

PATIENT

Snowy Wilson

SPECIES

Canine

BREED

Dachshund Mix

SEX

Spayed female

AGE

14 years

WEIGHT

13.68 lbs

INTERPRETED BY

Dr. Alicia Angosto
Guerrero

IMAGING PERFORMED BY

Dr. Celia Galanti

HOSPITAL NAME

Craig Road AH

REFERRING VET

Dr. Galanti

INVOICE

72245

DATE

3/5/26

PRESENTING CLINICAL SIGNS

- Continuous ALT elevations. Prescreening prior to anesthesia.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is normally distended, and the wall appears thin and smooth. The urine is anechoic. The bladder neck and proximal urethra have a normal ultrasonographic appearance. No calculi are identified and there is no evidence of inflammatory or neoplastic change.

The left kidney is normal in shape and size, measuring 4.03×2.10 cm, with a cortical thickness of 0.37 cm in the sagittal plane. The right kidney is normal in shape and size, measuring 4.15×2.24 cm, with a cortical thickness of 0.40 cm in the sagittal plane. In both kidneys the cortex is isoechoic compared with the hepatic parenchyma. Small cortical cysts measuring 0.99–2.04 mm are present. Additionally, there are small hyperechoic cortical bands and punctate mineralized foci, possibly representing early nephrolithiasis or dystrophic mineralization. The corticomedullary ratio and corticomedullary definition are preserved. No pyelectasia or hydronephrosis is identified.

Adrenal Glands

Both adrenal glands show normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane: Left adrenal gland: Cranial pole 0.45 cm Caudal pole 0.39 cm. Right adrenal gland: Cranial pole 0.53 cm. Caudal pole 0.38 cm.

Spleen

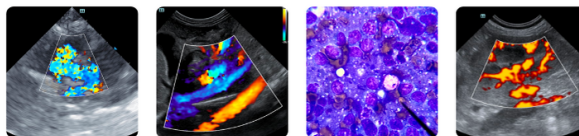
Splenic thickness is 0.93 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal abnormalities. The splenic capsule is smooth and regular.

Liver

The liver is subjectively normal in size, with sharp margins and a regular contour. The hepatic parenchyma appears mildly heterogeneous with a slightly coarse echotexture, containing multiple small hypoechoic foci measuring approximately 4–5 mm, resulting in a mildly mottled appearance.

No hepatic lymphadenopathy is identified.

The gallbladder lumen is normally distended. The wall is thin and the contents are primarily anechoic. No dilation of the cystic duct or common bile duct is identified.



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Gastrointestinal

The stomach is empty and folded with mild luminal gas. Gastric mural thickness measures 2.63 mm with preserved wall layering.

The pylorus measures 4.70 mm with preserved wall layering. The duodenum measures 2.89 mm. The jejunum measures 2.46 mm. Wall layering is preserved throughout. No evidence of intestinal inflammation, ileus, or intraluminal foreign material is identified.

The colon measures 1.23 mm in the transverse segment and 1.26 mm in the descending segment. The lumen contains small amounts of fecal material.

Pancreas

The right pancreatic limb measures 9.14 mm in thickness. The pancreatic parenchyma is isoechoic relative to the adjacent omental fat. No evidence of pancreatic enlargement, focal lesions, or surrounding fat inflammation is identified.

Peritoneal Cavity

No abdominal effusion or peritonitis is observed.

Cranial mesenteric lymph nodes measure 4.77–6.05 mm and maintain normal shape and echogenicity.

The region of the iliac trifurcation appears normal.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS

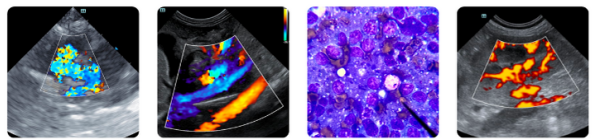
- Mildly heterogeneous hepatic parenchyma with coarse echotexture and multiple small hypoechoic foci.
- Small renal cortical cysts (0.99–2.04 mm)

SECONDARY FINDINGS

- Small renal cortical mineralization foci / possible early nephrolithiasis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver demonstrates mildly heterogeneous parenchyma with a subtly coarse echotexture and multiple small hypoechoic foci, resulting in a mildly mottled appearance. In an older dog with persistent ALT elevation, this pattern is most commonly associated with benign nodular change such as hepatic nodular hyperplasia or mild chronic hepatopathy. No discrete hepatic masses or architectural distortion are identified.



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The kidneys are normal in size and architecture but contain small cortical cysts and punctate mineralized foci, findings that are commonly seen as age-related renal changes in geriatric dogs.

The adrenal glands fall within expected size limits for a dog of this size, and there is no ultrasonographic evidence of endocrine-related adrenal enlargement.

The pancreas, gallbladder, gastrointestinal tract, and abdominal lymph nodes appear within normal ultrasonographic limits.

Overall, the study does not reveal evidence of significant structural hepatobiliary disease, and the hepatic changes identified most likely represent benign age-related parenchymal changes in the context of chronic mild hepatocellular enzyme elevation.

Recommendations

- Periodic monitoring of liver enzymes may be considered to assess progression or stability of the hepatocellular enzyme elevation.
- If clinically indicated, hepatic cytology or biopsy could be considered to further characterize the underlying hepatopathy.

Final diagnostic and therapeutic decisions should be made by the attending veterinarian, integrating these imaging findings with the patient's complete clinical picture.

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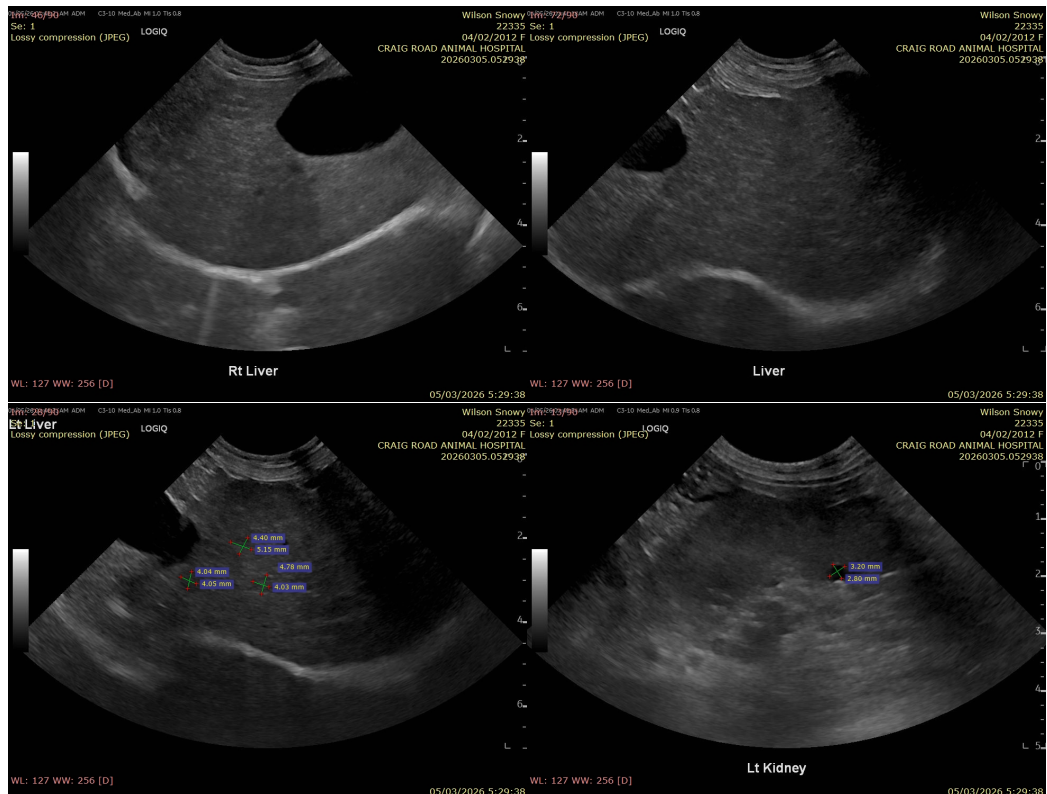
Dr. Galanti

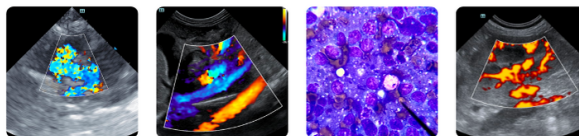
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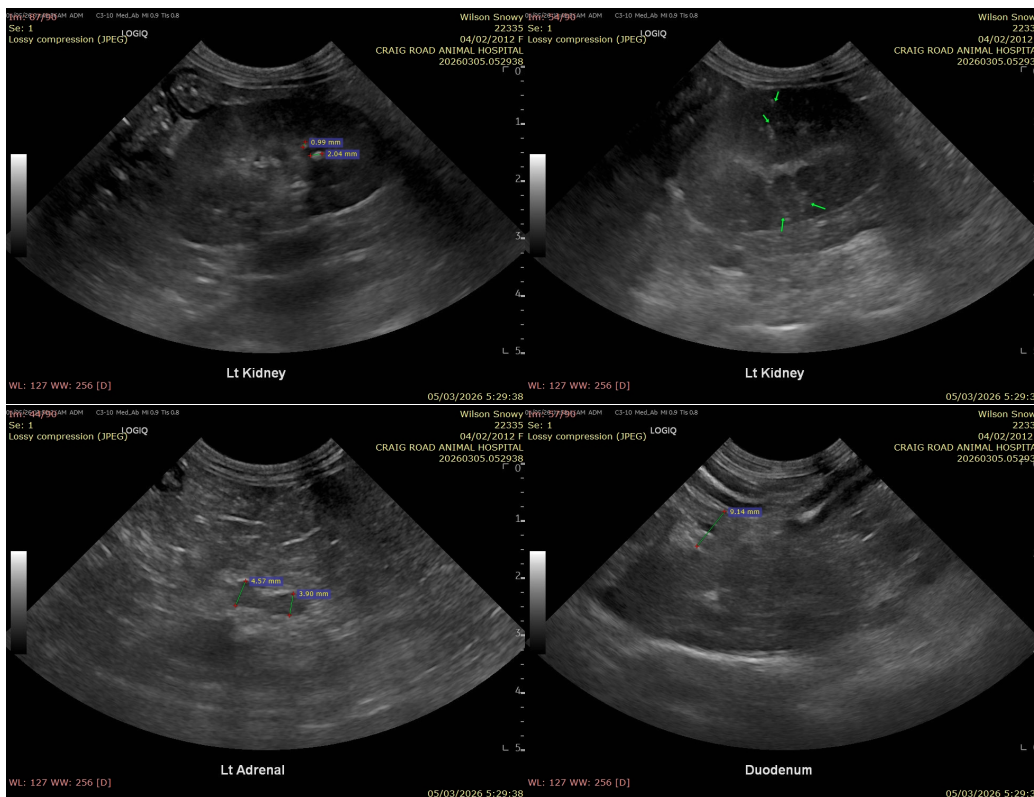
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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