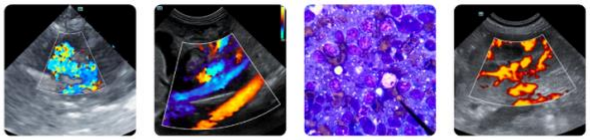


PATIENT

Killian Ashby

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Neutered Male

AGE

12 Years 9 Months

WEIGHT

8.6 Pounds

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Bridget, LVT

HOSPITAL NAME

Thorn Avenue AH

REFERRING VET

Dr. Alyce Schaefer

INVOICE

36619

DATE

4/14/26

PRESENTING CLINICAL SIGNS

History: Fasted for ~16 hours, P is on Galliprant for arthritis, Chronic Lyme Positive, *** please note that the R Kidney with color flow is labeled as the Liver***

Abnormal PE/Chem/CBC/UA Results: Routine monitoring bw done 9/30 and showed mildly elevated Alk Phos (193) - Repeat BW 3/12: Alk Phos increased (304), T4 low (<0.5) - MSU Thyroid panel 3/18 came back normal.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is normally distended, with a thin and smooth wall. The urine is anechoic. A 4.83mm urolith is identified. The bladder neck and proximal urethra appear normal.

In both kidneys, the cortex is isoechoic relative to the liver parenchyma. A few small cortical cysts (<1mm) are present bilaterally. The corticomedullary ratio and definition are preserved. Small mineral foci consistent with early nephrolith formation are noted in the left renal calyceal region. No pyelectasia or hydronephrosis is identified. The left kidney is normal in shape and size, measuring 3.52×1.81cm, with a cortical thickness of 0.36cm in the sagittal plane. The right kidney is normal in shape and size, measuring 3.58×2.17cm, with a cortical thickness of 0.35cm.

Prostate

The prostate measures 1.29×0.60cm, is homogeneous and hypoechoic, consistent with post-castration atrophy.

Adrenal Glands

The left adrenal gland has normal shape and echogenicity, with mild cortical hyperechogenicity. It measures 0.46cm (cranial pole) and 0.55cm (caudal pole), within normal limits for a dog of this size. The right adrenal gland measures 0.52cm at the cranial pole and presents a well-defined mass at the caudal pole measuring 1.27×1.53cm.

Spleen

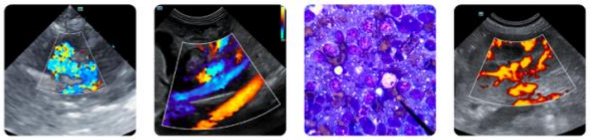
Splenic thickness is 0.83cm. The parenchyma is homogeneous with normal echogenicity and contains several small hyperechoic nodules consistent with myelolipomas. The capsule is smooth and regular.

Liver

The liver is mildly enlarged, with rounded margins and regular contour. Hepatic parenchyma is homogeneous and isoechoic relative to falciform fat. A poorly demarcated, homogeneous area measuring 1.98×2.24cm is noted, minimally distinguishable from surrounding parenchyma but with a slightly rounded morphology, most consistent with nodular hyperplasia. No hepatic lymphadenopathy is identified.

The gallbladder is markedly distended, with a thin wall. The lumen contains a moderate amount of organized biliary sludge, with subtle striated patterns suggestive of early mucocele formation (approximately grade II–III). Mild proximal dilation of the cystic duct/common bile duct is observed.

Gastrointestinal



PATIENT

Killian Ashby

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Neutered Male

AGE

12 Years 9 Months

WEIGHT

8.6 Pounds

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Bridget, LVT

HOSPITAL NAME

Thorn Avenue AH

REFERRING VET

Dr. Alyce Schaefer

INVOICE

36619

DATE

4/14/26

The stomach is empty and folded, with a small amount of fluid and gas. Wall thickness is 1.60mm with preserved layering.
The pylorus measures 4.33mm.
The duodenum measures 3.44mm.
The jejunum measures 2.39mm with normal wall layering.
No evidence of ileus, inflammation, or foreign material is identified.
The colon measures 1.04mm and is semi-empty.

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 is normal.

PRIMARY FINDINGS

- Right adrenal mass (1.27×1.53cm)
- Hepatomegaly with rounded margins
- Focal hepatic lesion most consistent with nodular hyperplasia
- Markedly distended gallbladder with organized sludge and early mucocele pattern (grade II–III)
- Mild dilation of the cystic duct/common bile duct

SECONDARY FINDINGS

- Splenic myelolipomas (incidental).
- Small renal cysts and early nephrolithiasis (incidental.)
- Cystolith (4.83mm).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The marked gallbladder distension with organized sludge and early striations is highly suggestive of an incipient gallbladder mucocele (early/intermediate stage). In dogs, this represents a spectrum, and the presence of organized, non-gravity-dependent material with striations indicates abnormal bile composition and impaired motility. The mild dilation of the proximal bile duct supports early or partial biliary stasis rather than complete obstruction.

The liver is mildly enlarged with rounded margins, which, together with the gallbladder findings and the history of progressive ALP elevation, supports a chronic cholestatic process and/or vacuolar hepatopathy. The focal hepatic lesion is most consistent with nodular hyperplasia, a common incidental finding in older dogs, particularly given its poor demarcation and similarity in echogenicity to surrounding parenchyma.

The most clinically significant finding is the right adrenal mass. In the context of progressive ALP elevation and hepatobiliary changes, this raises strong suspicion for adrenal cortical adenoma or carcinoma -instead of pheochromocytoma- with functional adrenal disease (hyperadrenocorticism). No evidence of caudal vena cava thrombosis or neoplastic vascular invasion is identified in the reviewed cine loops.

Other findings (splenic myelolipomas, renal cysts, nephroliths, cystolith) are incidental and age-related,

PATIENT

Killian Ashby

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Neutered Male

AGE

12 Years 9 Months

WEIGHT

8.6 Pounds

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Bridget, LVT

HOSPITAL NAME

Thorn Avenue AH

REFERRING VET

Dr. Alyce Schaefer

INVOICE

36619

DATE

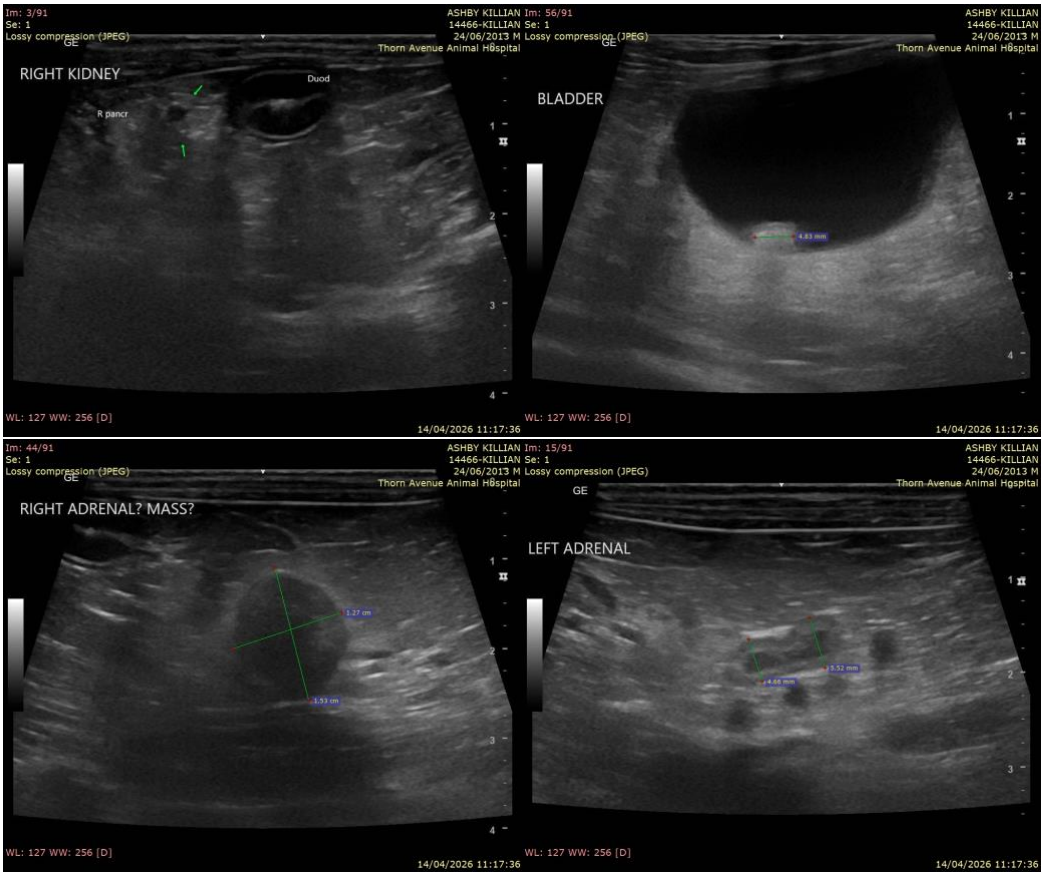
4/14/26

and not contributing to the primary clinical concern.

Recommendations:

- Endocrine testing for hyperadrenocorticism.
- Close monitoring of gallbladder.
- Consider medical management for biliary disease.
- Monitor liver enzymes and clinical signs over time.
- Further characterization of the adrenal mass (imaging ± staging) depending on endocrine results and clinical evolution.
- The small cystolith is considered an incidental finding at this time. Clinical monitoring is recommended, with intervention considered if lower urinary tract signs develop, stone enlargement occurs, or urinary tract infection is identified.

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



PATIENT

Killian Ashby

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Neutered Male

AGE

12 Years 9 Months

WEIGHT

8.6 Pounds

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Bridget, LVT

HOSPITAL NAME

Thorn Avenue AH

REFERRING VET

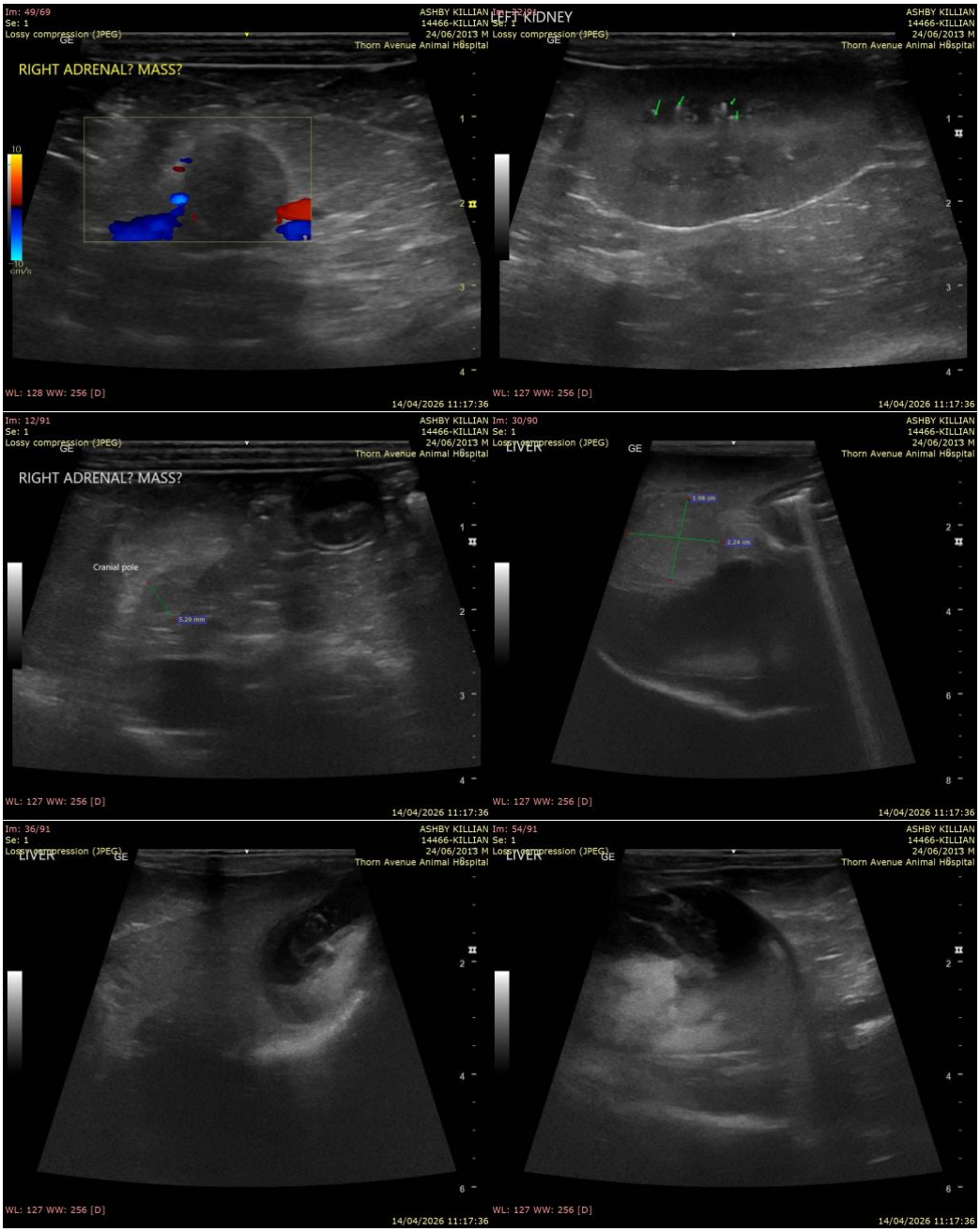
Dr. Alyce Schaefer

INVOICE

36619

DATE

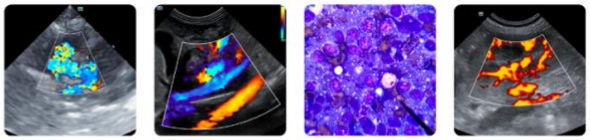
4/14/26



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.

SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

Alicia Angosto Guerrero, DMV, PgDip, MSc.

info@SonoPath.com

PATIENT

Killian Ashby

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Neutered Male

AGE

12 Years 9 Months

WEIGHT

8.6 Pounds

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Bridget, LVT

HOSPITAL NAME

Thorn Avenue AH

REFERRING VET

Dr. Alyce Schaefer

INVOICE

36619

DATE

4/14/26