



PATIENT

Shadow Capito

SPECIES

Canine

BREED

Labrador Retriever

SEX

Spayed female

AGE

12 years

WEIGHT

69 lbs

INTERPRETED BY

Dr. Alicia Angosto
Guerrero

IMAGING PERFORMED BY

Amy Isaac

HOSPITAL NAME

Valley West & Elk
ValleyVH

REFERRING VET

Dr. Isaac

INVOICE

73638

DATE

3/19/26

PRESENTING CLINICAL SIGNS

- Came in for boarding this week and noticed that she had lost 5 pounds, rec senior screening bloodwork.
- Bloodwork shows marked increase in ALP 3,900 and GGT 61, bacteruria.
- Started dribbling urine while boarding and very PU/PD. Discussed Cushings with owner while out of town but recommended radiographs first.
- Radiographs showed large abdominal mass, unsure if liver or spleen
- Shadow is still eating/drinking/no vomiting. Had diarrhea on presentation to boarding but has resolved with ID food and fortiflora. No other symptoms at this time other than weight loss and PU/PD, leaking urine.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder lumen is normally distended, and the wall appears thickened (5.49 mm) and smooth. The urine is turbid, containing abundant suspended mineral sediment and aggregated urolith-like material; the number and size cannot be reliably determined. The bladder neck and proximal urethra appear normal.

The left kidney measures 6.77×4.01 cm, with a cortical thickness of 0.52 cm.
The right kidney measures 7.02×3.85 cm, with a cortical thickness of 0.58 cm.

In both kidneys, cortical echogenicity is within normal limits. The corticomedullary ratio and definition are preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

Adrenal Glands

Dorsoventral diameters measured in the sagittal plane: the left adrenal gland measures 0.81 cm at the cranial pole and 0.85 cm at the caudal pole. The right adrenal gland measures 0.86 cm at the caudal pole; the cranial pole is not clearly visualized. Both glands appear enlarged.

Spleen

Splenic thickness is 1.94 cm. The parenchyma is homogeneous with normal echogenicity. A small hyperechoic nodule measuring approximately 0.5 cm is identified, most consistent with a myelolipoma. The splenic capsule is smooth and regular.

Liver

A large hepatic mass measuring approximately 6.5×6.5 cm is identified, likely arising from the left hepatic lobes, although the full extent may be greater. The remaining hepatic parenchyma appears homogeneous and isoechoic relative to the falciform fat. No hepatic lymphadenopathy is observed.



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The gallbladder is markedly distended. The wall shows early mucosal glandular hyperplasia. The lumen contains a large amount of heterogeneous biliary sludge with a mottled (“salt-and-pepper”) appearance. No hyperechoic striations are observed. No dilation of the cystic duct or common bile duct is identified.

Gastrointestinal

The stomach is empty and folded, with a wall thickness of 3.13 mm and preserved layering. The pylorus measures 6.54 mm.

Duodenum: 4.03 mm. Jejunum: 4.29 mm. Wall layering is preserved. No evidence of obstruction, ileus, or foreign material is identified.

Colon measures 1.05 mm, with formed feces in the descending segment.

Pancreas

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

Peritoneal Cavity

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

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS

- Large hepatic mass (~6.5×6.5 cm).
- Bilateral adrenal enlargement.
- Marked gallbladder distension with mucosal hyperplasia and heterogeneous sludge.
- Urinary bladder wall thickening with abundant mineral sediment.

SECONDARY FINDINGS

- Small splenic hyperechoic nodule (likely myelolipoma, incidental).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A large hepatic mass is identified, most likely arising from the left hepatic lobes, although its full extent may be greater. In an older dog, this finding is most consistent with a primary hepatic neoplasm such as hepatocellular carcinoma; however, other differentials cannot be excluded based on ultrasound alone. The remainder of the hepatic parenchyma appears relatively unremarkable, supporting a focal rather than diffuse hepatic process.



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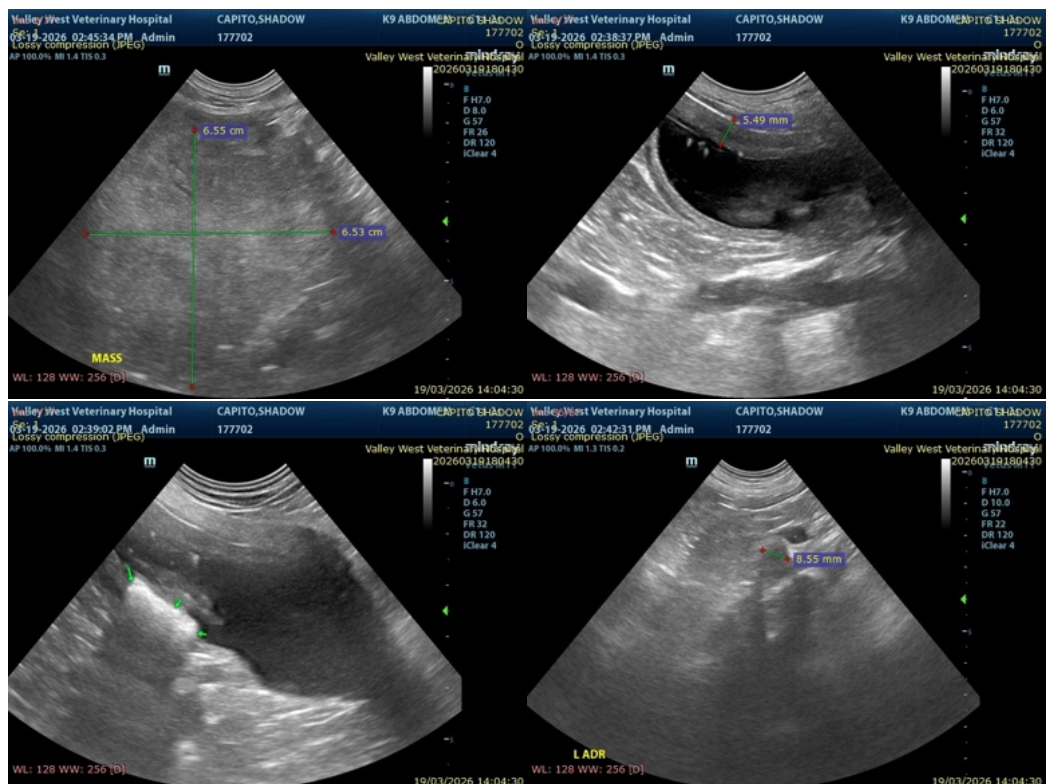
The bilateral enlargement of the adrenal glands suggests bilateral hyperplasia, which, in combination with the other findings, supports hyperadrenocorticism, most likely a pituitary-dependent form. The gallbladder findings, including marked distension, early mucosal glandular hyperplasia, and a large amount of heterogeneous sludge, are consistent with chronic biliary stasis and are commonly associated with endocrine disease.

The urinary bladder shows marked wall thickening (5.49 mm in a distended state, clearly above normal limits) with abundant mineral sediment, findings most consistent with chronic cystitis, likely complicated by crystalluria or urolithiasis.

Recommendations

- Further characterization of the hepatic mass is recommended (fine-needle aspiration if appropriate, or advanced imaging such as CT for surgical planning).
- Endocrine testing for hyperadrenocorticism is recommended.
- Urinalysis with culture and sensitivity is advised to evaluate for urinary tract infection and crystalluria/urolithiasis.
- Monitoring for potential progression of gallbladder disease is recommended; medical management (ursodeoxycholic acid) may be considered depending on clinical context.

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





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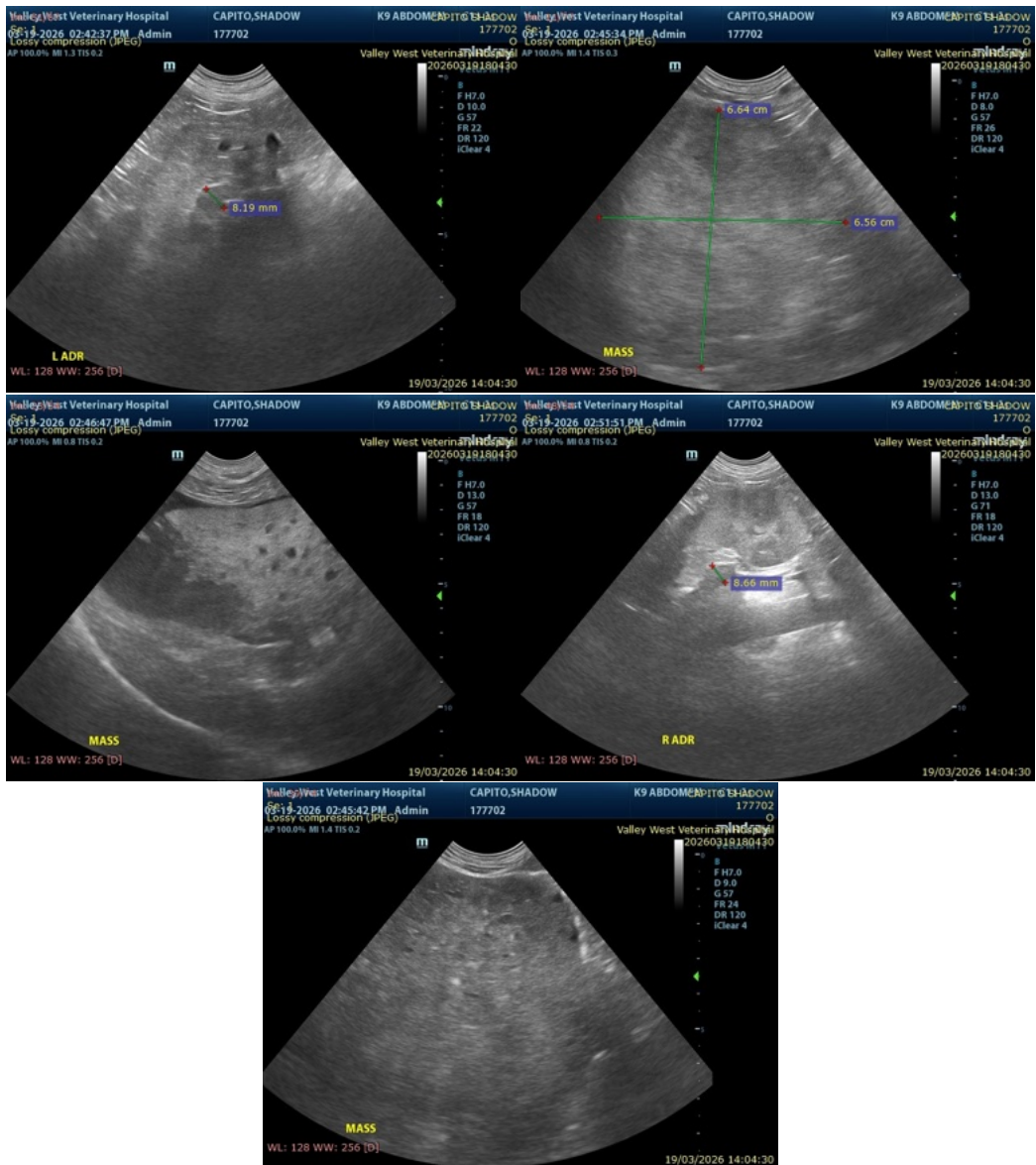
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com



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