



PATIENT

Sam Martin

SPECIES

Canine

BREED

Terrier x

SEX

Neutered Male

AGE

10 Years

WEIGHT

13.3 kg

INTERPRETED BY

Alicia Angosto
Guerrero, DMV,
PgDip, MSc.

IMAGING PERFORMED BY

Patti Mayfield, DVM

HOSPITAL NAME

Broken Top Veterinary
Clinic

REFERRING VET

Terra McSwain, DVM

INVOICE

73632

DATE

3/19/26

PRESENTING CLINICAL SIGNS

Possible abdominal mass palpated during routine COHAT. Asymptomatic. Clients voiced concern over recent redness and dry, flaky condition of skin.

Meds: Fluoxetine

P received dexmedetomidine to facilitate AUS. P was reportedly "fasted" for exam at 10 am.

Abnormal PE/Chem/CBC/UA Results: Blood work: 1/24/25: Senior Screen - PHOS: 2.3 (low) - all else was WNL Clients decline pre-anesthetic blood work on 3/17/26 Fecal (1/7/26): Neg.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is underdistended, and the wall measures 2.22 mm. Due to underdistension, this measurement may be overestimated. The urine is anechoic. The bladder neck and proximal urethra appear normal. No calculi or evidence of inflammatory or neoplastic changes are identified.

The left kidney is normal in shape and size, measuring 4.98×2.76 cm, with a cortical thickness of 0.38 cm. The cortex is isoechoic relative to the liver. The corticomedullary ratio and definition are normal. No pyelectasia, nephrolithiasis, or hydronephrosis is present. Doppler evaluation is normal.

The right kidney is normal in shape and size, measuring 5.29×2.99 cm. The cortex is isoechoic relative to the liver. The corticomedullary ratio and definition are normal. No pyelectasia, nephrolithiasis, or hydronephrosis is present. Doppler evaluation is normal.

Adrenal Glands

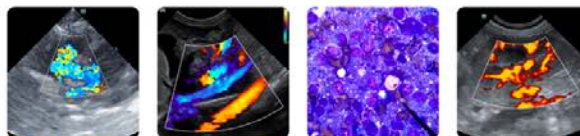
Both adrenal glands have normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane (maximum of two measurements): the left adrenal gland measures 0.52 cm at the cranial pole and 0.60 cm at the caudal pole. The right adrenal gland measures 0.62 cm at the cranial pole and 0.71 cm at the caudal pole.

Spleen

Splenic thickness is 1.86 cm. The parenchyma is homogeneous with normal echogenicity. No well-defined focal lesions are identified. The splenic capsule is smooth and regular. Splenic vasculature appears normal. A 0.9×1.4 cm microcystic foci is suspected in one of the images. Further evaluation with slow, careful scanning and a high-frequency linear transducer may improve characterization of this region.

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.



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The gallbladder 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.

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Gastrointestinal

The stomach is mildly distended, containing a small amount of partially digested ingesta. Gastric wall thickness is 1.96 mm with preserved layering.

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The duodenum measures 3.18–3.19 mm and contains a small amount of fluid. The wall appears mildly corrugated, likely reflecting normal peristalsis.

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The jejunum measures 2.15–2.66 mm, with normal wall layering.

Multiple intestinal segments contain small amounts of intraluminal fluid and show mildly increased peristalsis.

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No evidence of obstruction, ileus, or foreign material is identified.

Colon measures 0.73 mm, with formed feces in the descending segment.

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Pancreas

The pancreas was only partially visualized, and within the evaluated regions, no evidence of overt inflammation or neoplastic disease is identified.

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Free Abdomen

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

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PRIMARY FINDINGS

- Right adrenal gland is at the upper limits of normal, however, no ultrasonographic features suggestive of hyperadrenocorticism are identified.
- Mild, nonspecific gastrointestinal changes: possible delayed gastric emptying, small amount of intestinal fluid, and mild duodenal corrugation.

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SECONDARY FINDINGS

- Suspected small (<1 cm) microcystic nodule in the spleen.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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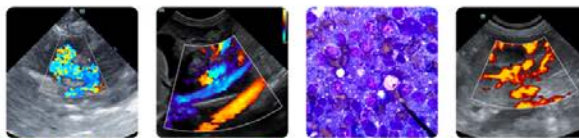
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No sonographic evidence of abdominal mass is identified.

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The gastrointestinal findings are mild and nonspecific, consisting of small amounts of intraluminal fluid, increased peristalsis, and subtle corrugation of the duodenal wall. In a reportedly fasted patient, these findings most likely reflect ongoing digestive activity or incomplete fasting, rather than primary gastrointestinal disease. There are no structural abnormalities to support obstruction.



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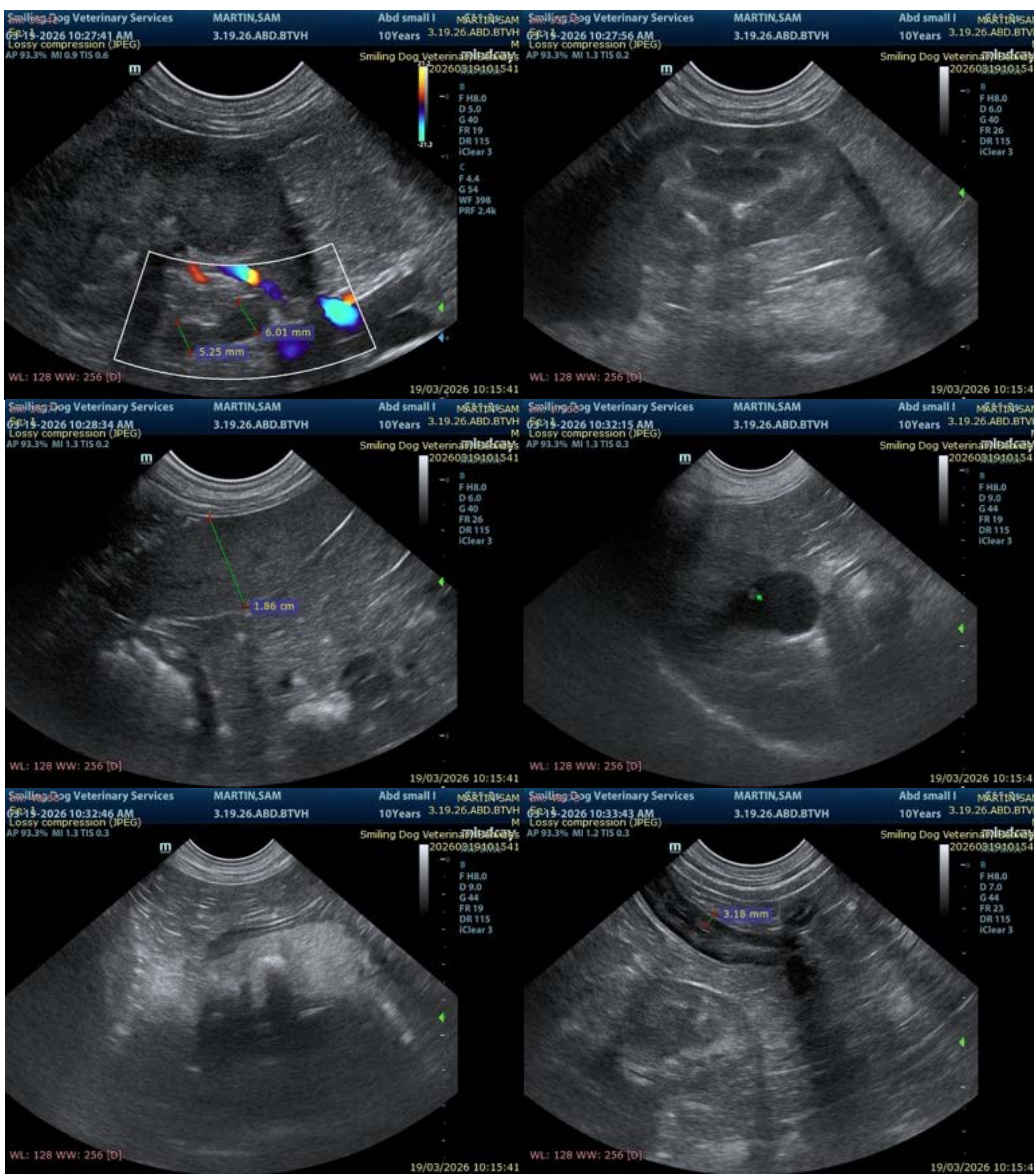
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However, if gastrointestinal signs develop or persist over time, further evaluation may be considered, as the presence of gastric content despite fasting and mild duodenal changes could, if persistent, reflect delayed gastric emptying or mild duodenal/pancreatic inflammation.

The small splenic lesion is considered an incidental finding. In dogs, lesions of this size and appearance are most commonly associated with benign processes such as nodular hyperplasia or cystic change. Given its small size and lack of additional splenic abnormalities, this finding is of low clinical significance, although follow-up imaging may be considered to assess stability.





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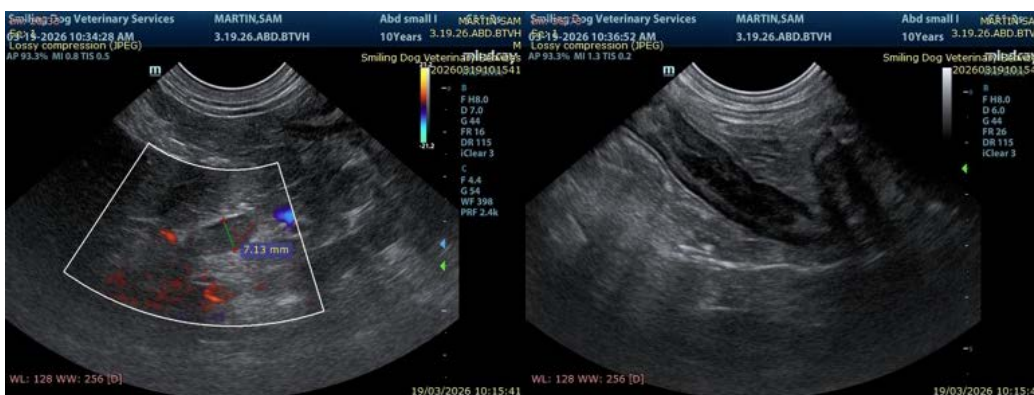
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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