



PATIENT

Gucci Hermosillo

SPECIES

Canine

BREED

Golden Lab Mix

SEX

Neutered male

AGE

12 years

WEIGHT

60.2 lbs

INTERPRETED BY

Dr. Alicia Angosto
Guerrero

IMAGING PERFORMED BY

Adrienne Hou

HOSPITAL NAME

Marina Village
Veterinary &
Integrative Care

REFERRING VET

Dr. Hou

INVOICE

73425

DATE

3/11/26

PRESENTING CLINICAL SIGNS

- Recent onset of seizures: 3 seizures within the last 3 months, one within the last month, under 3 minutes. Unremarkable neurologic exam
 - Dec 2025: mild elevation in ALP=210, mild leukocytosis, USG 1.018 with trace proteinuria. recheck cbc, chem, urinalysis with upc, thoracic radiographs pending
- User Name: MarinaVVICSonoreport

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 bladder neck and proximal urethra. There are no calculi and no evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size: 5.47×3.21 cm, and the thickness of the cortex is 0.63 cm in the sagittal plane. The cortex is isoechoic compared to the liver parenchyma. A small cortical cyst measuring 3×3.19 mm is noted. The corticomedullary ratio is normal and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths, or hydronephrosis.

The right kidney is normal in shape and size: 5.89×4.02 cm, and the thickness of the cortex is 0.69 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, nephroliths, or hydronephrosis.

Adrenal Glands

Both adrenal glands show normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane: the left adrenal gland measures 0.55 cm at the cranial pole and 0.71 cm at the caudal pole. The right adrenal gland measures 0.71 cm at the cranial pole and 0.62 cm at the caudal pole.

Spleen

Splenic thickness is 2.26 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture with a hypoechoic nodule measuring 2.36×2.17 cm, mildly heterogeneous. The splenic capsule is smooth and regular.



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Liver

The liver appears subjectively mildly enlarged with rounded margins, although the parenchymal echogenicity and echotexture remain within normal limits. No hepatic lymphadenopathy is observed.

The gallbladder lumen is normally distended. The wall is thin and the contents are primarily anechoic. No dilation of the cystic duct or common bile duct is observed.

Gastrointestinal

The stomach is almost empty and folded, containing a minimal amount of partially digested ingesta. Mural thickness measures 2.52 mm, with preserved wall layering.

The duodenum measures 4.74 mm. The jejunum measures approximately 3.98–4.27 mm, with preserved wall layering. No signs of inflammation, ileus, or foreign material are identified.

The colon measures 0.88 mm, with formed feces present in the descending segment.

Pancreas

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

Peritoneal Cavity

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

ULTRASONOGRAPHIC FINDINGS

- Solitary splenic nodule (2.36×2.17 cm), mildly heterogeneous.
- Small incidental left renal cortical cyst.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The splenic nodule is considered most likely incidental, in the sense that it is not expected to be the cause of the patient's seizures. Although many solitary splenic nodules in dogs represent benign processes such as nodular hyperplasia or hematoma, early neoplasia cannot be completely excluded based on ultrasonography alone. This consideration may be particularly relevant in an older, large-breed dog with episodic neurologic events, and therefore further characterization or of the lesion is recommended.

The liver appears subjectively mildly enlarged with slightly rounded margins while maintaining normal parenchymal echogenicity and homogeneous echotexture. In combination with the previously reported mild elevation in ALP, this finding may be compatible with mild nonspecific hepatopathy. Differential



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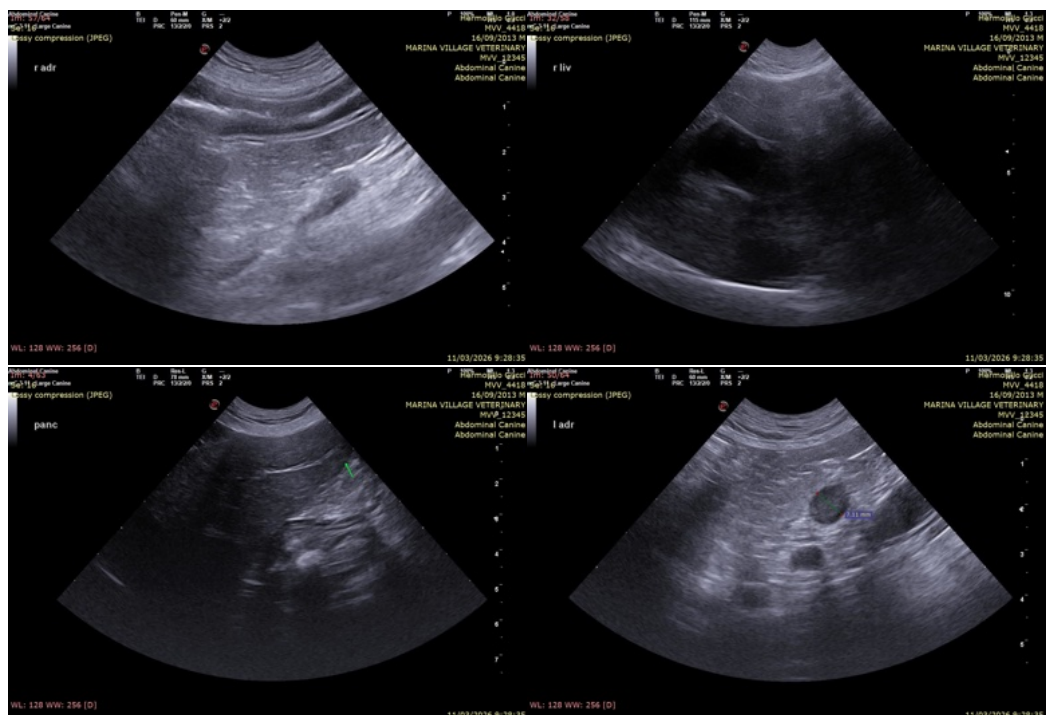
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considerations include early vacuolar hepatopathy, mild reactive hepatopathy, or other mild metabolic or endocrine-related hepatic changes. However, no ultrasonographic evidence of clinically significant hepatobiliary disease is identified, and these findings are not expected to explain the patient's episodic neurologic events.

Given the history of episodic events interpreted as seizures, it is also important to consider that some syncopal episodes secondary to cardiac disease may clinically resemble seizures. Although no abdominal evidence of systemic neoplasia or metastatic disease is identified, cardiac causes cannot be excluded.

Recommendations

- Fine needle aspiration of the splenic nodule may be considered to further characterize the lesion, although ultrasound monitoring is also reasonable if the patient remains clinically stable.
- Systemic blood pressure measurement is recommended as part of the evaluation of episodic neurologic events.
- Echocardiography may be considered to evaluate for structural cardiac disease or intracardiac masses that could potentially contribute to syncopal episodes.
- If clinically indicated, electrocardiographic evaluation (including Holter monitoring if intermittent arrhythmias are suspected) may help assess for cardiac rhythm disturbances that could mimic seizure activity.
- Continued neurologic evaluation, including advanced imaging such as brain MRI, may be considered if seizures persist or worsen and no extracranial cause is identified.





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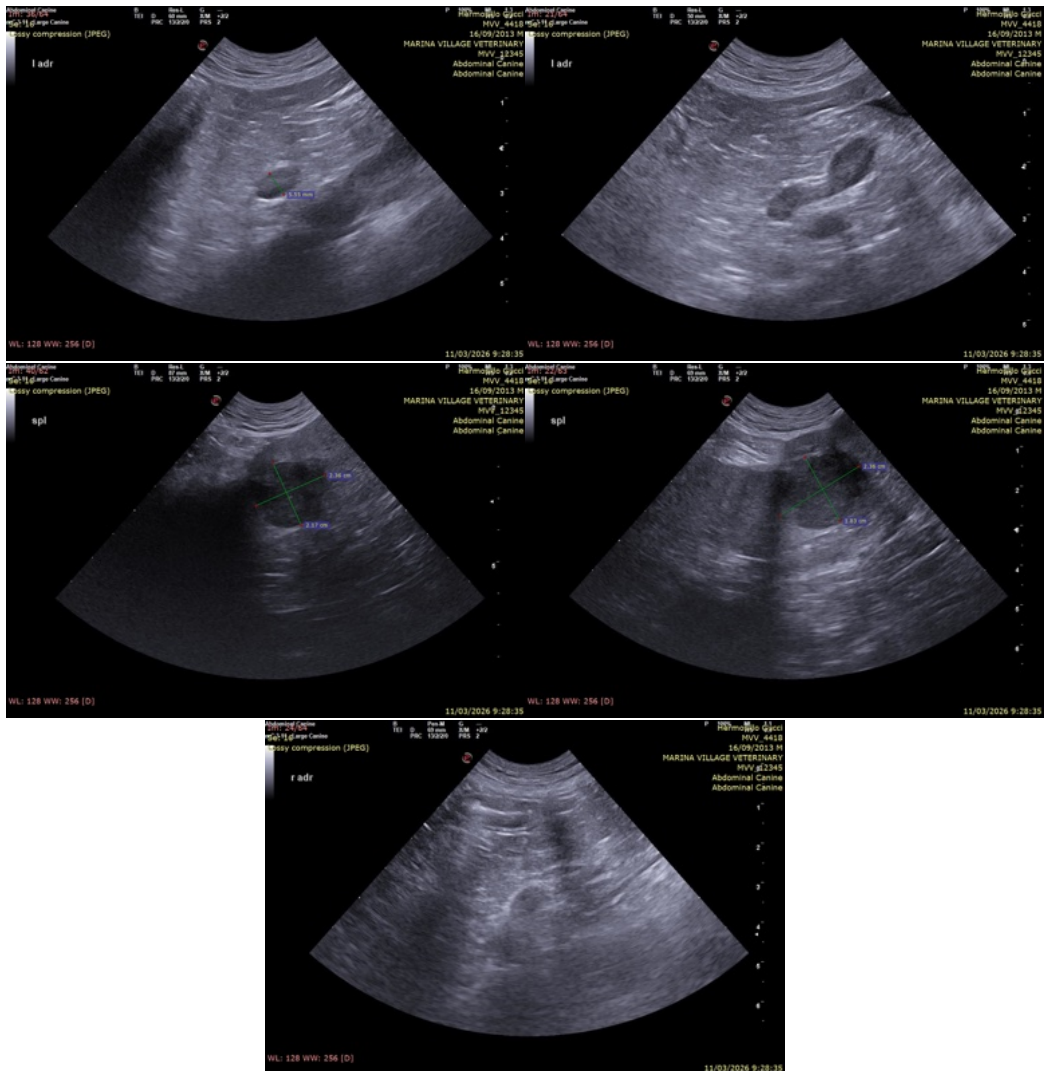
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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