



PATIENT

Walter Houle

SPECIES

Canine

BREED

Golden Retriever

SEX

Male

AGE

12 years

WEIGHT

73.8 lbs

INTERPRETED BY

Alicia Angosto
Guerrero, DMV,
PgDip, MSc.

IMAGING PERFORMED BY

Grace Jayne CVT

HOSPITAL NAME

Ark Animal Homecare

REFERRING VET

Dr. DeBeckers

INVOICE

74950

DATE

4/28/26

PRESENTING CLINICAL SIGNS

History: Weight loss of 6 pounds over two years. The owners describe that he is just a little "off". - Walter is here for an annual exam but has shown a significant decline in condition over the past 2 weeks. - The decline started after a vacation; the pet sitter noticed Walter urinated in his bed once, which is unusual.

- Appetite has decreased; he delays eating in the morning and only nibbles at dinner.
- Water intake is about the same or possibly increased.

- Vomited once about 2 and a half weeks ago with a green bile-like substance.
- No diarrhea noted.

- Has allergies causing reverse sneezing and red eyes, which are normal for him.
- Currently eats 2 cups of food daily (1 cup twice a day), but is less interested in food.
- Medications include tacrolimus and NeoPolydex eye drops daily, and Dasuquin.

Abnormal PE/Chem/CBC/UA Results: Discomfort when the cranial abdomen is palpated.

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 appear normal. No calculi or evidence of inflammatory or neoplastic changes are identified.

The left kidney measures 5.84×3.04 cm, with a cortical thickness of 0.53 cm in the sagittal plane. The right kidney measures 6.03×3.11 cm, with a cortical thickness of 0.55 cm in the sagittal plane. Cortical thickness is within normal limits (~0.5–0.8 cm). The cortex demonstrates normal echogenicity. The corticomedullary ratio is within normal limits, and corticomedullary definition is preserved. No pyelectasia, nephrolithiasis, or hydronephrosis is identified.

Adrenal Glands

The left adrenal gland measures 0.63 cm at the cranial pole and 0.59 cm at the caudal pole, within normal limits for a dog of this size (typically ≤0.7 cm). The right adrenal gland is not visualized.

Spleen

Splenic thickness is 2.17 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 normal in size, with sharp margins and regular contour. The parenchyma is mildly hyperechoic relative to falciform fat, with a homogeneous echotexture. A focal hypoechoic lesion measuring 0.93×1.47 cm is identified. No hepatic lymphadenopathy is observed.



PATIENT

Walter Houle

The gallbladder is normally distended, with a thin wall. There is a moderate amount of biliary sludge. No dilation of the cystic duct or common bile duct is observed.

SPECIES

Canine

Gastrointestinal

The stomach is distended with ingesta, with a wall thickness of 2.34 mm and preserved layering (within normal limits). The duodenum measures 3.66 mm and the jejunum 3.38 mm, both within normal limits, with preserved wall layering. No evidence of inflammation, ileus, or foreign material is identified. The colon measures 1.21 mm, within normal limits, with formed feces.

BREED

Golden Retriever

SEX

Male

Pancreas

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

AGE

12 years

Free Abdomen

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

WEIGHT

73.8 lbs

INTERPRETED BY

Alicia Angosto
Guerrero, DMV,
PgDip, MSc.

PRIMARY FINDINGS

- Mildly hyperechoic hepatic parenchyma.
Focal hypoechoic hepatic lesion (0.93×1.47 cm).

IMAGING PERFORMED BY

Grace Jayne CVT

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most clinically relevant finding is a small focal hypoechoic hepatic lesion within a mildly hyperechoic liver. The surrounding hepatic parenchyma is mildly hyperechoic, which may reflect vacuolar hepatopathy, lipid accumulation, or age-related change, but this background change does not explain the focal lesion. The lesion's size and echogenicity are nonspecific; differentials include nodular hyperplasia, focal inflammatory change, or less likely, neoplasia (primary or metastatic). Given its small size and lack of additional lesions or lymphadenopathy, a benign process such as nodular hyperplasia is a reasonable consideration.

HOSPITAL NAME

Ark Animal Homecare

REFERRING VET

Dr. DeBeckers

The moderate biliary sludge is a common incidental finding but may also reflect altered bile composition or decreased gallbladder motility, potentially associated with systemic illness or reduced appetite. There is no evidence of biliary obstruction.

INVOICE

74950

The pancreas appears unremarkable; however, this does not exclude mild or early pancreatitis, particularly given the history of cranial abdominal discomfort. In dogs, pancreatitis can be present despite minimal or absent ultrasonographic changes.

DATE

4/28/26

No other significant abnormalities are identified to explain the patient's recent decline. The absence of overt structural disease is notable and suggests that early or functional disease remains possible despite



PATIENT

relatively mild imaging findings.

Walter Houle

Recommendations

SPECIES

- Targeted follow-up of the hepatic lesion is recommended. Options include:
 - Repeat ultrasound in 4–6 weeks to assess for progression
 - Ultrasound-guided fine needle aspiration, if clinically appropriate
- Complete serum biochemistry review, including liver enzymes and bile acids if not already performed, to better assess hepatic function.
- Given the history of cranial abdominal discomfort, canine pancreatic lipase testing is recommended, as pancreatitis may not be evident on ultrasound.
- Monitoring of appetite, weight, and clinical progression is important. If clinical decline continues, advanced imaging diagnostics may be warranted.

Canine

BREED

Golden Retriever

SEX

Male

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

AGE

12 years

WEIGHT

73.8 lbs

INTERPRETED BY

Alicia Angosto
Guerrero, DMV,
PgDip, MSc.

IMAGING PERFORMED BY

Grace Jayne CVT

HOSPITAL NAME

Ark Animal Homecare

REFERRING VET

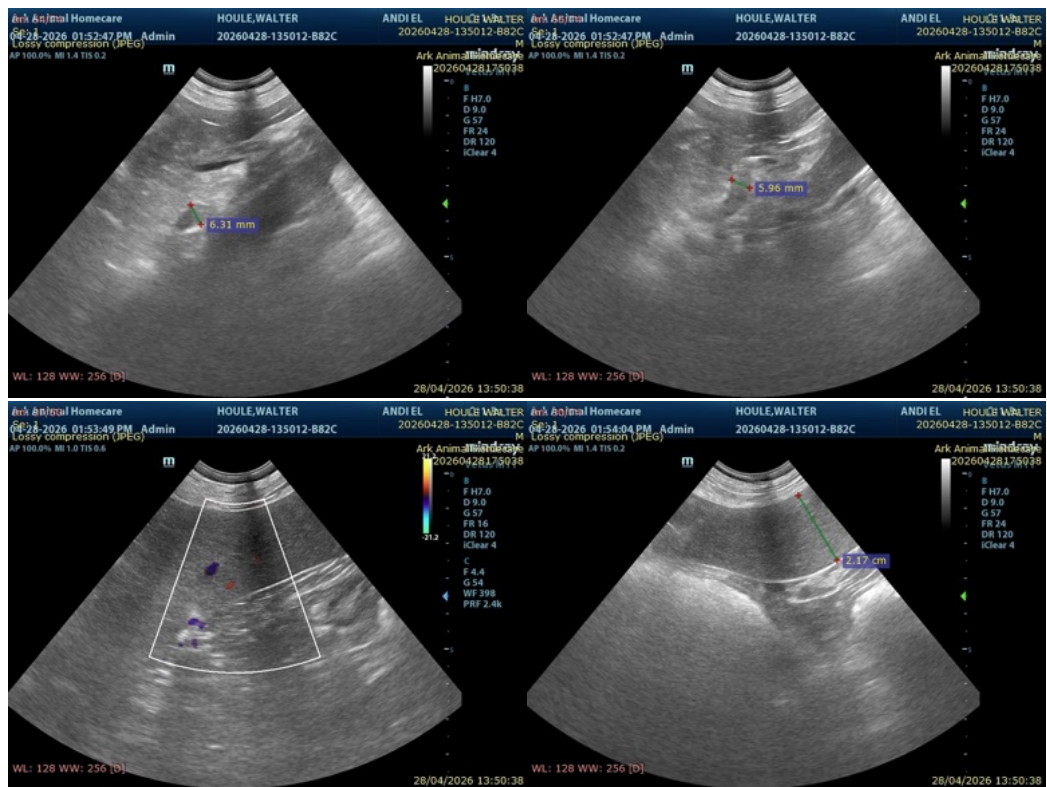
Dr. DeBeckers

INVOICE

74950

DATE

4/28/26





PATIENT

Walter Houle

SPECIES

Canine

BREED

Golden Retriever

SEX

Male

AGE

12 years

WEIGHT

73.8 lbs

INTERPRETED BY

Alicia Angosto
Guerrero, DMV,
PgDip, MSc.

IMAGING PERFORMED BY

Grace Jayne CVT

HOSPITAL NAME

Ark Animal Homecare

REFERRING VET

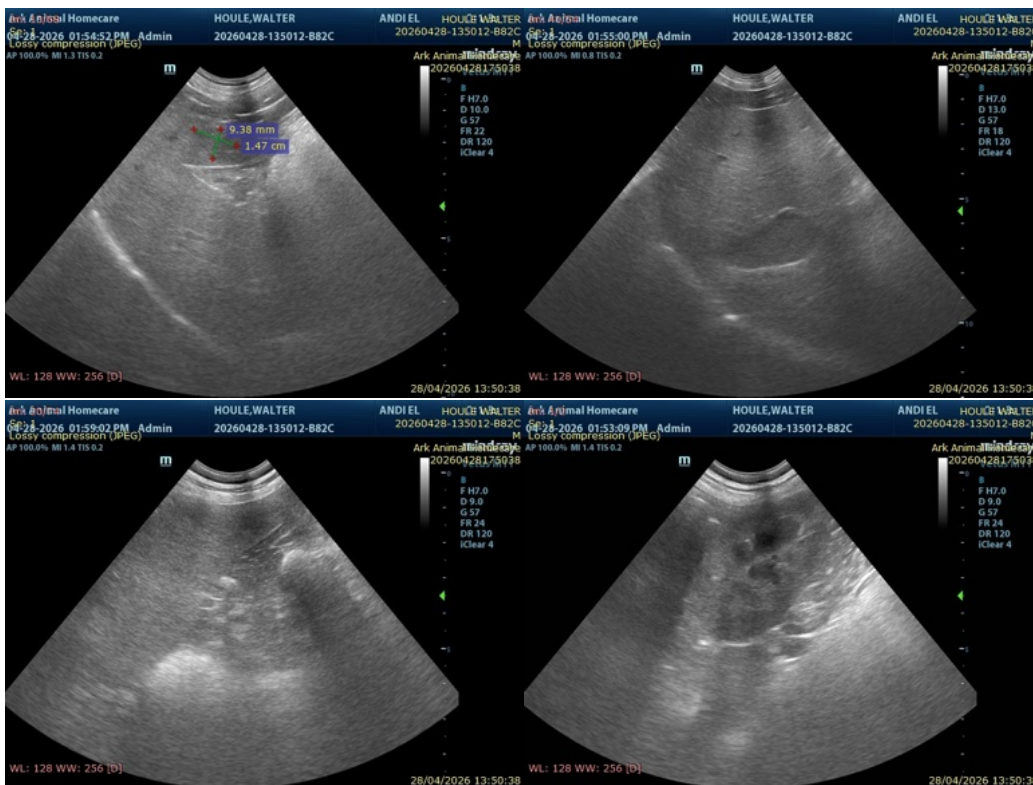
Dr. DeBeckers

INVOICE

74950

DATE

4/28/26



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.

Alicia Angosto Guerrero, DMV, PgDip, MSc.

info@SonoPath.com