



PATIENT

Nyxi Eaton

SPECIES

Canine

BREED

Terrier Mix

SEX

Spayed female

AGE

14 years

WEIGHT

39.8 lbs

INTERPRETED BY

Dr. Alicia Angosto
Guerrero

IMAGING PERFORMED BY

Alexis Cervantes

HOSPITAL NAME

TLC AH

REFERRING VET

Dr. Rubio

INVOICE

71869

DATE

2/24/26

PRESENTING CLINICAL SIGNS

- Nyxi is a 14yo FS Husky Mix that presented on 2/24 for abnormal breathing. O believes throat is swollen but I palpate throat structures normally. I see marked bronchial pattern on lungs and heart appears enlarged on VD view. No heart murmur heard. HR in 70s at presentation (on gaba and traz). Heartworm test negative. History of elevated ALP, creat, and BUN. Eating, drinking well.
- 1/27/26: mild monocytosis and thrombocytosis creat 1.9, BUN 36 mild elev ALP 393 mod elev urine missing fT4 & TT4 low 4dx neg

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

The left kidney is normal in shape and size: 5.46x3.61 cm, and the cortical thickness is 0.52 cm in the sagittal plane. The 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 is normal in shape and size: 5.8x3.54 cm, and the cortical thickness is 0.57 cm in the sagittal plane. The 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.

Adrenal Glands

Dorsoventral diameters measured in the sagittal plane: The left adrenal gland measures 0.81 cm at the cranial pole and 0.74 cm at the caudal pole (this pole may be underestimated due to suboptimal definition). The right adrenal gland could not be visualized.

Spleen

Splenic thickness is 0.24 cm. The parenchyma demonstrates normal echogenicity and a fine homogeneous echotexture without focal abnormalities. The splenic capsule is smooth and regular.

Liver

The liver is subjectively normal in size, with sharp edges and a regular contour. The parenchyma appears uniform and isoechoic compared to the falciform fat, with normal echotexture. No hepatic lymphadenopathy is observed.



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

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The stomach is empty and folded, with mural thickness of 1.71 mm and preserved wall layering. Pylorus: 3.82 mm.

Duodenum: 2.74 mm.

Jejunum: 3.20 mm, with normal wall layering.

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No evidence of inflammation, ileus, or foreign material is identified.

Colon: 0.95 mm, with formed feces in the descending segment.

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Pancreas

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

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Peritoneal Cavity

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No sonographic evidence of abdominal effusion, peritonitis, or lymphadenomegaly is identified. The iliac trifurcation appears normal.

ULTRASONOGRAPHIC FINDINGS

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PRIMARY FINDINGS

- Mild enlargement of the left adrenal gland (up to 0.81 cm).

SECONDARY FINDINGS

- Moderate biliary sludge.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The kidneys are normal in size, contour, echogenicity, and corticomedullary definition. Cortical thickness is within expected limits for a dog of this size. There is no sonographic evidence of chronic structural renal disease, obstruction, or active pyelonephritis. Given the mild azotemia and normal renal architecture, early chronic kidney disease (IRIS stage II) cannot be excluded but is not strongly supported by ultrasonographic changes. A functional or pre-renal component should be considered depending on hydration and perfusion status.

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The left adrenal gland measures up to 0.81 cm in dorsoventral thickness at the cranial pole. In medium-sized dogs, adrenal thickness greater than approximately 0.75 cm is considered enlarged. The caudal pole measurement (0.74 cm) may be underestimated due to suboptimal definition. The right adrenal gland was not visualized. Mild unilateral adrenal enlargement may be seen with adrenal hyperplasia,



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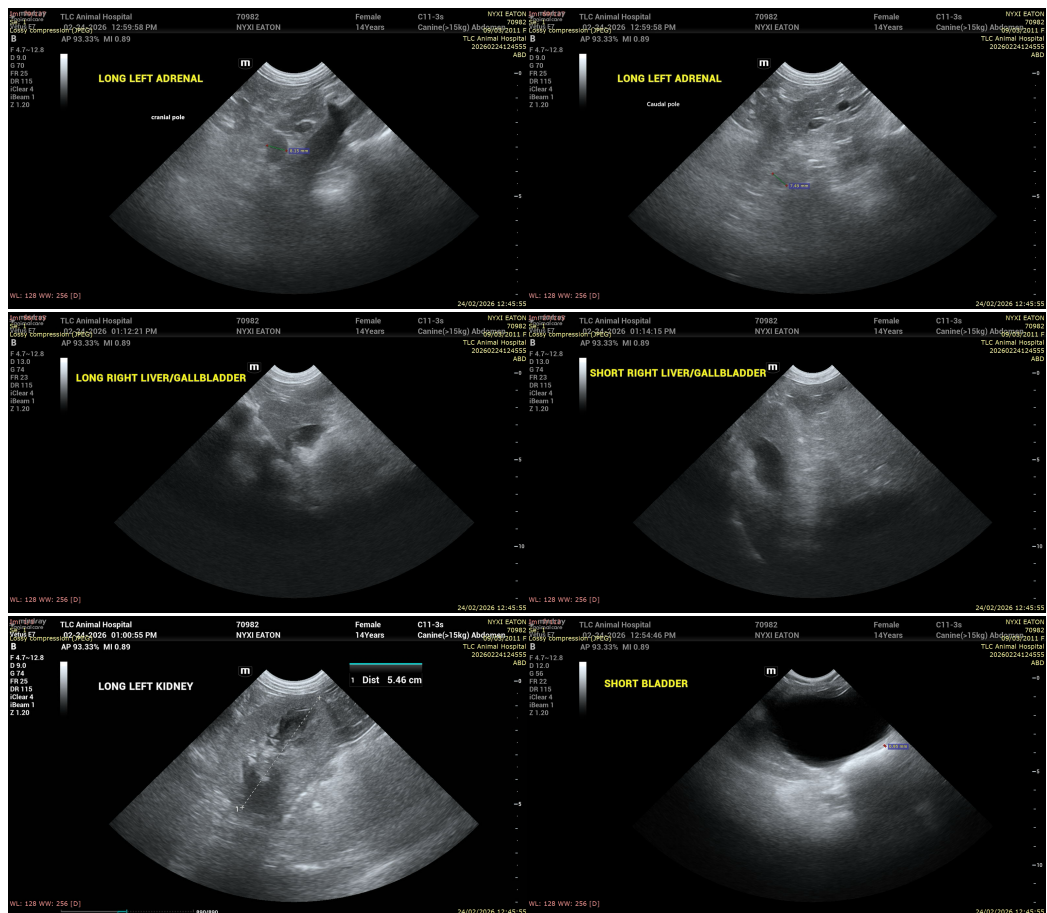
2/24/26

early functional adrenal disease (including hyperadrenocorticism), or incidental asymmetry. Correlation with clinical signs and laboratory findings is recommended before drawing conclusions.

The liver is sonographically normal in size and echotexture despite a moderately elevated ALP. This pattern is most consistent with enzyme induction or mild vacuolar hepatopathy rather than primary infiltrative or obstructive hepatobiliary disease. The presence of moderate biliary sludge is a common incidental finding in older dogs and, in the absence of gallbladder wall thickening or biliary dilation, is unlikely to represent clinically significant biliary obstruction.

Recommendations

- Given the mild unilateral adrenal enlargement and elevated ALP, screening for hyperadrenocorticism may be considered if clinically compatible.
- Monitoring renal values with urinalysis (including urine specific gravity) and blood pressure measurement is recommended to better characterize the azotemia.
- Further evaluation of respiratory signs and suspected cardiomegaly should remain focused on thoracic imaging and cardiac assessment rather than abdominal pathology.





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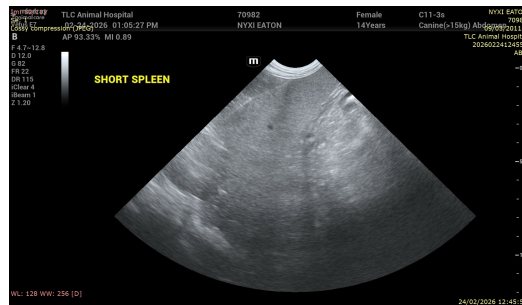
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com