



PATIENT

Brody Keenan

SPECIES

Canine

BREED

Mix

SEX

Neutered male

AGE

12 years

WEIGHT

34.6 lbs

INTERPRETED BY

Dr. Alicia Angosto
Guerrero

IMAGING PERFORMED BY

Adrienne Hou

HOSPITAL NAME

Marina Village
Veterinary &
Integrative Care

REFERRING VET

Dr. Hou

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69256

DATE

12/2/25

PRESENTING CLINICAL SIGNS

History: Decreased appetite, increased anxiety/vocalization at home for the past few months. One episode of inappropriate urination while standing. Changes in urination pattern (urinates on concrete instead of turf) at home.

Abnormal PE/Chem/CBC/UA Results: BUN=32, ALP=3072, GGT=32, Anaplasma positive, 3+ proteinuria. Unremarkable CBC

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: 4.53x2.99 cm, and the thickness of the cortex is 0.43 m, in the sagittal plane.

The right kidney is normal in shape and size: 4.90x3.01 cm, and the thickness of the cortex is 0.41 cm, in the sagittal plane.

Both kidneys: The renal cortex is slightly increased in echogenicity, resulting in increased corticomedullary distinction. There is no evidence of pyelectasia, nephroliths or hydronephrosis. Doppler color shows normal pattern.

Adrenal Glands

Left adrenal: caudal pole 0.53 cm and cranial pole 0.60 cm.

Right adrenal: Normal.

Spleen

Splenic thickness is 1.48 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 appears uniform and isoechoic compared to the falciform fat, with a normal echotexture. Cystic lesions are present, the largest measuring 1.32 × 1.55 cm, apparently in the right medial lobe. No hepatic lymphadenopathy is observed.

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



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Gastrointestinal

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The stomach is empty and folded, with mural thickness of 4.33 mm and preserved wall layering.

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Pylorus: 4.49 mm. Duodenum: 4.59 mm (mucosa 3.57 mm, submucosa 0.67 mm, muscularis propria 0.25 mm). Jejunum: 3.72–4.20 mm. Ileum: normal wall layering. No signs of obstruction, ileus, or foreign material are identified.

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Colon wall thickness: 1.14 mm, with formed feces in the descending segment.

Pancreas

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Pancreatic thickness is 1.01 cm. The right limb, body, and left limb appear normal. Pancreatic parenchyma is isoechoic to the adjacent omental fat. The diameter of the pancreatic duct is normal. No signs of active inflammation or neoplastic disease are evident.

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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.

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ULTRASONOGRAPHIC FINDINGS

- Mildly increased renal cortical echogenicity.
- Small hepatic cystic lesions in the right medial liver lobe region.
- Moderate biliary sludge within a normally distended gallbladder.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The abdominal ultrasound reveals mild bilateral renal cortical echogenicity, consistent with early or mild chronic nephropathy, previous inflammatory injury, or age-related change. Corticomedullary definition remains preserved, and there is no evidence of pyelectasia, nephrolithiasis, or obstructive disease. These findings may correlate with the patient's proteinuria and should be interpreted alongside renal bloodwork and infectious disease status, particularly given the positive Anaplasma result.

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The liver is normal in size and echotexture, though it contains a well-defined cystic hepatic lesion in the right medial lobe, most consistent with a benign biliary cyst or incidental hepatic cystic change, no ultrasonographic features suggest abscessation, neoplasia, or parasitic disease. No mass effect, architectural distortion, or lymphadenopathy is seen.

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A moderate amount of non-obstructive biliary sludge is present without gallbladder wall changes or biliary duct dilation. This is a common and often incidental finding in older dogs and is not suggestive of cholecystitis or obstruction at this time.



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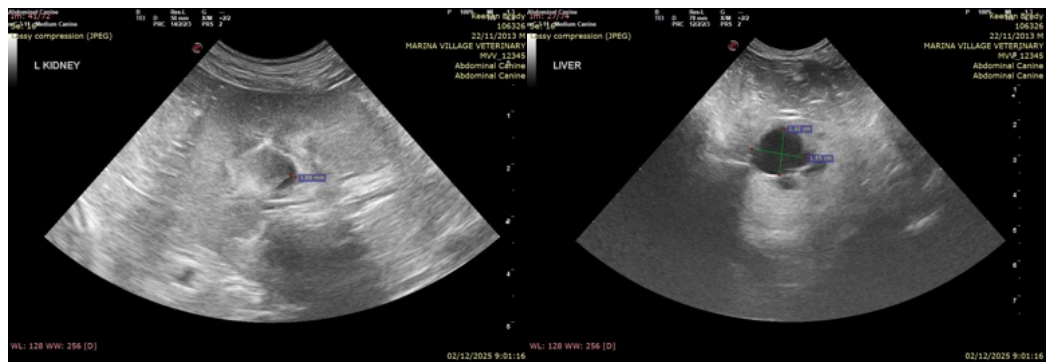
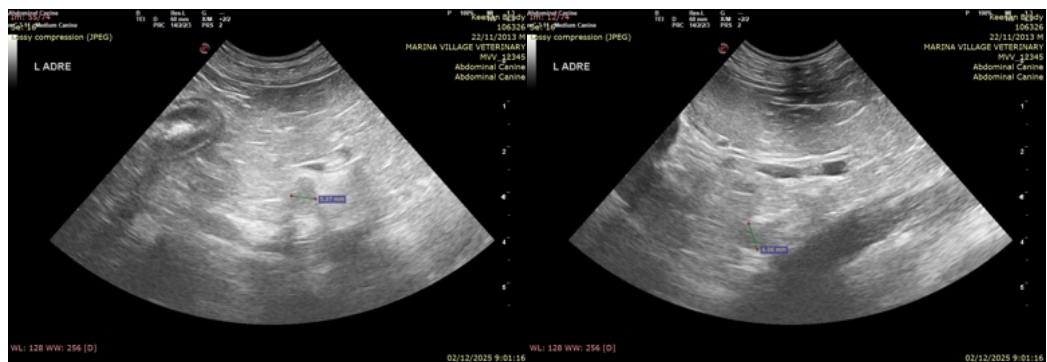
Recommendations

- Complete renal workup, including UPC ratio and blood pressure measurement.
- Hepatoprotectants and ursodiol: Not required for the hepatic cyst itself but may be used to support improving liver enzyme trends and to address the presence of biliary sludge.
- If liver enzymes continue to rise despite treatment, consider:

Advanced hepatobiliary work-up.

Possible endocrine screening (hyperadrenocorticism can cause marked ALP elevation).

Fine-needle aspiration or biopsy.





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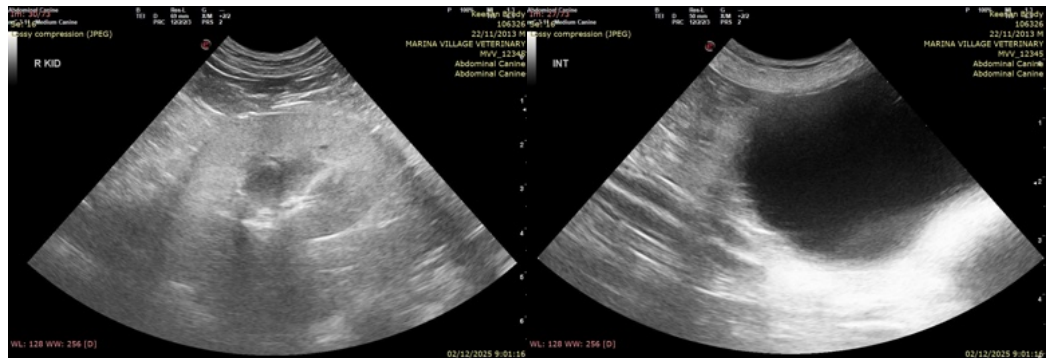
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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