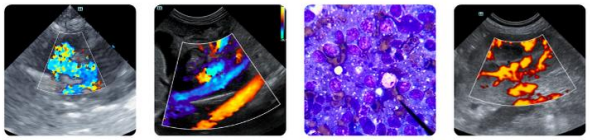




**PATIENT**

Honni Pasternack-Post

**SPECIES**

Canine

**BREED**

Cavalier King Charles

**SEX**

FS

**AGE**

8yr

**WEIGHT**

27lb

**INTERPRETED BY**

Alicia Angosto Guerrero, DMV, PgDip, MSc.

**IMAGING PERFORMED BY**

Jack Reese

**HOSPITAL NAME**

Willow Run Veterinary Clinic

**REFERRING VET**

Gwenna Johnson VMD

**INVOICE**

23127

**DATE**

12/5/2025

## PRESENTING CLINICAL SIGNS

Honni presented 11/21/25 with a 10-day history of decreased appetite. She had normal energy and was not having any GI signs apart from not eating well. 11/21 Diagnostics HCT 36.8%, Na:K 32, ALT 432, UA showed mild cocci. Patient received Cerenia and SQ fluids, sent home with Cefpodoxime. Patient returned 12/1 with new clinical signs - pu/pd, urinary accidents in the house, absent appetite. Diagnostics 12/1 - HCT 30%, Na:K 33, ALT 256, UA - cocci, Urine culture was sent out (no growth). Patient was started on daily Cerenia, Enrofloxacin (pending culture) and Entyce.

Abnormal PE/Chem/CBC/UA Results: 12/1 - HCT 30%, Na:K 33, ALT 256 (improved), UA - visible cocci in sediment; urine culture was sent out (no growth)

## 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: 5.51×2.83 cm, and the thickness of the cortex is 0.56 cm in the sagittal plane.

The right kidney is normal in shape and size: 5.99×2.95 cm, and the thickness of the cortex is 0.50 cm in the sagittal plane.

Both: The cortex is isoechoic compared to liver parenchyma. The corticomedullary ratio is normal, and the corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths, or hydronephrosis. Color Doppler shows a normal pattern.

### *Adrenal Glands*

Both adrenal glands show normal shape and echogenicity. The left adrenal gland measures 0.37 cm at the cranial pole and 0.39 cm at the caudal pole. The right adrenal gland measures 0.63 cm at the cranial pole and 0.42 cm at the caudal pole.

### *Spleen*

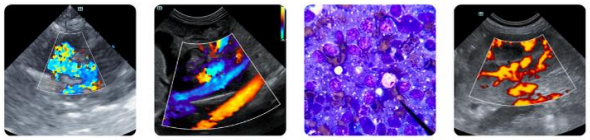
Splenic thickness is 1.43 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture with several hyperechoic foci smaller than 0.5 cm.

### *Liver*

The liver is subjectively normal in size, with sharp edges and a regular contour. The liver parenchyma looks uniform and is 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.

### *Gastrointestinal*





SonoPath.com info@sonopath.com 1.800.838.4268

**PATIENT**

Honni Pasternack-Post

**SPECIES**

Canine

**BREED**

Cavalier King Charles

**SEX**

FS

**AGE**

8yr

**WEIGHT**

27lb

**INTERPRETED BY**

Alicia Angosto Guerrero, DMV, PgDip, MSc.

**IMAGING PERFORMED BY**

Jack Reese

**HOSPITAL NAME**

Willow Run Veterinary Clinic

**REFERRING VET**

Gwenna Johnson VMD

**INVOICE**

23127

**DATE**

12/5/2025

The stomach is empty and folded, with mural thickness (2.21 mm) and preserved wall layering. The pylorus, with a small amount of fluid in the lumen, measures 4.96 mm. Duodenum: 3.34 mm. Jejunum: 2.19–2.60 mm; ileum: 2.19 mm. Normal wall layering. No signs of inflammation, ileus, or foreign material are identified.

Colon: 0.81 mm, with a small amount of material in the lumen.

### *Pancreas*

The right limb of the pancreas appeared completely normal.

### *Free Abdomen*

No abdominal effusion or peritonitis is observed. Cranial mesenteric lymph nodes — but the surrounding regions appeared unremarkable. The iliac trifurcation is normal.

## PRIMARY FINDINGS

- Small splenic hyperechoic foci (<0.5 cm), likely benign/incidental.
- Mild biliary sludge.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Abdominal ultrasonography shows no evidence of structural hepatic, biliary, pancreatic, renal, adrenal, or gastrointestinal disease that would directly explain the patient's current clinical signs of anorexia, PU/PD, and intermittent urinary abnormalities. The liver appears normal in size and echotexture, without biliary obstruction, despite persistently increased ALT. A small amount of biliary sludge is present, which is considered incidental or exacerbated by the decreased appetite.
The adrenal glands are within normal size limits for the patient's body weight, without changes suggestive of hyperplasia, neoplasia, or hypoadrenocorticism, and therefore do not support an adrenal cause of the reported sodium-to-potassium ratio abnormalities.

Multiple small splenic hyperechoic foci (<0.5 cm) are present, which are most compatible with benign processes including myelolipomas, nodular hyperplasia, or siderotic plaques (Bates bodies).
Overall, the ultrasound findings do not reveal a primary abdominal cause for the patient's decreased appetite or PU/PD. Persistent ALT elevation may reflect reactive hepatopathy, medication-associated change, or systemic disease rather than primary hepatic pathology. The urine sediment showing cocci without culture growth is more consistent with contaminant or resolved/low-grade infection rather than ongoing pyelonephritis or cystitis.

Recommendations

- Monitor trends in ALT, hematocrit, Na:K ratio, hydration status.
- ACTH stimulation test or baseline cortisol (if compatible with clinical picture) especially if PU/PD persists and Na:K ratio remains borderline low.
- Recheck urine analysis and sediment to assess for persistence of cocci despite negative culture.
- Supportive hepatoprotective therapy (SAMe or Denamarin). Continue appetite support (Entyce). Monitor water intake and urination at home; consider hospitalization if dehydration or anorexia worsen.
- Consider bile acids stimulation test to further assess hepatic function if ALT remains elevated.

**PATIENT**

Honni Pasternack-Post

**SPECIES**

Canine

**BREED**

Cavalier King Charles

**SEX**

FS

**AGE**

8yr

**WEIGHT**

27lb

**INTERPRETED BY**

Alicia Angosto Guerrero, DMV, PgDip, MSc.

**IMAGING PERFORMED BY**

Jack Reese

**HOSPITAL NAME**

Willow Run Veterinary Clinic

**REFERRING VET**

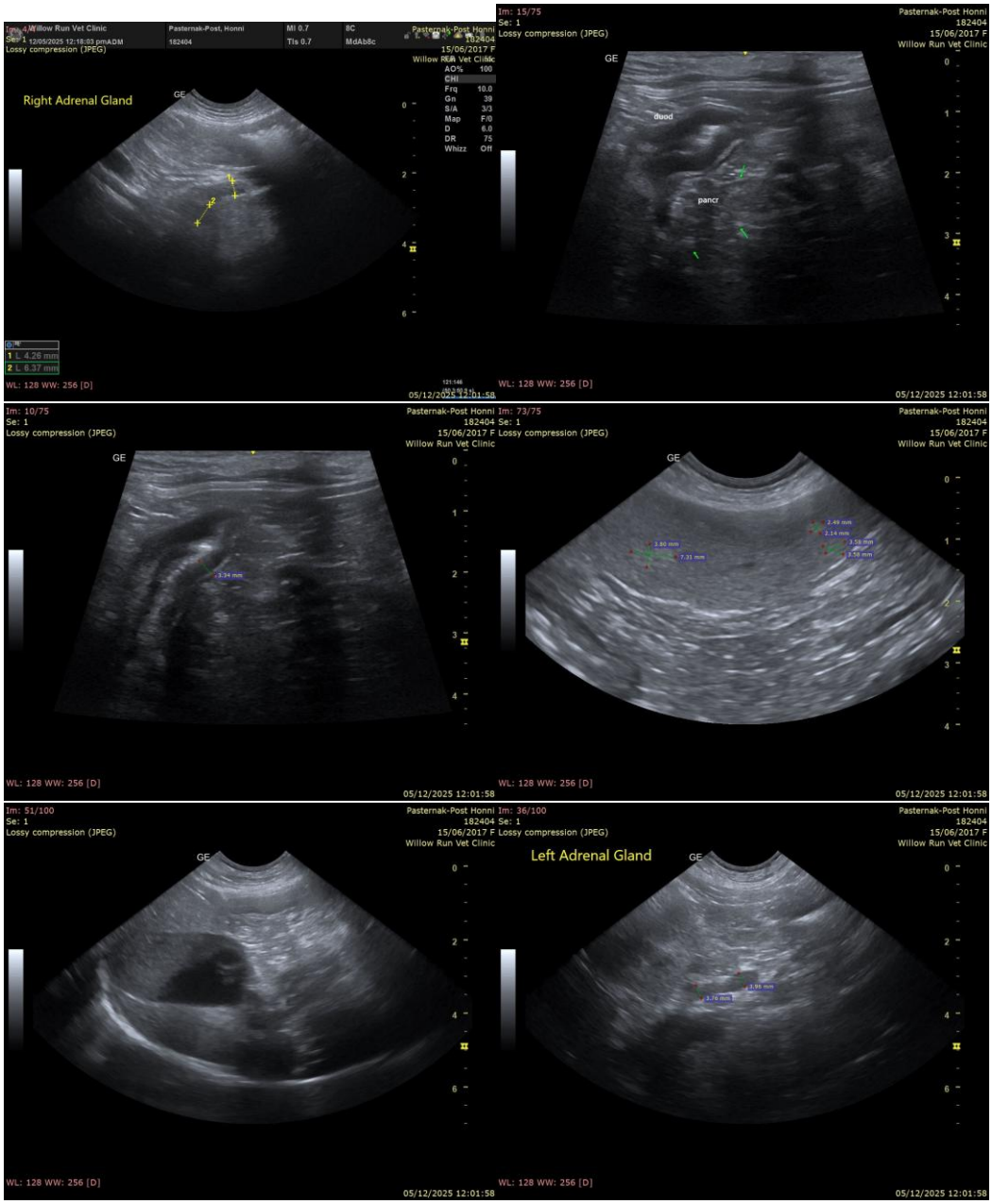
Gwenna Johnson VMD

**INVOICE**

23127

**DATE**

12/5/2025




**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