



PATIENT

Buddy Allan

SPECIES

Canine

BREED

Siberian Husky

SEX

Neutered Male

AGE

10.5 Years

WEIGHT

27.6 kg

INTERPRETED BY

Alicia Angosto
Guerrero, DMV,
PgDip, MSc.

IMAGING PERFORMED BY

Dr. Diti Antonopoulos

HOSPITAL NAME

Orchard Veterinary
Care

REFERRING VET

Dr. Diti Antonopoulos

INVOICE

14428

DATE

03/18/26

PRESENTING CLINICAL SIGNS

- Dx/Ddx:
- - Progressive osteoarthritis - r/o elbow arthritis, stifle arthritis, spinal arthritis
- - Abdominal pain/guarding - r/o intra-abdominal mass, organ enlargement, referred pain from spinal disease
- - Decreased appetite - r/o dental disease, abdominal pain, systemic disease
- - Abdominal ultrasound recommended to evaluate abdominal organs due to inability to palpate abdomen, no GI symptoms appreciated at this time.
- Meds: Fluoxetine 40mg SID, Gabapentin 300mg TID, Galliprant 60mg SID, and just started Ketamine injections trial once weekly for 4 weeks, also gets Trazodone with Gabapentin before vet appointments.

CBC: WNL (no stress leukogram) CHEM: mildly elevated BUN - upper GI inflammation? mild dehydration? pre-renal? need usg to evaluate. CREAT WNL USG: 1.048 (appropriate concentrating ability)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder lumen is normally distended, and the wall appears thin and smooth. The urine is anechoic. The bladder neck and proximal urethra have a normal appearance. There are no calculi and no sonographic evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size, measuring 5.55×3.26 cm, with a cortical thickness of 0.52 cm in the sagittal plane. The cortex is isoechoic relative to the hepatic parenchyma. A cortical cyst measuring 1.29×1.55 cm is identified. The corticomedullary ratio is normal, and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler shows a normal vascular pattern.

The right kidney is normal in shape and size, measuring 6.01×3.35 cm, with a cortical thickness of 0.50 cm in the sagittal plane. The cortex is isoechoic relative to the hepatic parenchyma. The corticomedullary ratio is normal, and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

Adrenal Glands

The adrenal glands could not be reliably visualized to allow accurate dorsoventral measurements. However, the regions of the adrenal glands that were evaluated do not show evidence of masses or overt ultrasonographic abnormalities.

Spleen

Splenic thickness is 2.87 cm. The parenchyma demonstrates normal echogenicity and a fine homogeneous echotexture without focal abnormalities. The splenic capsule is smooth and regular. Color Doppler shows a normal vascular pattern.



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Liver

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

The gallbladder lumen is moderately distended. The wall is thin, and the contents contain a mild to moderate amount of biliary sludge. No dilation of the cystic duct or common bile duct is observed.

Gastrointestinal

The stomach is empty and folded, with a wall thickness of 2.81 mm and preserved layering. The pylorus measures 5.42 mm.

Duodenum: 3.02 mm.

Jejunum: 2.53–3.07 mm, with preserved wall layering.

No signs of inflammation, ileus, or foreign material are identified.

Colon: 0.87 mm, with formed feces in the descending segment.

Pancreas

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

Free Abdomen

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

PRIMARY FINDINGS

- Small left renal cortical cyst (1.29×1.55 cm).
- Mild to moderate biliary sludge.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Within few study limitations, there is no ultrasonographic evidence of intra-abdominal mass, organ enlargement, obstruction, or inflammatory disease. The gastrointestinal tract is within normal limits in thickness and layering, making a primary GI cause of pain unlikely based on imaging. The pancreas is unremarkable, and there are no features suggestive of pancreatitis.

The adrenal glands were not reliably measured; however, no masses or gross abnormalities were identified in the adrenal regions.

The liver and spleen are normal in appearance. Mild to moderate biliary sludge is present, which is a common incidental finding in dogs and not associated with pain in the absence of wall changes or obstruction.

A small renal cortical cyst is present in the left kidney, consistent with an incidental age-related finding.

Given the absence of significant abdominal abnormalities, the findings do not support a primary abdominal source of pain. In this clinical context, referred pain from orthopedic or spinal disease



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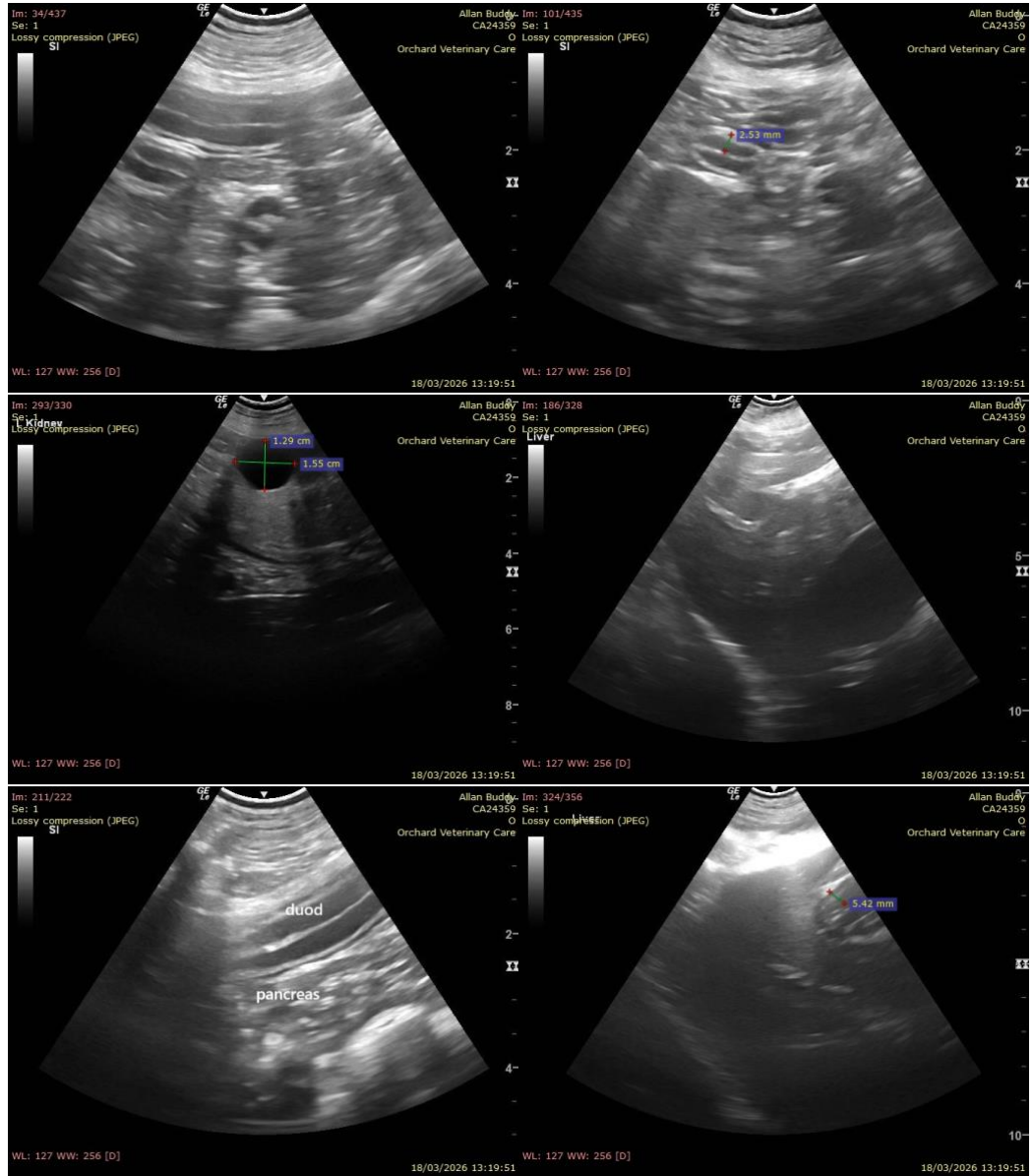
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remains a more likely explanation, particularly given the history of progressive osteoarthritis and difficulty with physical examination. Mild elevation in BUN with normal creatinine and appropriately concentrated urine is most consistent with a prerenal process (mild dehydration or increased protein metabolism), rather than intrinsic renal disease.





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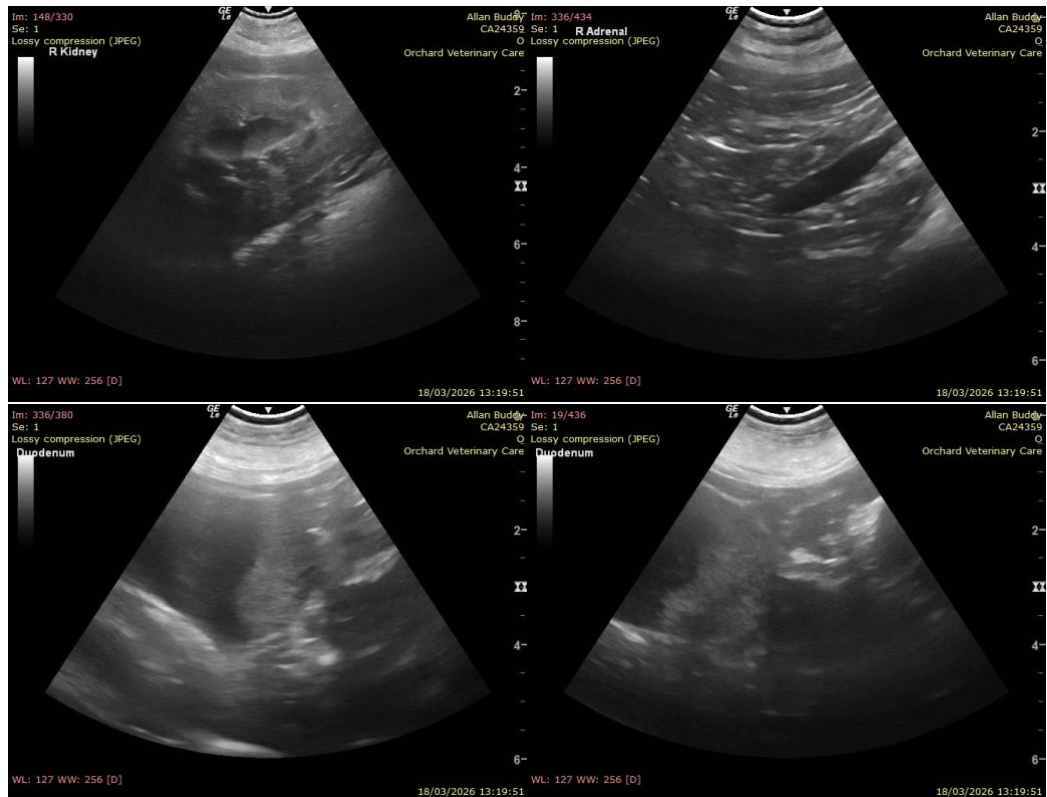
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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