



## PATIENT

Panzy McDonald

## SPECIES

Canine

## BREED

Dachshund

## SEX

Female

## AGE

6 years

## WEIGHT

18.2 lbs

## INTERPRETED BY

Alicia Angosto  
Guerrero, DMV,  
PgDip, MSc.

## IMAGING PERFORMED BY

Rachel South DVM

## HOSPITAL NAME

River Valley AH

## REFERRING VET

Dr. South

## INVOICE

73819

## DATE

3/25/26

## PRESENTING CLINICAL SIGNS

- P came in on 3/3 for swelling noted in the caudal mammary glands. FNA sent to Zoetis came back "suspect mammary gland neoplasia". P was to undergo mastectomy yesterday 3/24 and pre-operative bloodwork showed mild non-regenerative anemia and elevated hepatic values. O elected full abdominal ultrasound before proceeding with Sx.
- CBC: non-regenerative anemia Chem: elevated TP, ALT, ALKP, TBili and GGT Thoracic Radiographs (3/24): Unremarkable

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder is normally distended. The wall appears thin and smooth. The urine is anechoic. The bladder neck and proximal urethra appear normal. No calculi or sonographic evidence of inflammatory or neoplastic changes are identified.

The left kidney is normal in shape and size, measuring 4.11×2.51 cm. Cortical thickness is 0.39 cm in the sagittal plane. The cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio and definition are preserved. No evidence of pyelectasia, nephrolithiasis, or hydronephrosis is identified.

The right kidney is normal in shape and size, measuring 4.54×2.40 cm. Cortical thickness is 0.40 cm in the sagittal plane. The cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio and definition are preserved. No evidence of pyelectasia, nephrolithiasis, or hydronephrosis is identified.

### *Adrenal Glands*

Both adrenal glands show normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane: The left adrenal gland measures 0.46 cm at the cranial pole and 0.47 cm at the caudal pole. The right adrenal gland measures 0.47 cm at the cranial pole and 0.48 cm at the caudal pole.

### *Spleen*

Splenic thickness is 1.17 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.

### *Liver*

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

The gallbladder is markedly distended. The wall is mildly thickened with changes consistent with mucosal hyperplasia. The lumen contains a large amount of heterogeneous, non-shadowing echogenic



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material with a mottled (“salt-and-pepper”) appearance. No hyperechoic striations are identified. No dilation of the cystic duct or common bile duct is observed.

### ***Gastrointestinal***

The stomach is empty and folded, with a wall thickness of 3.21 mm and preserved layering. The pylorus measures 5.21 mm.

The duodenum measures 3.60 mm and the jejunum 3.16 mm. Wall layering is preserved.

No evidence of inflammation, ileus, or intraluminal foreign material is identified.

The colon measures 0.70 mm and contains formed feces in the descending segment.

### ***Pancreas***

The evaluated pancreatic regions show no sonographic evidence of inflammation or focal lesions.

### ***Free Abdomen***

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

## **PRIMARY FINDINGS**

- Marked gallbladder distension with moderate heterogeneous biliary sludge.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The primary abnormality is a markedly distended gallbladder containing a large amount of heterogeneous, non-shadowing echogenic material, with mild mural changes. This pattern is typically associated with chronic biliary stasis. In such cases, increased secretion of mucin by the gallbladder epithelium leads to the formation of a glycoprotein matrix that promotes aggregation of bile pigments, cholesterol crystals, and cellular debris, resulting in heterogeneous echogenic sediment.

Given the concurrent biochemical abnormalities (elevated ALP, GGT, and bilirubin), these findings support a clinically relevant cholestatic hepatobiliary process.

In the context of suspected mammary neoplasia, there is no ultrasonographic evidence of abdominal metastatic disease.

Overall, findings are most consistent with biliary stasis with possible early mucocele development or functional gallbladder disorder, requiring clinical correlation and monitoring.

### **Recommendations**

- Consider medical management for biliary disease.
- Close monitoring of the gallbladder with follow-up ultrasound.



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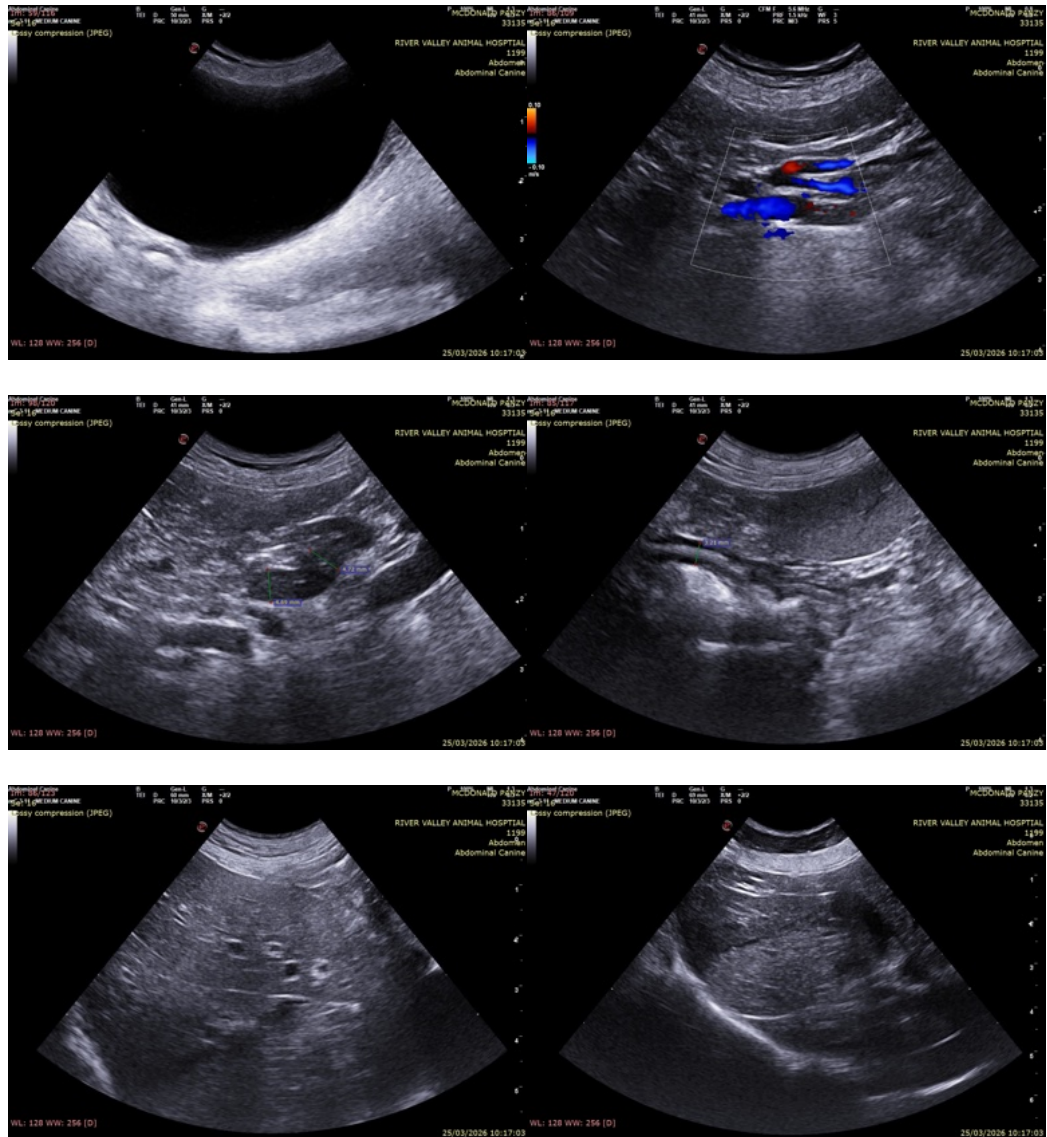
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- Correlate with clinical signs and liver enzyme trends.

Final diagnostic and therapeutic decisions should be made by the attending veterinarian, who can best integrate these findings with the patient's clinical status.





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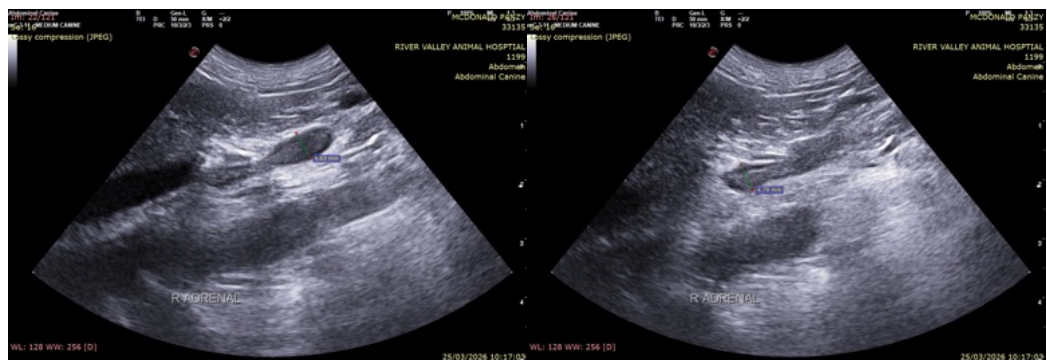
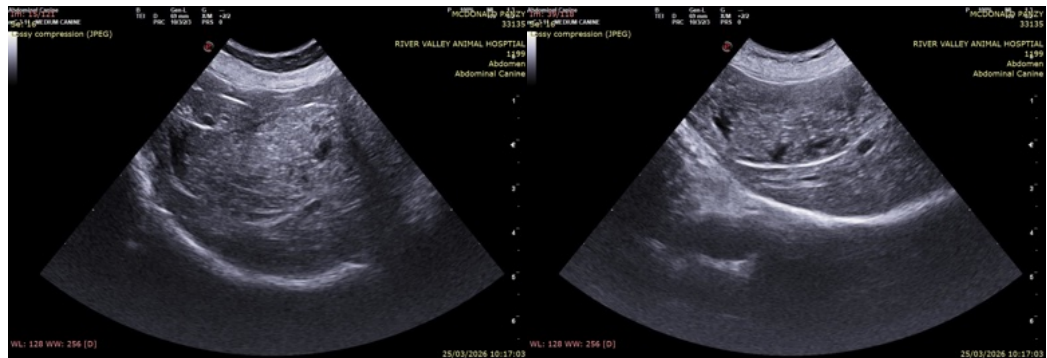
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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