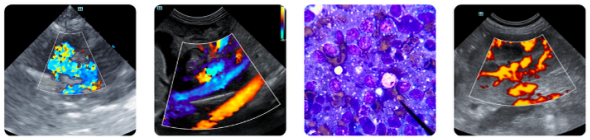


PATIENT

Luke Sokol

SPECIES

Canine

BREED

Australian Cattle Dog

SEX

MN

AGE

10 years

WEIGHT

33.4 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Dr. Brandon Holmes

HOSPITAL NAME

West Newton Animal Clinic

REFERRING VET

Dr. Brandon Holmes

INVOICE

11782

DATE

4/23/2026

PRESENTING CLINICAL SIGNS

Lethargy, coughing, and excessive drooling. Sleeping more and not playing. Weight loss of about 1 lb since October.

Abnormal PE/Chem/CBC/UA Results: T = 102.6, multiple lipomas, but otherwise normal. Chest radiographs appear normal. Blood panel attached.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately distended. The bladder wall measures 1.82 mm (within normal limits for a dog, typically ≤2–3 mm when distended). The luminal contents are predominantly anechoic with scant suspended echoes. The bladder neck and proximal urethra appear normal. No uroliths or ultrasonographic evidence of inflammatory or proliferative/neoplastic changes are identified.

The left kidney measures 5.48×2.86 cm, with a cortical thickness of 0.48 cm in the sagittal plane. The right kidney measures 4.89×2.45 cm, with a cortical thickness of 0.45 cm in the sagittal plane.

Both kidneys are normal in shape and size for a dog of this size (typical length ~5–7 cm depending on body size). The cortex is isoechoic relative to the liver. The corticomedullary ratio is within normal limits, and corticomedullary definition is preserved. No pyelectasia, nephrolithiasis, or hydronephrosis is identified. Color Doppler demonstrates a normal vascular pattern.

Prostate

The prostate is small and hypoechoic, consistent with post-castration atrophy. A small echogenic focus is present within the prostatic urethra, likely representing mineralized debris or a small urethral crystal.

Adrenal Glands

The left adrenal gland measures 0.66 cm (cranial pole) and 0.65 cm (caudal pole), which is mildly increased for a dog of this size (typically ≤0.5–0.6 cm), suggesting mild enlargement. The right adrenal gland is not visualized

Spleen

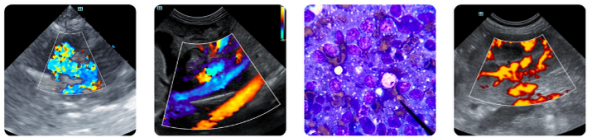
Splenic thickness is 2.07 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture with a 0.55x0.96 cm cystic-like nodule. The splenic capsule is smooth and regular. Splenic vasculature appears normal.

Liver

The liver is subjectively normal in size, with sharp margins and a regular contour. The parenchyma is homogeneous and isoechoic relative to the falciform fat, with normal echotexture. No hepatic lymphadenopathy is identified.

The gallbladder is adequately distended. The wall is thin (within normal limits). The lumen contains a moderate amount of biliary sludge. No dilation of the cystic duct or common bile duct is observed.

Gastrointestinal



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The stomach is empty and folded, with a mural thickness of 2.85 mm and preserved wall layering (within normal limits).
The pylorus measures 7.24 mm, within normal limits.
Duodenum: 3.11 mm.
Jejunum: 3.05 mm.
Wall layering is preserved throughout, and thickness values are within normal limits. No ultrasonographic evidence of inflammation, ileus, or foreign material is identified.
Colon wall thickness is 1.07 mm, within normal limits, with formed feces present.

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

- Mild left adrenal enlargement.
- Small cystic splenic nodule.
- Moderate biliary sludge.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This is a largely unremarkable abdominal ultrasound with no definitive structural abnormalities to explain the patient's systemic clinical signs (lethargy, coughing, weight loss, hyperglobulinemia). The mild enlargement of the left adrenal gland is a nonspecific finding and, in isolation, does not support hyperadrenocorticism, particularly in the absence of additional ultrasonographic changes and with incomplete visualization of the contralateral adrenal gland.

A small splenic nodule with cystic/degenerative features is identified, most consistent with benign processes such as nodular hyperplasia with secondary degeneration.

Moderate biliary sludge is a common incidental finding and is not considered clinically significant in the absence of gallbladder wall thickening or biliary obstruction.

No abdominal lymphadenopathy, organomegaly, or mass lesions are identified to support an abdominal neoplastic or diffuse infiltrative process. However, given the presence of hyperglobulinemia and systemic clinical signs, further investigation for underlying systemic, respiratory, or hematologic disease is warranted.

Recommendations

- Correlation with thoracic imaging findings and further evaluation of the respiratory tract is recommended given the history of coughing.
- Further investigation of the hyperglobulinemia is advised, including serum protein electrophoresis to differentiate inflammatory versus monoclonal processes.

Final diagnostic and therapeutic decisions should be made by the attending veterinarian, who can

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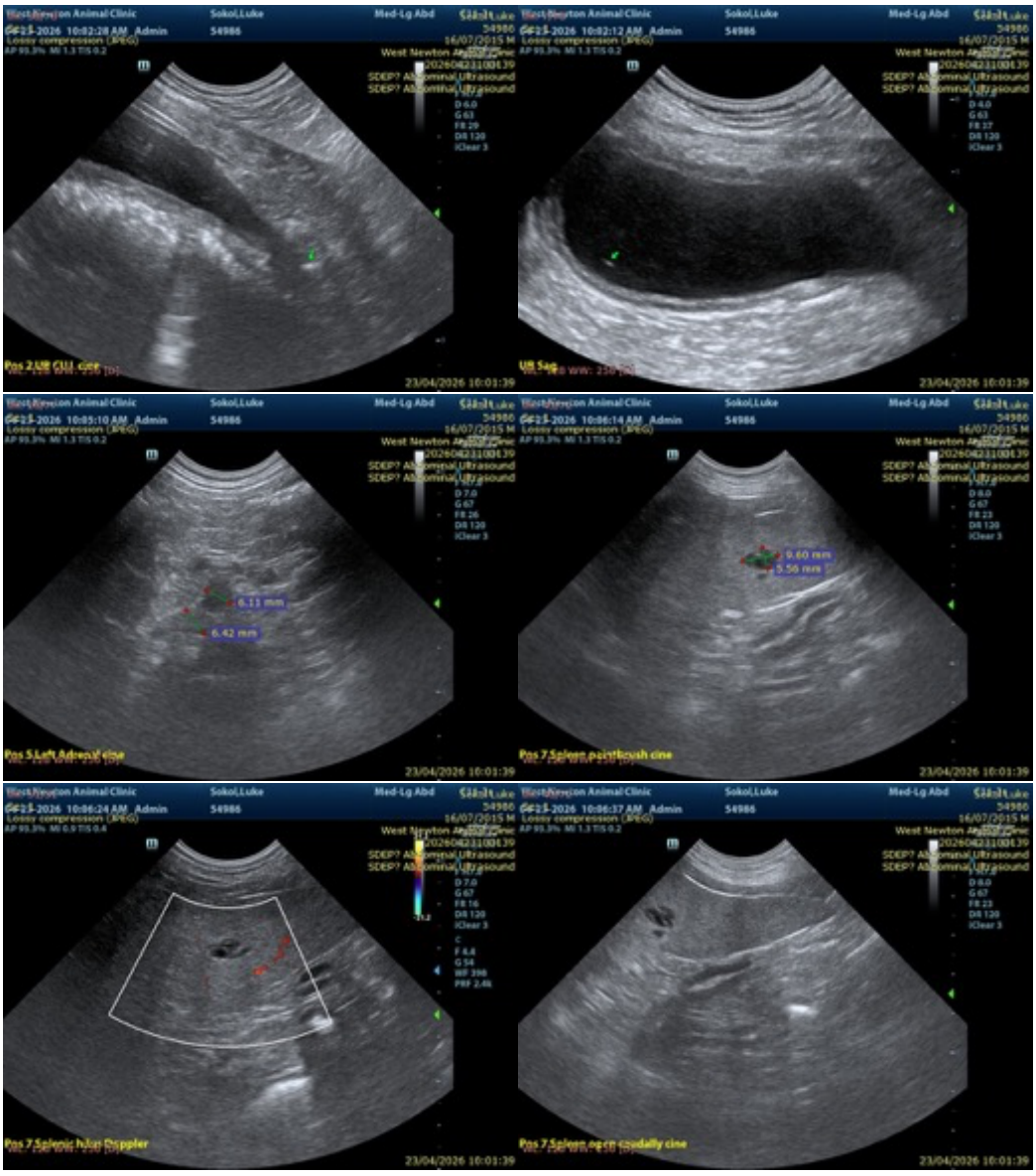
best integrate these findings with the patient's clinical status.



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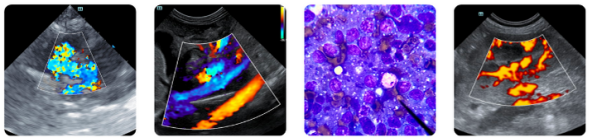

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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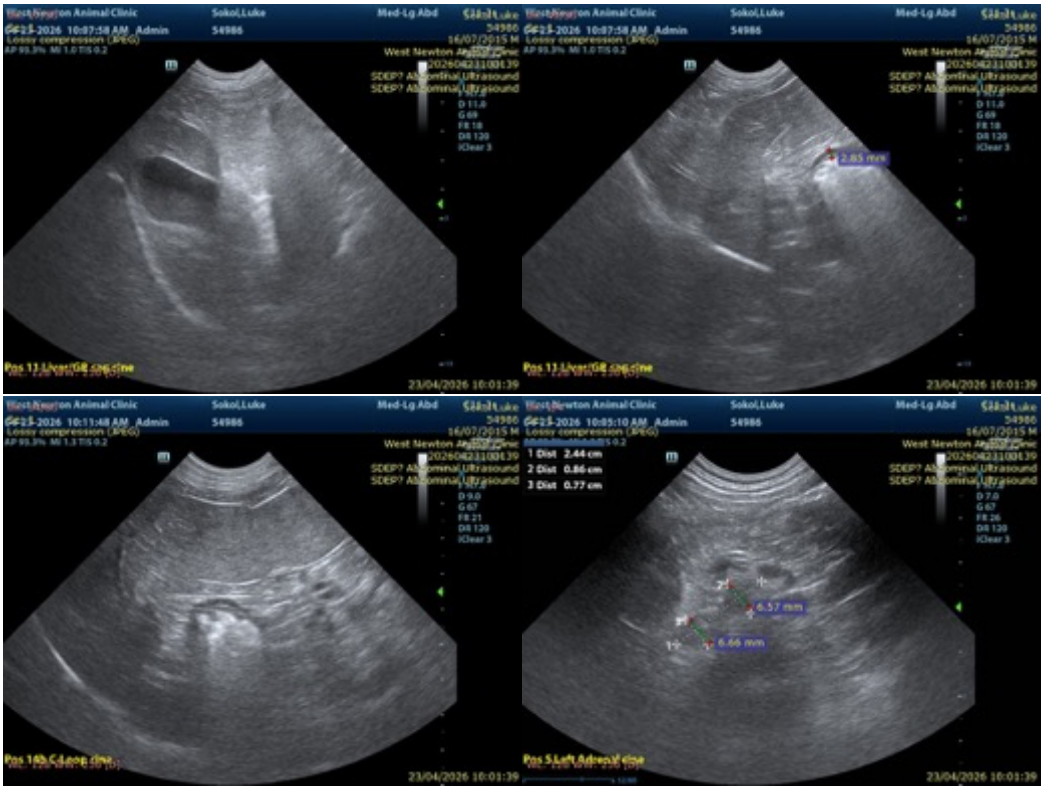

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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