



## PATIENT

Trudy Salverda

## SPECIES

Canine

## BREED

Bernese Mtn Dog X

## SEX

SF

## AGE

6 years

## WEIGHT

51.53 kg

## INTERPRETED BY

Alicia Angosto  
Guerrero, DMV,  
PgDip, MSc.

## IMAGING PERFORMED BY

Dr. Jill Rankin

## HOSPITAL NAME

West Springs Vet  
Hospital

## REFERRING VET

Dr. Marcia

## INVOICE

11320

## DATE

2/13/2026

## PRESENTING CLINICAL SIGNS

- Pt presented 1/15 for AWE, a firm, ball-like structure approximately 5 cm in diameter was palpated in the caudal mid/left-abdomen . No other clinical symptoms reported.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder is normally distended. The wall appears thin and smooth. The urine is predominantly anechoic with scant suspended echoes. The bladder neck and proximal urethra appear normal. No calculi or mural abnormalities are identified.

The left kidney measures 6.30×3.42 cm in the sagittal plane, with a cortical thickness of 0.53 cm. The cortex is isoechoic relative to the liver. Corticomedullary ratio and definition are preserved. No pyelectasia, nephrolithiasis, or hydronephrosis is identified.

The right kidney measures 5.90×3.24 cm in the sagittal plane, with a cortical thickness of 0.56 cm. The cortex is isoechoic relative to the liver. Corticomedullary ratio and definition are preserved. No pyelectasia, nephrolithiasis, or hydronephrosis is identified.

### Adrenal Glands

Both adrenal glands demonstrate normal contour and echogenicity.

The left adrenal gland measures 0.52 cm at both cranial and caudal poles.

The right adrenal gland measures 0.60 cm at the cranial pole and 0.71 cm at the caudal pole.

### Spleen

Splenic thickness measures 2.01 cm. The parenchyma is homogeneous with normal echogenicity and fine echotexture. The splenic capsule is smooth and regular. No focal splenic lesions are identified.

### Liver

The liver is subjectively normal in size, with sharp margins and regular contour. The parenchyma is uniform and isoechoic relative to falciform fat. No hepatic lymphadenopathy is observed.

The gallbladder is normally distended. The wall is thin. A small amount of biliary sludge is present. No dilation of the cystic duct or common bile duct is identified.

### Gastrointestinal

The stomach is empty and folded with gas present. Gastric wall thickness measures 3.77 mm with preserved layering. The pylorus measures 7.11 mm.

The duodenum measures 3.29 mm and demonstrates a mildly corrugated appearance.

The jejunum measures 3.65 mm with preserved wall layering. The ileum measures 1.81 mm with preserved wall layering.

No obstruction, mural mass, or intraluminal foreign material is identified.

The colon measures 3.07 mm, is empty and folded.



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**Pancreas**

The evaluated pancreatic areas do not show evidence of overt inflammation.

**Free Abdomen**

No abdominal effusion or peritonitis is observed.

Cranial mesenteric lymph node measures 6.70 mm in thickness and maintains normal shape and echogenicity. Right gastric lymph node measures 1.52x0.66 cm with preserved architecture.

Remaining abdominal lymph nodes are unremarkable.

The iliac trifurcation region is normal.

**PRIMARY FINDINGS**

- Mild duodenal corrugation.
- No abdominal mass identified.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No discrete intra-abdominal mass is identified to correspond with the approximately 5 cm firm structure palpated in the caudal left abdomen.

Mild duodenal corrugation is noted and may reflect transient functional change, mild enteritis, or artifact. No mural thickening or infiltrative lesion is present.

**Recommendations**

- If clinical concern persists regarding an abdominal mass, repeat examination in 6–8 weeks or consider advanced imaging (CT) for definitive cross-sectional evaluation.





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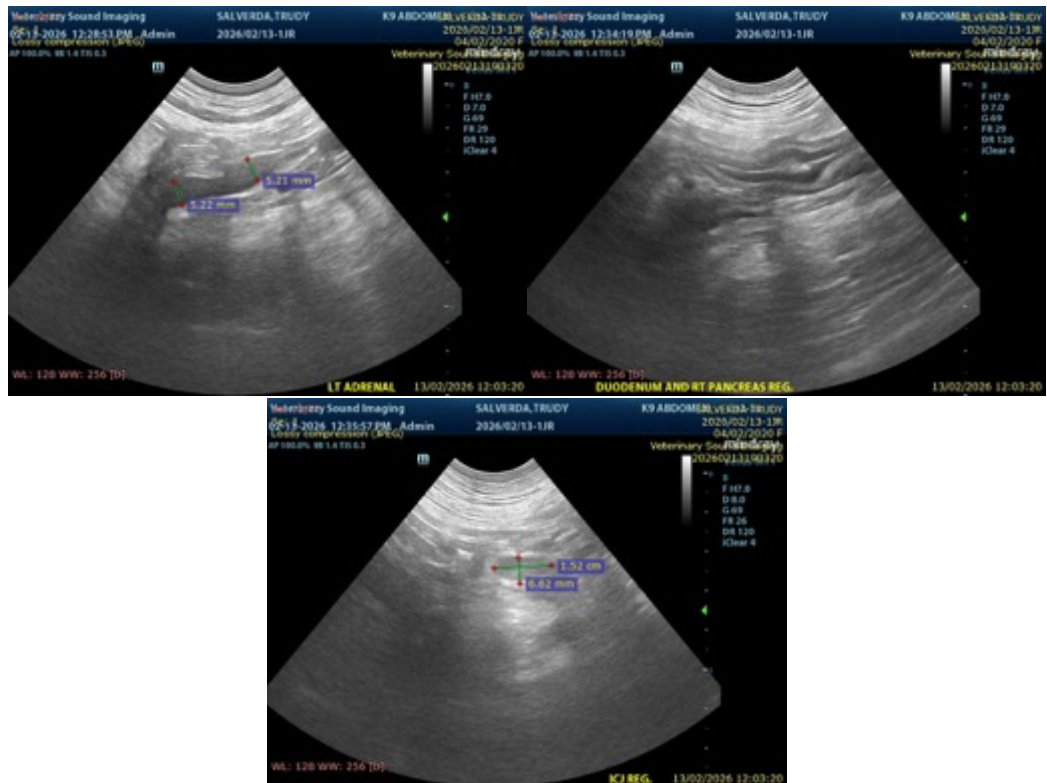
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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