



## PATIENT

Jack Salisbury

## SPECIES

Canine

## BREED

Havanese

## SEX

Neutered male

## AGE

15 Years

## WEIGHT

17 lbs

## INTERPRETED BY

Dr. Alicia Angosto  
Guerrero

## IMAGING PERFORMED BY

Mallory Frois

## HOSPITAL NAME

The Pet Hospital of  
Stratford

## REFERRING VET

Dr. Giuliani

## INVOICE

73522

## DATE

3/17/26

## PRESENTING CLINICAL SIGNS

- History of chronic pancreatitis, splenic nodules, possible IBD. Doing well per o. on pred and gaba. Previous scans 3/2025 and 6/2025
- cpl - 839 mild increase in kidney values - BUN 36, SDMA 17

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

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

The left kidney is normal in shape and size (3.80 × 2.50 cm), with a cortical thickness of 0.29 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. Color Doppler demonstrates a normal vascular pattern.

The right kidney is normal in shape and size (4.30 × 2.44 cm), with a cortical thickness of 0.30 cm in the sagittal plane. The cortex is isoechoic compared to the liver parenchyma. A small cyst measuring 2.01 × 2.04 mm is noted. The corticomedullary ratio is normal, and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

### Adrenal Glands

Not visualized.

### Spleen

Splenic thickness is 1.50 cm. The parenchyma shows normal echogenicity and a fine, homogeneous echotexture. A hypoechoic nodule measuring 1.22 × 1.43 cm is identified, which does not distort the splenic capsule. The splenic capsule is smooth and regular.

### Liver

The liver is subjectively enlarged, with rounded margins and a regular contour. The parenchyma is diffusely hyperechoic compared to the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is observed.

The gallbladder is normally distended. The wall shows mild mucosal glandular hyperplasia, and the lumen contains a moderate amount of biliary sludge. No dilation of the cystic duct (3.69 mm) or common bile duct is observed.



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## *Gastrointestinal*

The stomach is empty and folded, with normal wall thickness (2.28 mm) and preserved layering.

Duodenum: 3.54 mm Jejunum: 3.69 mm. Mucosa: 2.06 mm. Submucosa: 0.37 mm. Muscularis propria: 0.30 mm Ileum: 1.51 mm, with normal wall layering. No signs of inflammation, ileus, or foreign material are identified.

Colon: 0.60 cm, with formed feces in the descending colon.

## *Pancreas*

The evaluated pancreatic regions show no evidence of inflammation or neoplastic disease.

## *Peritoneal Cavity*

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

## ULTRASONOGRAPHIC FINDINGS

### PRIMARY FINDINGS

- Hepatomegaly with diffuse hyperechogenicity.
- Gallbladder mucosal glandular hyperplasia with moderate biliary sludge.
- Splenic hypoechoic nodule (1.22×1.43 cm)

### SECONDARY FINDINGS

- Small right renal cortical cyst.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver is enlarged with diffuse hyperechogenicity and rounded margins, which in dogs is most consistent with vacuolar hepatopathy. In this patient, this is most plausibly steroid-associated hepatopathy, given ongoing prednisone therapy. This pattern is common, benign in many cases, and typically not associated with primary hepatic dysfunction, although biochemical correlation is recommended.

Gallbladder findings (mild mucosal glandular hyperplasia and moderate sludge) are consistent with chronic gallbladder disease, commonly seen in older dogs and in association with steroid use. There is no evidence of biliary obstruction.

The spleen contains a hypoechoic nodule (1.22×1.43 cm), which does not distort the capsule. In geriatric dogs, this appearance is most commonly associated with benign nodular hyperplasia, although other



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differentials (extramedullary hematopoiesis, less likely neoplasia) cannot be definitively excluded. Stability compared to prior studies would be key in further characterization.

The gastrointestinal tract is within normal limits in thickness and layering. Jejunal muscularis-to-mucosa ratio is approximately 0.15. There are no ultrasonographic features to support progression of previously suspected IBD.

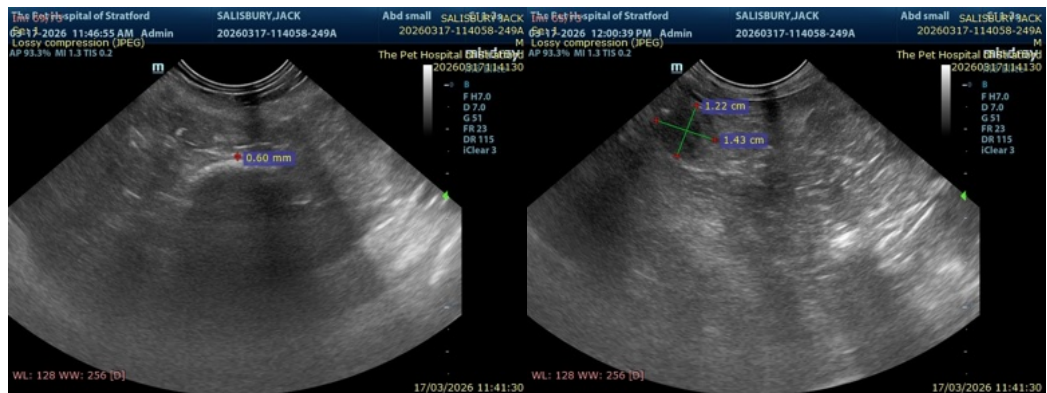
The pancreas appears unremarkable. Importantly, in dogs with a history of chronic pancreatitis, ultrasound may be normal during quiescent or mild phases. Therefore, the elevated cPL may reflect biochemical activity without overt structural changes, or mild pancreatitis below the sensitivity threshold of ultrasound.

Renal findings are within normal limits for size and architecture. The small cortical cyst is an incidental, age-related finding. Mild azotemia is not explained by structural renal abnormalities and may represent early chronic kidney disease or prerenal factors.

**Recommendations**

- Correlate hepatic findings with liver enzymes; changes are most consistent with steroid hepatopathy, but monitoring is advised.
- Monitor the splenic nodule for stability with follow-up ultrasound.
- Interpret elevated cPL in clinical context; pancreatitis may be present despite normal ultrasound findings.
- Continue clinical monitoring of renal parameters given mild azotemia.

Final diagnostic and therapeutic decisions should be made by the attending veterinarian, based on the complete clinical context.





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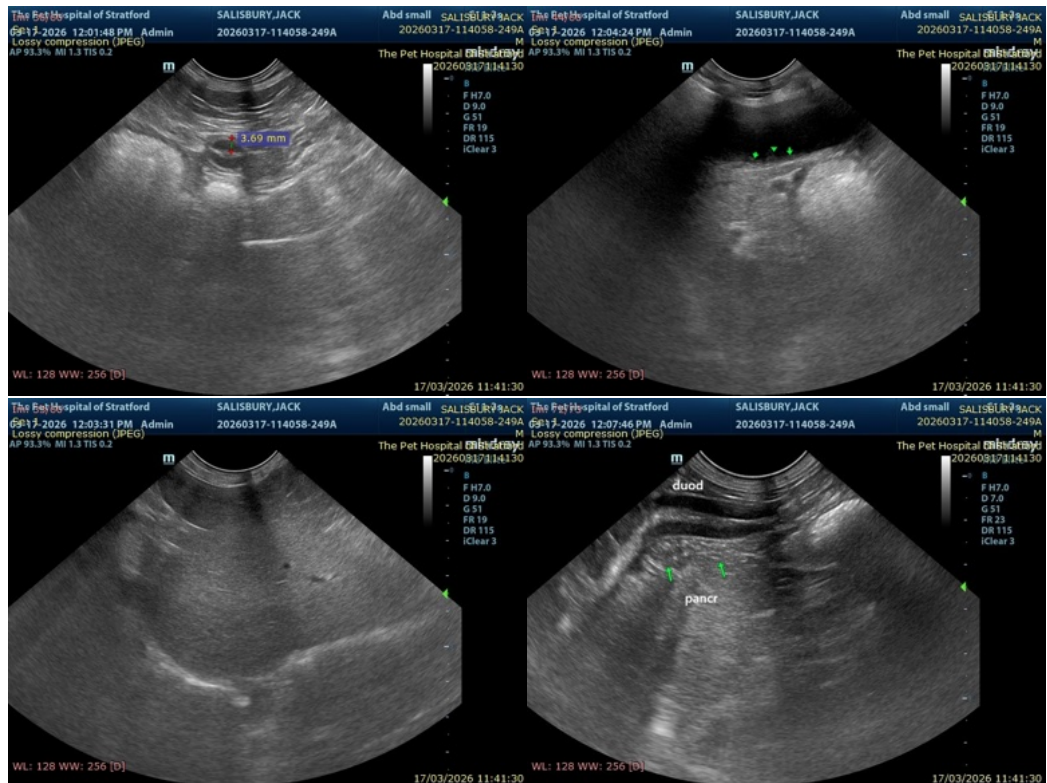
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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