



## PATIENT

Daisy Hartly

## SPECIES

Canine

## BREED

Beagle

## SEX

Spayed female

## AGE

9 years

## WEIGHT

11.9 kg

## INTERPRETED BY

Alicia Angosto  
Guerrero, DMV,  
PgDip, MSc.

## IMAGING PERFORMED BY

Dallas Reynolds, LVT

## HOSPITAL NAME

Lone Mountain AH

## REFERRING VET

Dr. Moore

## INVOICE

78359

## DATE

3/27/26

## PRESENTING CLINICAL SIGNS

- P currently being treated with amoxicillin for pneumonia secondary to megaesophagus.
- P also takes Sildenafil long term for megaesophagus.
- P had abdominal radiographs and hepatomegaly was noted on x-ray report- pursuing abdominal ultrasound as recommended
- BW WNL

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder is normally distended, with a thin and smooth wall. The urine is anechoic. The bladder neck and proximal urethra have a normal appearance. No calculi or evidence of inflammatory or neoplastic changes are identified.

The left kidney is normal in shape and size: 5.18×2.90 cm, with a cortical thickness of 0.54 cm in the sagittal plane. The cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths, or hydronephrosis.

The right kidney is normal in shape and size: 5.42×2.71 cm. The cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths, or hydronephrosis.

### Adrenal Glands

Both adrenal glands show normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane: The left adrenal gland measures 0.53 cm at the cranial pole and 0.56 cm at the caudal pole. The right adrenal gland measures 0.60 cm at the cranial pole and 0.59 cm at the caudal pole.

### Spleen

Splenic thickness is 1.35 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 mildly increased in size, with rounded edges and a regular contour. The parenchyma is homogeneous and isoechoic compared to the falciform fat, with a normal echotexture. A few small, well-defined anechoic cystic structures measuring approximately 0.5 cm are present. No hepatic lymphadenopathy is identified.

### Gallbladder

The gallbladder is normally distended, with a thin wall. 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 empty and folded, with a mural thickness of 3.12 mm and preserved wall layering. The pylorus measures 4.50 mm. The duodenum measures 2.54 mm. The jejunum measures 3.83 mm and the ileum 1.91 mm, both with preserved wall layering. No signs of inflammation, ileus, or foreign material are identified.

The colon measures 1.21 mm, with formed feces in the descending segment.

## *Pancreas*

The evaluated pancreatic areas do not show evidence of overt inflammation or neoplastic disease.

## *Free Abdomen*

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

## PRIMARY FINDINGS

- Hepatomegaly
- Small hepatic cysts (~0.5 cm)

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver appears enlarged with a homogeneous echotexture and a few small cysts. In the absence of parenchymal heterogeneity, nodules, or lymphadenopathy, these findings are most consistent with mild, likely incidental hepatomegaly, potentially related to physiologic variation, body condition, or mild metabolic change rather than clinically significant liver disease.

The small hepatic cysts are a common incidental finding in older dogs and are typically of no clinical significance.

Importantly, there are no ultrasonographic features to support clinically relevant hepatopathy, which correlates well with the normal biochemical profile.

No other abdominal abnormalities are identified.



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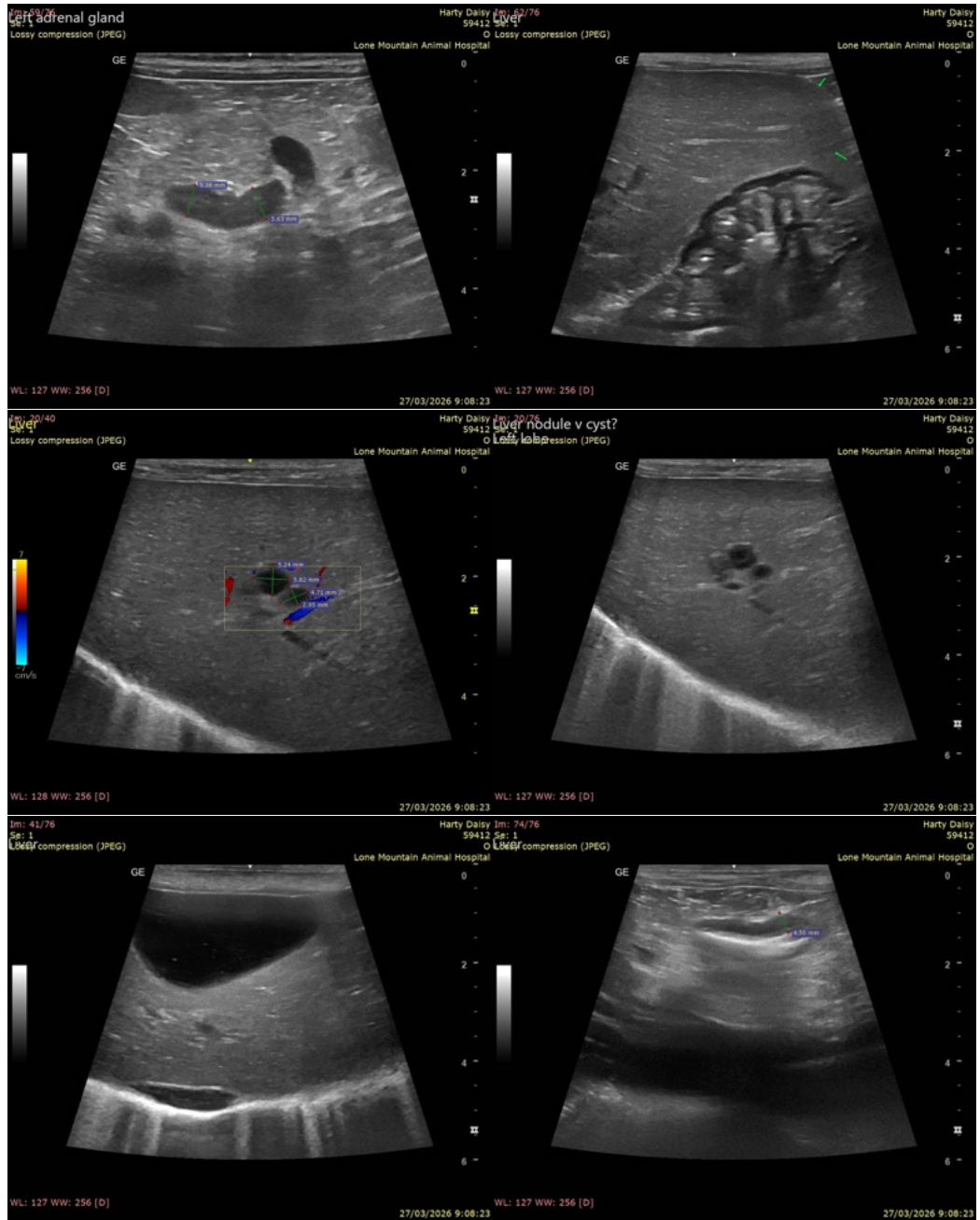
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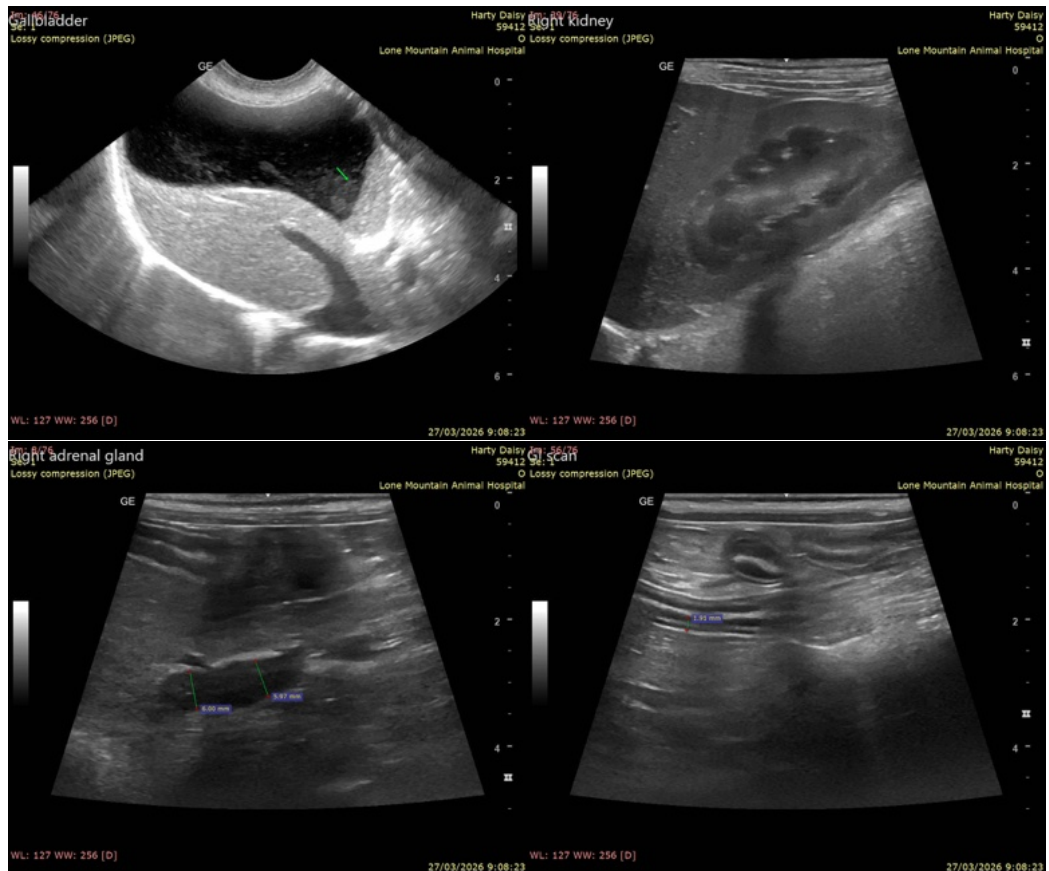
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.**

[info@SonoPath.com](mailto:info@SonoPath.com)