



## PATIENT

Grace Chronister

## SPECIES

Canine

## BREED

Beagle

## SEX

Spayed female

## AGE

13 ½ years

## WEIGHT

19.5 lbs

## INTERPRETED BY

Dr. Alicia Angosto  
Guerrero

## IMAGING PERFORMED BY

Cory Bassett

## HOSPITAL NAME

All Creatures Small AH

## REFERRING VET

Dr. Bassett

## INVOICE

71234

## DATE

2/4/26

## PRESENTING CLINICAL SIGNS

- Unspecified GI, Chronic anemia - resolves on Iron Supp., Unknown early years, found as older pregnant stray ~9yrs old, Heartworm treatment 11/2021, currently shaking whole body, hunched appearance, inappetence, splaying/falling hind end.
- Gabapentin 100mg BID, Cosequin, PROIN, Bener (iron), Dialex (bladder support), Cerenia, Sucralfate, famotidine, Dex SP inj, Entyce, Prednisone taper to start tomorrow. SQ fluids
- Radiographs: Thorax VHS 11.2, no other significant findings, abdomen, stomach appears empty and in normal position, liver appears normal size and shape, spleen appears normal size and shape, kidneys may be slightly enlarged, bladder is small and nor calculi is seen, boney structures L4-L5 has spondylosis and disc space narrowing. Conclusion: dyscopondylosis/IVDD, renomegaly, slight cardiomegaly Bloodwork: Lymphocytes 0.9 (1.05-5.10)K/uL

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder lumen is normally distended. The bladder wall is thin and smooth, and the urine is anechoic. The bladder neck and proximal urethra have a normal ultrasonographic appearance. No uroliths are identified, and there is no sonographic evidence of inflammatory or neoplastic change.

The left kidney is normal in shape and size, measuring 3.86×2.88 cm. Cortical thickness measures 0.52 cm in the sagittal plane. The renal cortex is isoechoic relative to the hepatic parenchyma. The corticomedullary ratio is within normal limits, and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler interrogation demonstrates a normal vascular pattern.

The right kidney is normal in shape and size, measuring 4.08×3.19 cm. Cortical thickness measures 0.51 cm in the sagittal plane. The renal cortex is isoechoic relative to the hepatic parenchyma. The corticomedullary ratio is within normal limits, and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler interrogation demonstrates a normal vascular pattern.

### Adrenal Glands

Both adrenal glands have normal shape and echogenicity in the portions visualized. The caudal pole of the left adrenal gland measures 0.53 cm. The caudal pole of the right adrenal gland measures 0.54 cm. The cranial poles of both adrenal glands were not clearly visualized.

### Spleen

Splenic thickness measures 1.46 cm. The splenic parenchyma has normal echogenicity and a fine, homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.



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## Liver

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

The gallbladder lumen is normally distended. The gallbladder wall is thin. The luminal contents are predominantly anechoic with a small amount of biliary sludge. No dilation of the cystic duct or common bile duct is identified.

## Gastrointestinal

The stomach is empty and folded, with a fluid pattern and mild intraluminal gas. Gastric mural thickness measures 1.67 mm. The pyloroduodenal junction is not clearly visualized.

The jejunal wall thickness measures 2.64 mm.

The ileal wall thickness measures 1.82 mm.

Wall layering is preserved. No sonographic evidence of gastrointestinal inflammation, ileus, or foreign material is identified.

The transverse colon wall thickness measures 1.24 mm and contains gas. The descending colon wall thickness measures 1.20 mm, with formed fecal material present.

## Pancreas

The pancreas is not visualized in the submitted image set.

## Peritoneal Cavity

No abdominal effusion or evidence of peritonitis is observed. Abdominal lymph nodes are not visualized; the surrounding regions appear unremarkable. The iliac trifurcation appears normal.

## ULTRASONOGRAPHIC FINDINGS

- Small amount of biliary sludge within the gallbladder.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This abdominal ultrasound examination demonstrates largely unremarkable findings within the limits of the study. The kidneys, liver, spleen, gallbladder, urinary bladder, and gastrointestinal tract show no sonographic evidence of focal inflammatory, obstructive, or neoplastic disease.

The kidneys are normal in size for a Beagle, with preserved architecture, normal corticomedullary definition, and normal vascular patterns, and there is no ultrasonographic evidence of obstructive uropathy, despite prior radiographic concern for renomegaly.



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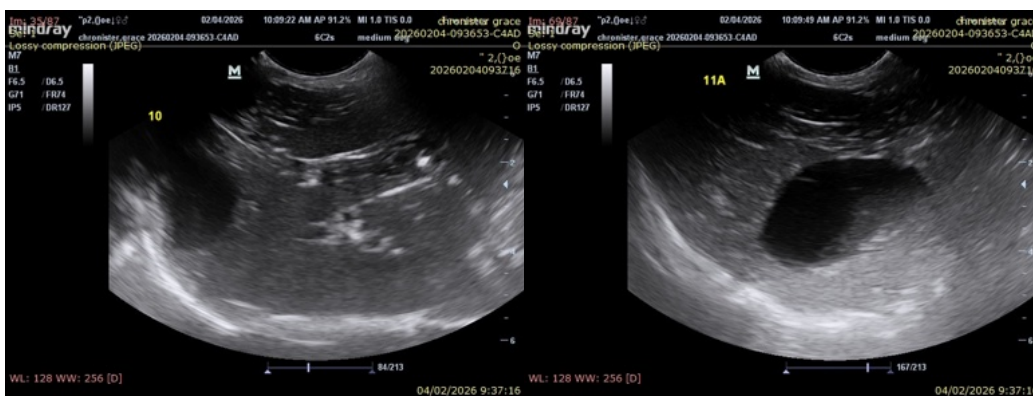
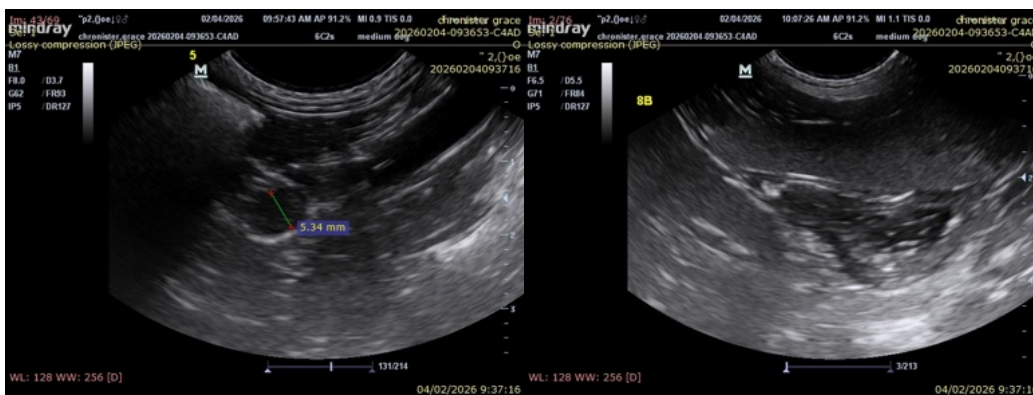
2/4/26

A small amount of biliary sludge is present, which is a common incidental finding in older dogs and is not considered clinically significant in the absence of biliary ductal dilation or gallbladder wall abnormalities.

Overall, no ultrasonographic abnormalities are identified that would clearly explain the patient's current clinical signs. Interpretation of this study should take into account the partial visualization of some abdominal structures.

### Recommendations

- Correlate the ultrasonographic findings with the patient's clinical signs and neurologic examination.
- Pancreatic disease cannot be assessed based on this examination, and further evaluation (serum pancreatic lipase testing) may be considered only if clinically indicated.





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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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