



PATIENT

Apollo Shaffer

SPECIES

Canine

BREED

Australian Shepherd

SEX

Neutered male

AGE

11 years

WEIGHT

46 lbs

INTERPRETED BY

Alicia Angosto
Guerrero, DMV,
PgDip, MSc.

IMAGING PERFORMED BY

Anshu Gupta

HOSPITAL NAME

Liverpool Village AH

REFERRING VET

Dr. Gupta

INVOICE

78358

DATE

3/27/26

PRESENTING CLINICAL SIGNS

Diabetes mellitus, well controlled, on 14IU BID
AUS for elevated liver values on screening bloodwork
Overweight on PE CBC NSF Chem: ALT 254, ALP 253, AST 95

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is normally distended. The wall measures 4.90 mm and appears smooth; however, this measurement is increased for a normally distended bladder (expected <2–3 mm), and mild mural thickening is present. The urine is anechoic. The bladder neck and proximal urethra have a normal appearance. No calculi are identified.

The left kidney is normal in shape and size: 5.94×3.23 cm, with a cortical thickness of 0.46 cm in the sagittal plane. The cortex is mildly hypoechoic compared to the liver parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths, or hydronephrosis. Color Doppler demonstrates a normal vascular pattern.

The right kidney is normal in shape and size: 6.27×3.30 cm. The cortex is mildly hypoechoic compared to the liver parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths, or hydronephrosis. Color Doppler demonstrates a normal vascular pattern.

Prostate

The prostate measures 1.91×1.18 cm, is homogeneous and hypoechoic, consistent with post-castration atrophy.

Adrenal Glands

Both adrenal glands have normal shape and echogenicity. The left adrenal gland measures 0.50 cm at the cranial pole and 0.58 cm at the caudal pole. The right adrenal gland measures approximately 0.46 cm at the cranial pole and 0.55 cm at the caudal pole (cranial pole suboptimally visualized). These values are within normal limits for a dog of this size.

Spleen

Splenic thickness is 9.61 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal 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 parenchyma is homogeneous and isoechoic compared to the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is identified.

Gallbladder

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

Gastrointestinal

The stomach contains a small amount of ingesta, with a mural thickness of 3.02 mm and preserved wall layering. The pylorus measures 6.04 mm. The duodenum measures 4.74 mm (within normal limits <5 mm), and the jejunum measures 2.55 mm, both with preserved wall layering. No signs of inflammation, ileus, or foreign material are identified.

The colon measures 0.80 mm, with formed feces in the descending segment.

Pancreas

The pancreas measures approximately 1.16 cm in thickness. The parenchyma is mildly hyperechoic relative to adjacent mesenteric fat. No peripancreatic fat inflammation is identified.

Free Abdomen

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

PRIMARY FINDINGS

- Mild urinary bladder wall thickening.
- Mild pancreatic hyperechogenicity.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The urinary bladder wall is mildly thickened (4.90 mm), exceeding expected values for a normally distended bladder (<2–3 mm), which may be consistent with mild cystitis. However, the wall is smooth and there are no intraluminal abnormalities, so this finding should be interpreted with clinical correlation.

The pancreas is mildly hyperechoic without peripancreatic fat changes, which in dogs most commonly reflects chronic or incidental change (fatty infiltration or age-related change) rather than active pancreatitis. In the context of diabetes mellitus, these changes may also be associated with chronic pancreatic alterations or metabolic changes.



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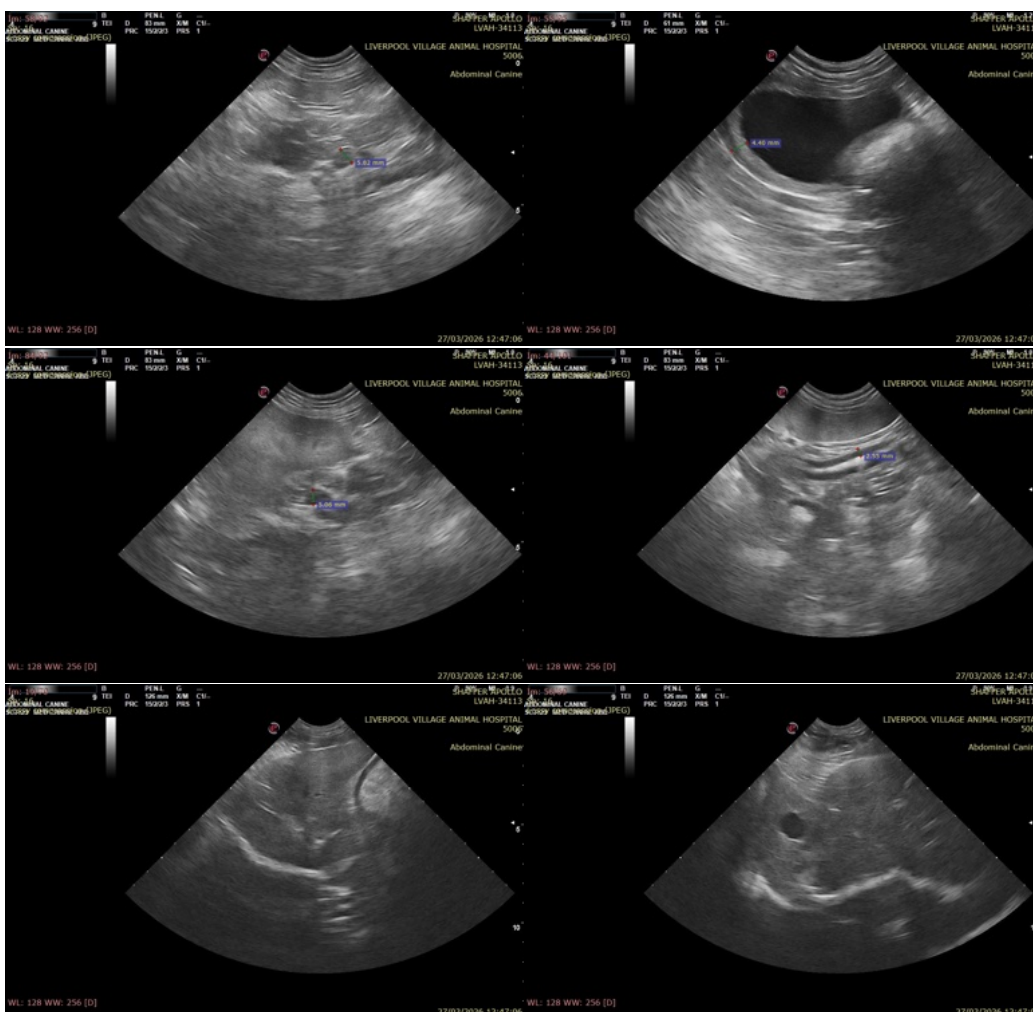
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The liver is sonographically normal despite mild-moderate enzyme elevations. In the context of diabetes mellitus, this pattern is most consistent with a functional or metabolic hepatopathy (vacuolar hepatopathy or enzyme induction) rather than primary structural liver disease.

Recommendations

- Correlate bladder wall thickening with clinical signs or urinalysis.
- Periodic monitoring of liver enzymes is recommended.

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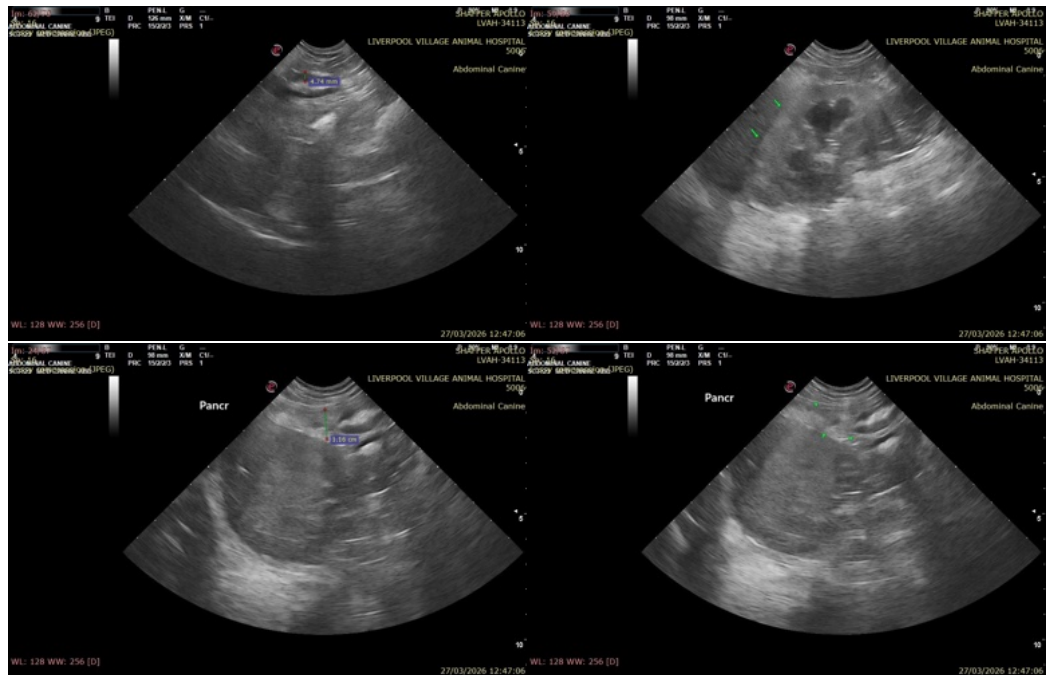
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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