



PATIENT

Shiloh Salomone

SPECIES

Canine

BREED

French Bulldog Mix

SEX

Spayed female

AGE

8 years

WEIGHT

551.2 lbs

INTERPRETED BY

Dr. Alicia Angosto
Guerrero

IMAGING PERFORMED BY

Julie Kang

HOSPITAL NAME

Sabino VC

REFERRING VET

Dr. Kang

INVOICE

73583

DATE

3/18/26

PRESENTING CLINICAL SIGNS

- Difficulty losing wt, panting at night, uncomfortable in the abdomen, screening for underlying dz (O's recently lost housemate and want to make sure there is nothing underlying that should/could be addressed with P).
- Abnormal PE/Chem/CBC/UA Results: PE: Pendulous abdomen, guarding abdomen, BCS 9/9, no murmur/arrhythmia, lungs clear. 3/11/2026: CBC - PLT 524. Chem21 - globulins 3.8, IRIS stage 1. TT4 - 2.5. UA - 1.033, pH 7.5, 3+ proteinuria. Accuplex - negx4. Thoracic rads: No evidence of cardiomegaly. Mild diffuse bronchointerstitial pattern. No discrete evidence of pneumonia. Multifocal breed related congenital thoracic hemivertebrae with chronic thoracolumbar intervertebral disc disease. Mild bilateral shoulder and elbow osteoarthritis. 3/18/2026 - BP - doppler 95.2 mmHg average systolic pressure. UPCR - Pending. Cocci titer - Pending.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder lumen is moderately 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 5.51×3.13 cm, with a cortical thickness of 0.54 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. Color Doppler shows a normal vascular pattern.

The right kidney is normal in shape and size, measuring 6.07×3.28 cm, with a cortical thickness of 0.54 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. Color Doppler shows a normal vascular pattern.

Adrenal Glands

Both adrenal glands show normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane (maximum of two measurements obtained): The left adrenal gland measures 0.64 cm at the cranial pole and 0.57 cm at the caudal pole. The right adrenal gland measures 0.55 cm at the cranial pole and 0.53 cm at the caudal pole.

Spleen

Splenic thickness is 1.62 cm. The parenchyma demonstrates normal echogenicity and a fine homogeneous echotexture without focal abnormalities. The splenic capsule is smooth and regular. Splenic vasculature appears normal.



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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 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 a wall thickness of 2.28 mm and preserved layering. The pylorus measures 5.40 mm.

Duodenum: 3.02 mm. Jejunum: 3.35 mm, with preserved wall layering. No signs of inflammation, ileus, or foreign material are identified.

Colon: 1.12 mm, with formed feces in the lumen.

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

Small amount of biliary sludge.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Adrenal glands are within the upper limits of normal in size for a dog of this body weight.

The liver does not demonstrate ultrasonographic features typically associated with hyperadrenocorticism (hepatomegaly, diffuse hyperechogenicity, or attenuation of the ultrasound beam), and the adrenal glands are within normal limits in size and morphology, without evidence of enlargement or nodular change. The gallbladder contains only a small amount of non-organized sludge, which is a common incidental finding and not clinically significant in the absence of wall changes or biliary obstruction.



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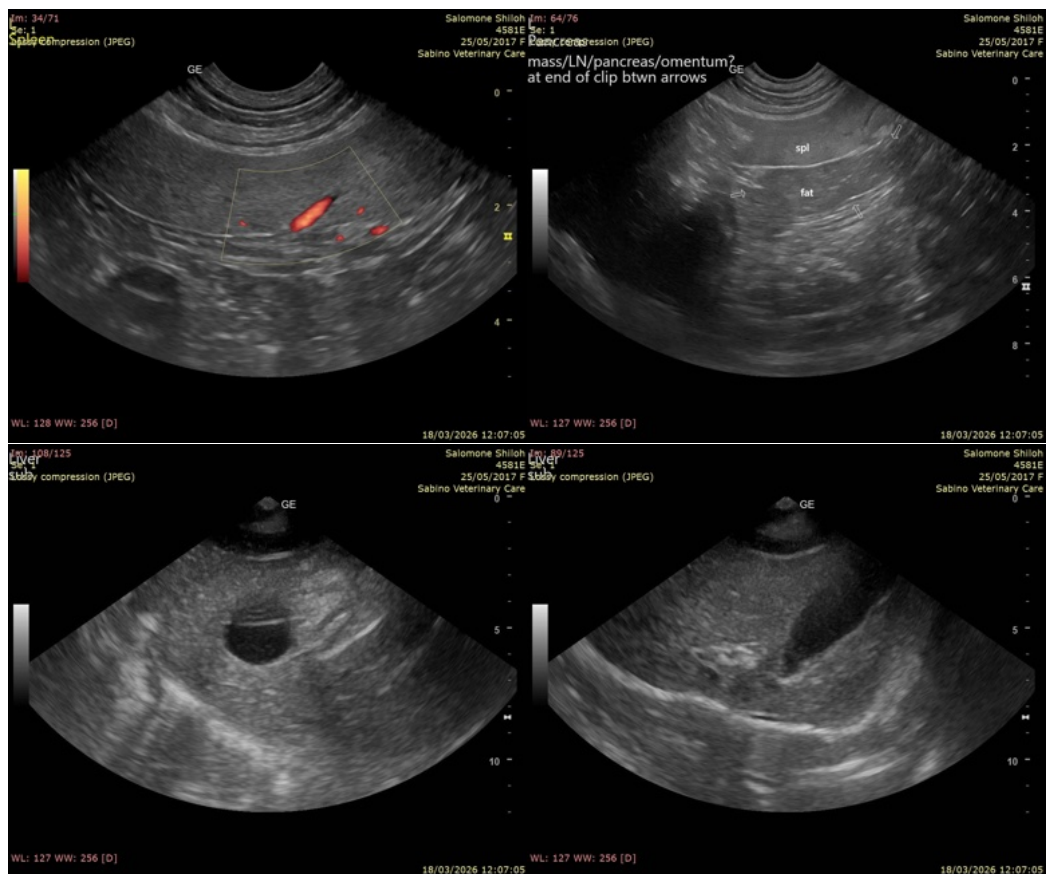
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The kidneys are structurally normal despite the presence of proteinuria. There are no ultrasonographic features to suggest structural renal disease. This supports a functional or glomerular origin of proteinuria, which is not assessable by ultrasound.

While proteinuria may be seen in association with hyperadrenocorticism, it is a nonspecific finding and may occur in a variety of conditions, including primary renal or glomerular disease.

Overall, there are no ultrasonographic findings supportive of hyperadrenocorticism in this patient. Therefore, although it cannot be excluded based on ultrasound alone, there is no imaging evidence to support this diagnosis. If clinical suspicion persists based on additional findings (polyuria/polydipsia, biochemical abnormalities), endocrine testing may be considered at the discretion of the attending veterinarian and in the context of the overall clinical picture.





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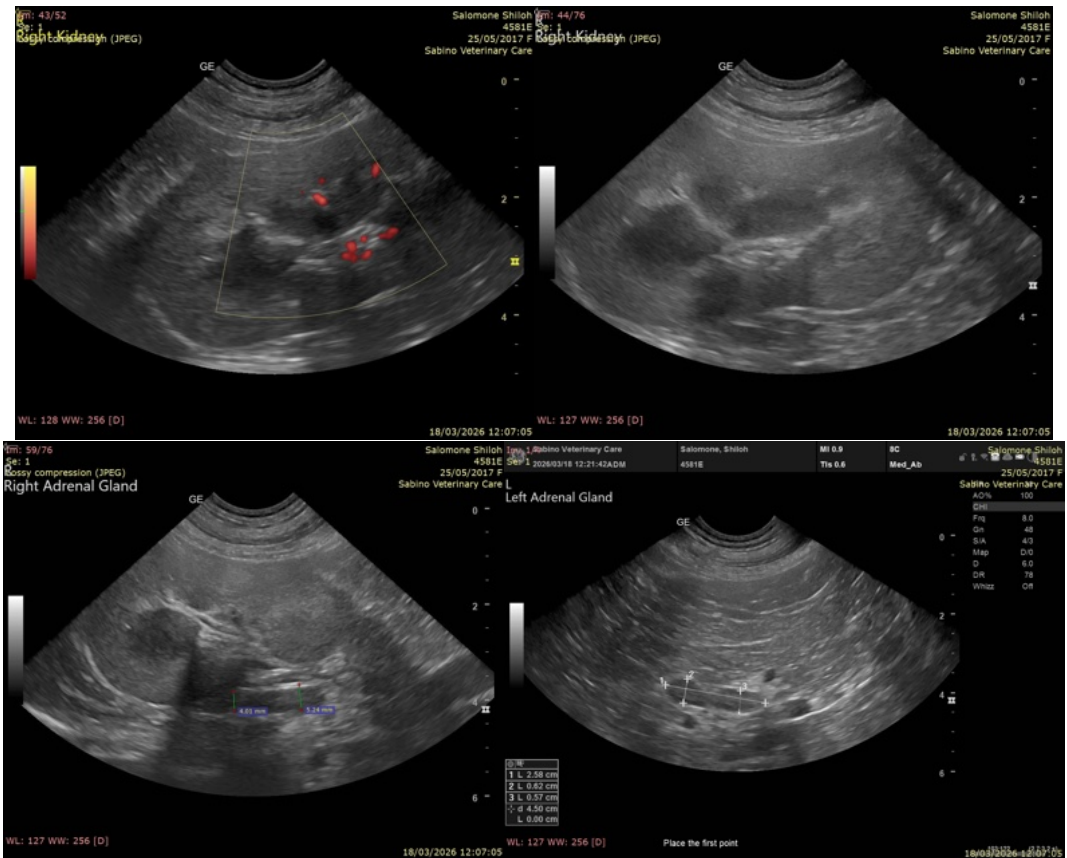
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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