



PATIENT

Beaker Dietrich

SPECIES

Canine

BREED

Poodle Mix

SEX

MN

AGE

12 years

WEIGHT

22 lbs

INTERPRETED BY

Alicia Angosto
Guerrero, DMV,
PgDip, MSc.

IMAGING PERFORMED BY

Dr. Allison Maxey

HOSPITAL NAME

Evergreen Animal
Hospital

REFERRING VET

Dr. Allison Maxey

INVOICE

10955

DATE

12/17/2025

PRESENTING CLINICAL SIGNS

History of elevated liver enzymes for at least 3 months. Owner reports increased panting, particularly at night. Was given 1 month of ursodiol in September which owner didn't refill. Primary rule out is hyperadrenocorticism.

Abnormal PE/Chem/CBC/UA Results: ALT 174 U/L, ALP 2,227 U/L, GGT 21 U/L, Chol 390 mg/dl, lipase 498 U/L. LDDST is pending.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

The left kidney is normal in shape and size, measuring 5.14×3.04 cm. Cortical thickness measures 0.51 cm in the sagittal plane. The renal cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio is normal, and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

The right kidney contains a rounded lesion measuring approximately 2.66×2.56 cm, located within the cortical region of the caudal pole and protruding externally. The lesion contains partially anechoic, markedly turbid fluid with sedimentation and has a thin wall. The remainder of the right kidney appears structurally normal.

Adrenal Glands

The left adrenal gland measures 0.65 cm at the cranial pole and 0.89 cm at the caudal pole. The right adrenal gland measures 0.78 cm at the cranial pole and 0.84 cm at the caudal pole.

Spleen

Splenic thickness measures 1.12 cm. The splenic parenchyma demonstrates normal echogenicity and a fine, homogeneous echotexture. A hyperechoic focus measuring approximately 2.22 × 3.92 mm is identified adjacent to the splenic hilum, with two additional smaller hyperechoic foci also noted. 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. The hepatic parenchyma appears uniform and isoechoic relative to the falciform fat, with a normal echotexture. However, a very subtle, poorly defined area measuring approximately 3.19×1.73 cm is identified within the right lateral hepatic lobe, near its junction with the right medial lobe, making precise localization challenging. No hepatic lymphadenopathy is observed.

The gallbladder lumen is moderately distended. The gallbladder wall appears to demonstrate early mucinous gland hyperplasia and contains a moderate amount of biliary sludge. No dilation of the cystic duct or common bile duct is observed.

Gastrointestinal



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The stomach is nearly empty and folded; however, a rounded intraluminal structure measuring approximately 1.23–1.50 cm is identified, producing marked distal acoustic shadowing. No obstructive pattern is observed. Gastric mural thickness measures 1.96 mm, with preserved wall layering.

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Duodenum: 4.99 mm.
Jejunum: 3.12 mm.
Ileum: 1.69 mm.

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Normal wall layering is preserved throughout. No signs of inflammation, ileus, or foreign material are identified.

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The colon measures 1.10 mm and contains formed fecal material in the descending segment.

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Pancreas

The pancreas measures approximately 0.91 cm in thickness. Pancreatic parenchyma is isoechoic relative to the adjacent omental fat. No ultrasonographic evidence of active inflammation or neoplastic disease is identified.

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Free Abdomen

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

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- Rounded cortical lesion within the caudal pole of the right kidney measuring approximately 2.66×2.56 cm, containing partially anechoic, markedly turbid fluid with sedimentation and a thin wall, protruding externally from the renal contour.
- Mild bilateral adrenal enlargement.
- Very subtle, poorly defined hypoechoic area within the right hepatic lobe.
- Moderate biliary sludge with suspected early gallbladder mucinous gland hyperplasia.

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SECONDARY FINDINGS

- Rounded intragastric structure with marked distal acoustic shadowing, without evidence of obstruction.
- Small hyperechoic splenic foci adjacent to the hilum.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most notable abnormality is a rounded cortical lesion within the caudal pole of the right kidney, containing turbid, sedimenting fluid and bounded by a thin wall. This appearance is most consistent with a complicated renal cyst, such as a hemorrhagic or proteinaceous cyst. The remainder of the renal parenchyma appears normal, and there is no evidence of renal outflow obstruction.

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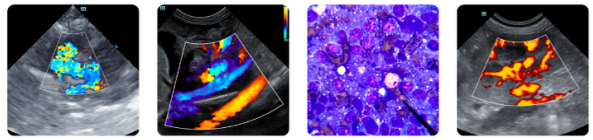
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Both adrenal glands are mildly enlarged, which, in combination with markedly elevated ALP, hypercholesterolemia, increased panting, and pending endocrine testing, is supportive of possible pituitary-dependent hyperadrenocorticism, although adrenal size alone is not diagnostic.

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The liver is subjectively normal in size and overall echotexture; however, a very subtle, poorly marginated focal area is identified within the right hepatic lobe. In the current clinical context, this finding is nonspecific but may represent focal hepatocellular hyperplasia or mild vacuolar hepatopathy,



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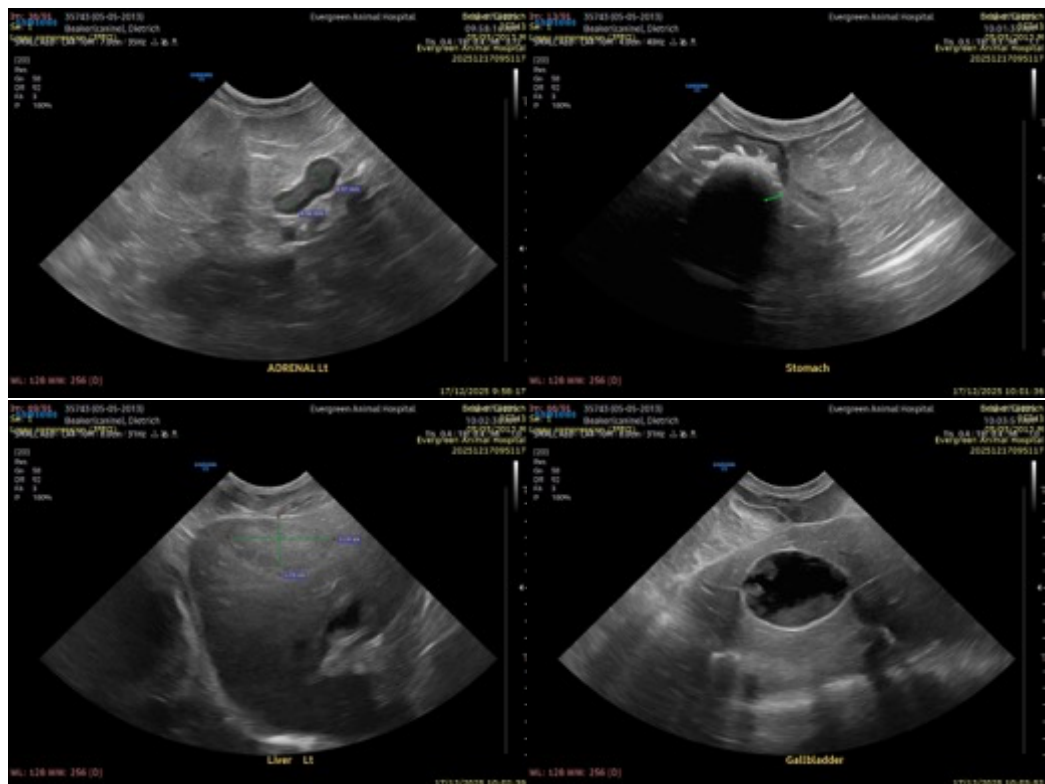
potentially secondary to an underlying endocrine disorder such as hyperadrenocorticism. The gallbladder contains a moderate amount of biliary sludge, and the gallbladder wall appears mildly altered, raising suspicion for early mucinous gland hyperplasia, which may be seen in association with endocrinopathies.

Small hyperechoic splenic foci are identified, most consistent with benign changes such as splenic myelolipomas or mineralized bodies (Bates bodies). These findings are considered incidental and may be seen in association with chronic endocrine or metabolic conditions.

A rounded intragastric structure with marked acoustic shadowing is identified without evidence of obstruction, most consistent with ingested material or treat.

Recommendations

- Correlation with pending endocrine testing, including the low-dose dexamethasone suppression test, is recommended to further assess hyperadrenocorticism.
- Continued monitoring of liver enzymes and cholesterol levels is advised, with consideration of repeat abdominal ultrasonography based on clinical progression.
- Given the imaging characteristics of the renal lesion and the absence of associated clinical or laboratory abnormalities, ultrasound-guided sampling is not recommended at this time. Follow-up ultrasonographic monitoring is advised..
- Clinical correlation regarding the intragastric structure.





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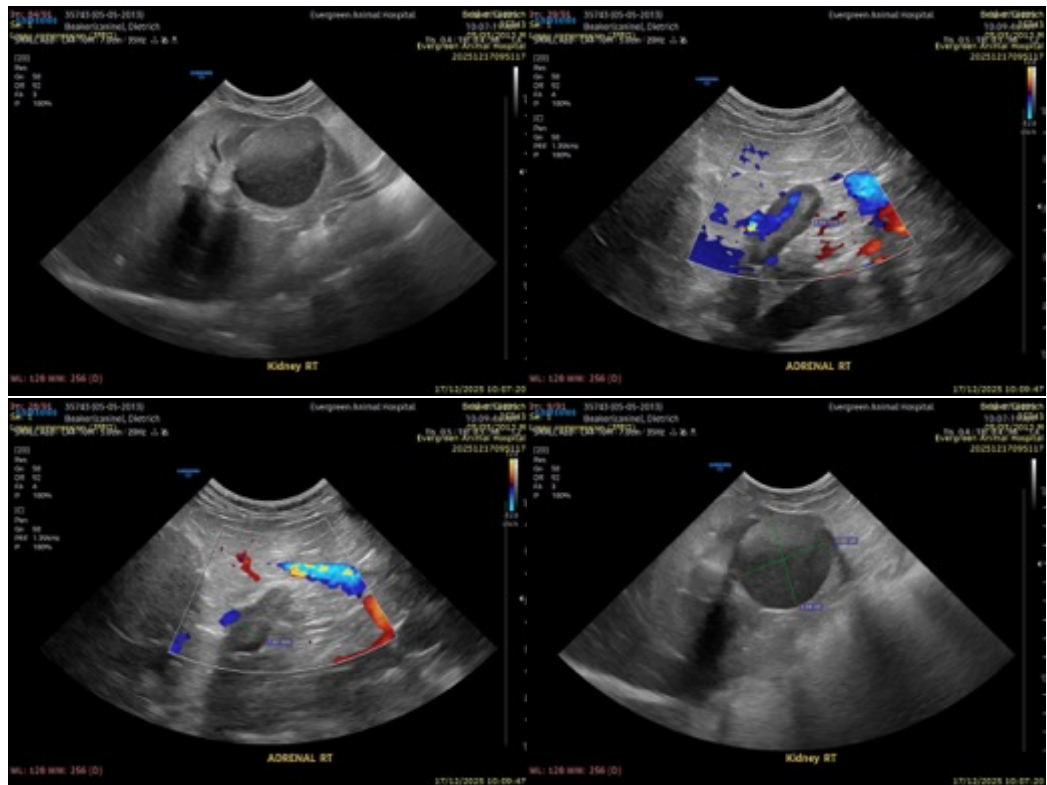
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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