenum: 3.82 mm. Jejunum: 2.99 mm. Ileum: 2.69 mm. Normal wall layering. No signs of inflammation, ileus, or foreign material are identified.

Colon: 0.94 mm, with formed feces in the descending segment.

Pancreas

No signs of active inflammation or neoplastic disease are evident in the pancreatic area.

Peritoneal Cavity

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

ULTRASONOGRAPHIC FINDINGS

The abdominal ultrasound is unremarkable.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The urinary bladder is markedly distended with a thin, smooth wall and no evidence of cystitis, masses, or uroliths. Both kidneys are normal in size, shape, corticomedullary definition, and echogenicity, with no evidence of pyelectasia or nephrolithiasis. The liver, spleen, pancreas, and gastrointestinal tract show no significant abnormalities. The gallbladder contains only a small amount of non-obstructive biliary sludge.

Neither adrenal gland could be visualized in the videos provided, and therefore their size and morphology cannot be evaluated in this study.

Recommendations

- If clinical suspicion for hyperadrenocorticism persists, a Low-Dose Dexamethasone Suppression Test or ACTH stimulation test is recommended.
- If the referring clinician wishes to assess the adrenal glands, a repeat ultrasound with proper imaging of both adrenals in longitudinal (sagittal) view is required. Submitting only the adrenal images for an adequate dorsoventral measurement will allow us to update this report with that information.



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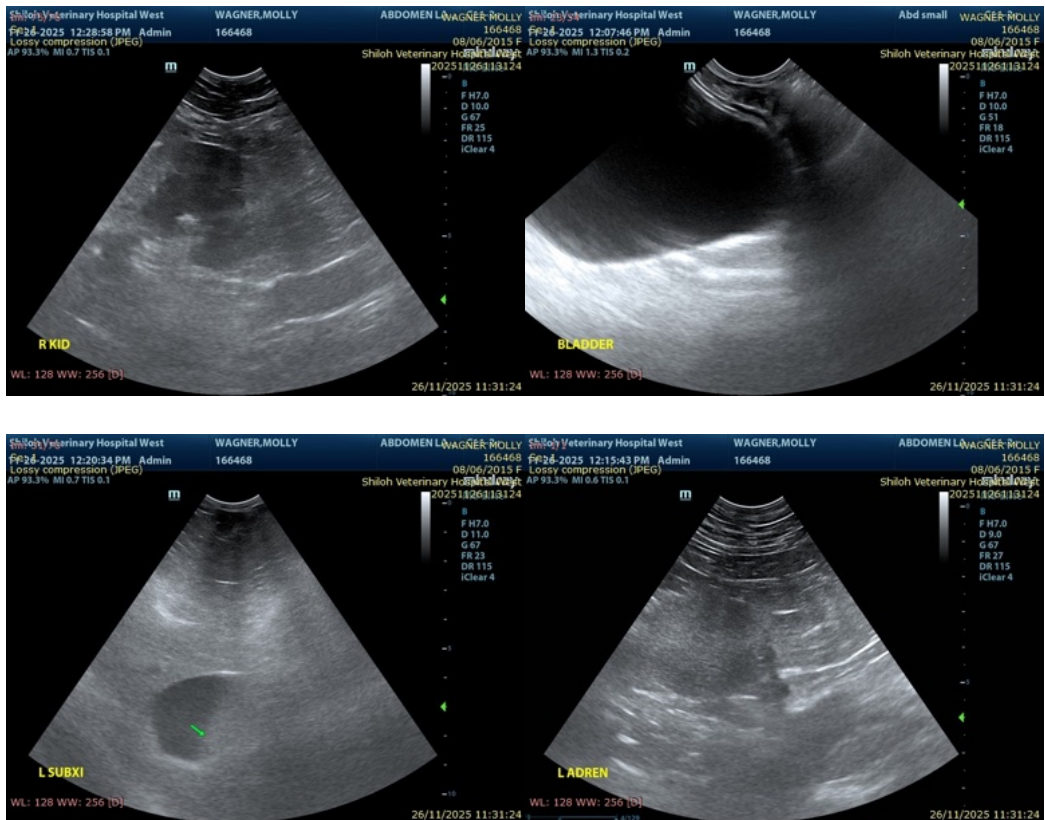
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

MV Esp Ultrasound in Domestic and Wild Animals

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