



## PATIENT

Bella Pearson

## SPECIES

Canine

## BREED

Lab Mix

## SEX

Spayed female

## AGE

14 years

## WEIGHT

0.4 lbs

## INTERPRETED BY

Dr. Alicia Angosto  
Guerrero

## IMAGING PERFORMED BY

Becky Barnard, LVT

## HOSPITAL NAME

Southkent VH

## REFERRING VET

Dr. Lindemulder

## INVOICE

73584

## DATE

3/18/26

## PRESENTING CLINICAL SIGNS

- Urinary incontinence, elevated liver enzymes. Persistent non-regenerative anemia. Tense abdominal palpation. Hepatomegaly on xray
- Non-regenerative anemia of 3 months duration Elevated ALT and ALP

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The bladder lumen is markedly 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 appears normal in shape, size, and echogenicity. The cortex is of normal echogenicity relative to the liver. 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 not visualized.

### *Adrenal Glands*

Not visualized.

### *Spleen*

Splenic thickness is 2.25 cm. The parenchyma demonstrates normal echogenicity. The splenic capsule is smooth and regular.

### *Liver*

The liver is subjectively enlarged, with rounded margins and a regular contour. The hepatic parenchyma is isoechoic relative to the falciform fat. However, it is diffusely heterogeneous, with multiple small (<1 cm) mildly hypoechoic areas, resulting in a patchy appearance. No hepatic lymphadenopathy is observed.

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

### *Gastrointestinal*

The stomach is empty and folded, with preserved wall layering (wall thickness not provided).



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Duodenum: 2.99 mm. Jejunum: 3.60 mm, with preserved wall layering. No signs of inflammation, ileus, or foreign material are identified.

Colon: 1.08 mm, with small amounts of formed feces in the descending segment.

### **Pancreas**

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

### **Peritoneal Cavity**

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

## ULTRASONOGRAPHIC FINDINGS

- Hepatomegaly with coarse, heterogeneous parenchyma.
- Multifocal small hypoechoic hepatic regions (<1 cm), patchy appearance.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver is enlarged with a coarse, diffusely heterogeneous parenchyma and multifocal small hypoechoic regions, producing a patchy appearance. In this clinical context (chronic non-regenerative anemia and persistent enzyme elevation), the leading considerations include:

- Chronic hepatitis (including immune-mediated or idiopathic forms).
- Nodular regeneration with underlying chronic liver disease.
- Diffuse infiltrative neoplasia.

The presence of multiple small hypoechoic foci suggests either nodular change or infiltrative disease; however, ultrasound cannot reliably distinguish between these entities. The absence of discrete large masses and lack of lymphadenopathy somewhat lowers suspicion for aggressive metastatic disease but does not exclude diffuse neoplastic processes.

The hepatic findings provide a plausible explanation for the patient's chronic non-regenerative anemia, as chronic inflammatory or neoplastic hepatopathies can contribute to anemia of chronic disease.

### Recommendations

- Further characterization of hepatic disease is strongly recommended. Sampling (fine-needle aspirate and/or biopsy) should be considered to differentiate chronic hepatitis, nodular regeneration, and infiltrative neoplasia.



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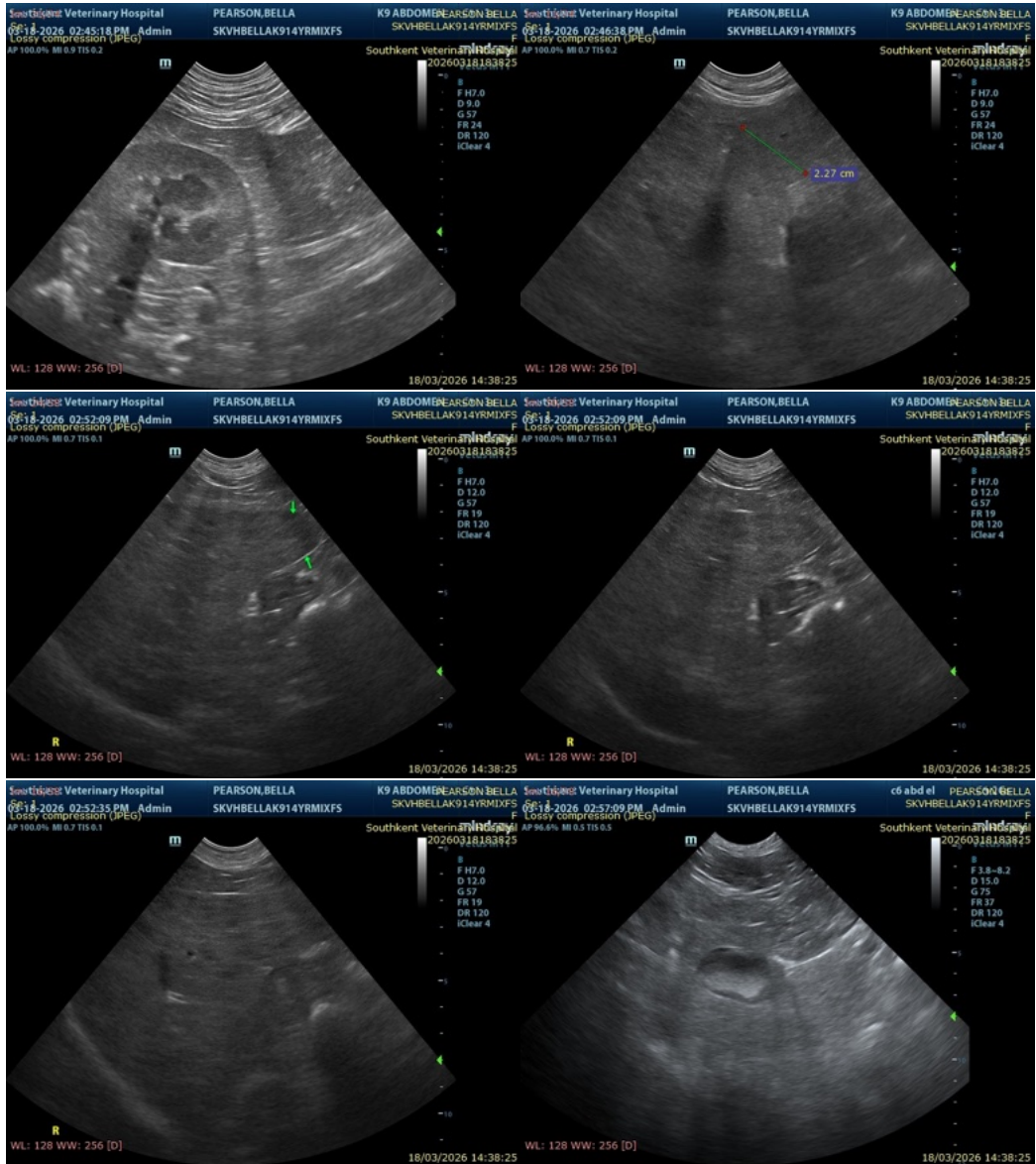
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- Correlate with liver function testing (bile acids, coagulation profile) if not already performed, given the extent of hepatic changes.

The chronic non-regenerative anemia may be secondary to underlying hepatic or systemic disease; integration with internal medicine workup is advised. Final diagnostic and therapeutic decisions should be made by the attending veterinarian, based on the complete clinical context.





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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](mailto:info@SonoPath.com)