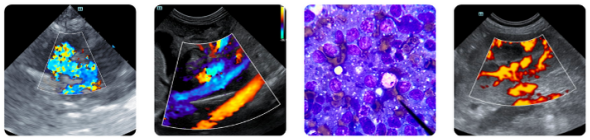




**PATIENT**

Maybelle Becker

**SPECIES**

Canine

**BREED**

Dachshund

**SEX**

Spayed female

**AGE**

15 years

**WEIGHT**

15.31

**INTERPRETED BY**

Alicia Angosto Guerrero, DMV, PgDip, MSc.

**IMAGING PERFORMED BY**

Jenna Smith, CVT

**HOSPITAL NAME**

Annville Cleona Veterinary Associates

**REFERRING VET**

Dr. Spingler

**INVOICE**

73904

**DATE**

3/30/26

## PRESENTING CLINICAL SIGNS

- Owners took Maybelle to the ER on 3/23 because they thought her abdomen seemed distended. ER took one lateral xray and said just her internal organs. I thought her spleen and liver looked enlarged on radiograph. Told owner recommended an abdominal ultrasound to screen for an abdominal mass. Eating and drinking fine.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

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

The left kidney is normal in shape and size (4.68×2.96 cm), with a cortical thickness of 0.44 cm in the sagittal plane. A 6.47×7.61 mm cyst is present at the cranial pole. The cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio is within normal limits, and corticomedullary definition is preserved. A 1.71 mm small nephrolith is observed. There is no evidence of pyelectasia or hydronephrosis. Doppler color evaluation shows a normal perfusion pattern.

The right kidney is normal in shape and size (4.22×2.31 cm). Cortical thickness is not recorded. The cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio is within normal limits, and corticomedullary definition is preserved. Several small incipient nephroliths are observed within the calyceal region. There is no evidence of pyelectasia or hydronephrosis. Doppler color evaluation shows a normal perfusion pattern.

### *Adrenal Glands*

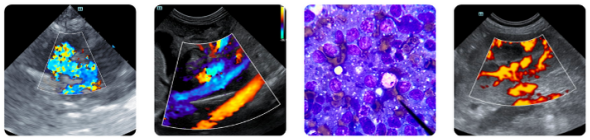
The left adrenal gland is sub optimally visualized; a structure presumed to represent the adrenal measures 0.56 cm at one pole and 0.77 cm at the opposite pole. The right adrenal gland is not visualized.

### *Spleen*

Splenic thickness is 1.7 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.

### *Liver*

The liver is subjectively normal in size and does not appear to extend beyond the lesser curvature of the stomach, although evaluation is limited by gastric distension. The margins are mildly rounded, and the contour is regular. The parenchyma is uniform and isoechoic relative to the falciform fat, with otherwise normal echotexture. A 0.99×1.32 cm cyst is identified. No hepatic lymphadenopathy is observed.





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The gallbladder is normally distended. The wall is thin, and the contents are primarily anechoic with a moderate amount of immobile biliary sludge. No dilation of the cystic duct or common bile duct is observed.

### *Gastrointestinal*

The stomach is moderately distended with fluid and contains several intraluminal hyperechoic structures (1–2 cm) producing distal acoustic shadowing, most consistent with ingested material. Gastric wall thickness is 2.43 mm, with preserved layering.

Pylorus: 5.01 mm. Duodenum: 3.32 mm. Jejunum: 2.87–3.59 mm. Wall layering is preserved throughout. No evidence of inflammation, ileus, or foreign material is identified.

Colon: 0.88 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

Mild rounding of hepatic margins
- Hepatic cyst (0.99×1.32 cm)
- Moderate immobile biliary sludge
  Left renal cyst (6.47×7.61 mm)
- Multiple small nephroliths
- Left adrenal gland sub optimally visualized, measuring up to 0.77 cm

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The spleen is subjectively within normal limits in size and echotexture, with no focal lesions identified.

The liver shows subjective normal size limits, although mild rounding of the margins is present. In an older patient, this may reflect mild or early hepatomegaly, potentially associated with vacuolar hepatopathy or age-related hepatocellular change. The hepatic parenchyma is otherwise unremarkable, and the hepatic cyst is incidental and clinically insignificant.

The left kidney contains a small cyst (6.47×7.61 mm), consistent with an incidental renal cyst, a common finding in geriatric patients. Small nephroliths are present bilaterally within the calyces, without

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evidence of obstruction, and are likely incidental.

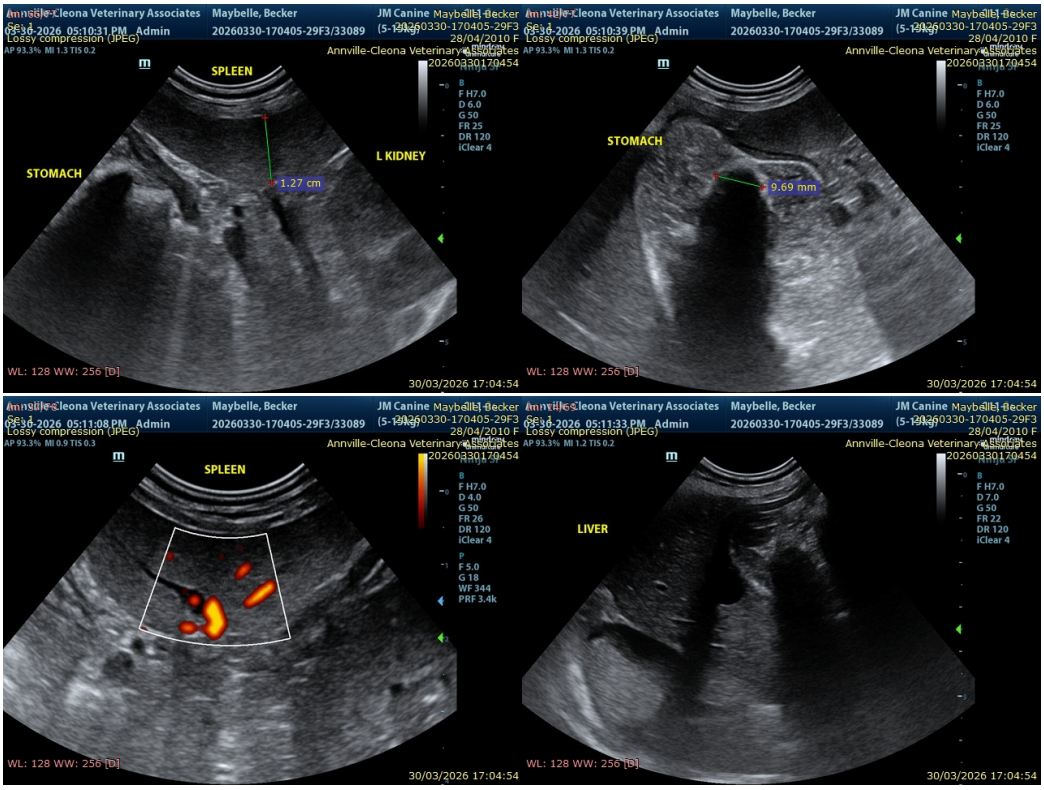
The left adrenal gland is suboptimally visualized, with a measurement up to 0.77 cm. Given the limited evaluation, absence of visualization of the contralateral adrenal gland, and lack of compatible clinical signs, this finding is of uncertain clinical significance and may be incidental. Ultrasonography does not assess adrenal function.

Moderate immobile biliary sludge is present, consistent with biliary stasis, without evidence of obstruction.
The stomach contains water and ingested material, with no evidence of gastrointestinal obstruction or inflammatory disease.

Recommendations

- Correlate hepatic findings with serum biochemistry, particularly liver enzyme activity, to assess for possible mild hepatopathy.
- Consider ursodeoxycholic acid for management of biliary sludge, provided no evidence of biliary obstruction develops.
- Periodic monitoring of the kidneys may be considered if clinically indicated.

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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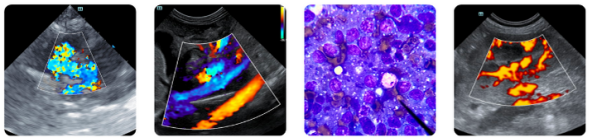

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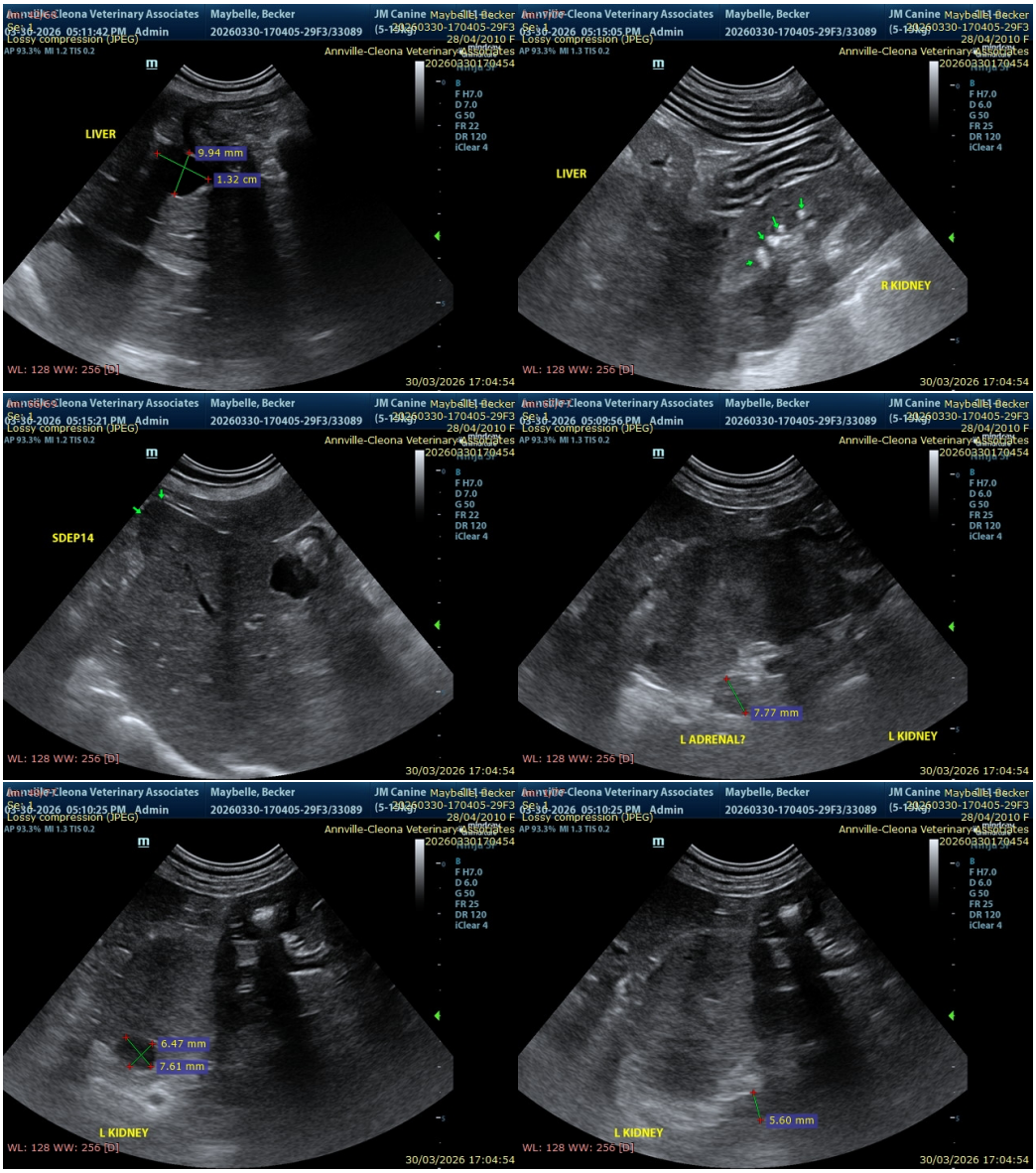


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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.

info@SonoPath.com