



PATIENT

Daisty Hitchings

SPECIES

Canine

BREED

Poodle

SEX

Spayed female

AGE

10 years

WEIGHT

27.1 kg

INTERPRETED BY

Alicia Angosto
Guerrero, DMV,
PgDip, MSc.

IMAGING PERFORMED BY

Danielle RVT

HOSPITAL NAME

Orchard VC

REFERRING VET

Dr. Gudelot

INVOICE

74971

DATE

4/29/26

PRESENTING CLINICAL SIGNS

History: Elevated liver enzymes. O would like and abdominal ultrasound done. No clinical signs at home

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 6.33×3.24 cm, with a cortical thickness of 0.56 cm in the sagittal plane. The right kidney measures 6.35×3.33 cm, with a cortical thickness of 0.60 cm in the sagittal plane. Both kidneys are normal in shape and size for a dog of this body weight (expected length approximately 5.5–7.5 cm). Cortical thickness is within normal limits (~0.5–0.8 cm). The cortex is isoechoic relative to the liver parenchyma. 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.

Adrenal Glands

Both adrenal glands show normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane: The left adrenal gland measures 0.60 cm at the cranial pole and 0.60 cm at the caudal pole. The right adrenal gland measures 0.69 cm at the cranial pole and 0.63 cm at the caudal pole.

Spleen

Splenic thickness is 2.75 cm, within normal limits. The parenchyma is predominantly homogeneous; however, at least two focal lesions are identified: A hypoechoic nodule measuring 0.60×1.10 cm. A second nodule measuring 1.32×1.06 cm with mixed echogenicity (hyperechoic center with a surrounding hypoechoic rim). The splenic capsule is smooth and regular.

Liver

The liver is subjectively normal in size, with sharp edges and a regular contour. The liver parenchyma looks uniform and isoechoic compared to the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is observed.

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



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Gastrointestinal

The stomach is empty and folded, with a wall thickness of 2.94 mm and preserved layering (within normal limits). The duodenum measures 3.01 mm, and the jejunum 3.52–4.14 mm, both within normal limits, with preserved wall layering. No evidence of inflammation, ileus, or foreign material is identified. The colon measures 1.36 mm, within normal limits, with a small amount of fecal material.

Pancreas

The evaluated pancreatic regions 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

- Two splenic nodules
- Mild biliary sludge (incidental)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Despite the normal hepatic appearance, the history of gradually increasing liver enzymes remains clinically relevant. In the absence of ultrasonographic abnormalities, these changes may reflect mild or early hepatocellular dysfunction, metabolic or reactive processes, or extrahepatic influences.

In an older, clinically asymptomatic dog, small splenic nodules are commonly incidental, and the most likely differential diagnosis is nodular hyperplasia, which is very frequent in this age group. The size of the nodules (both < 1.5 cm) and the absence of additional findings such as splenomegaly, abdominal effusion, or lymphadenopathy support a benign process as the leading consideration. The mixed echogenicity of one lesion (hyperechoic center with hypoechoic rim) is nonspecific and may represent degenerative or vascular changes within a hyperplastic nodule, although similar patterns can occasionally be seen with metastatic processes.

Recommendations

- Ultrasound-guided fine needle aspiration of the splenic nodules may be considered if definitive characterization is desired, particularly for the mixed echogenic lesion.
- Alternatively, conservative monitoring with repeat ultrasound in 2–3 months is a reasonable approach given the small size and lack of concerning features.
- Hepatoprotective support may be considered.
- Correlation with biochemical trends and clinical monitoring is recommended.

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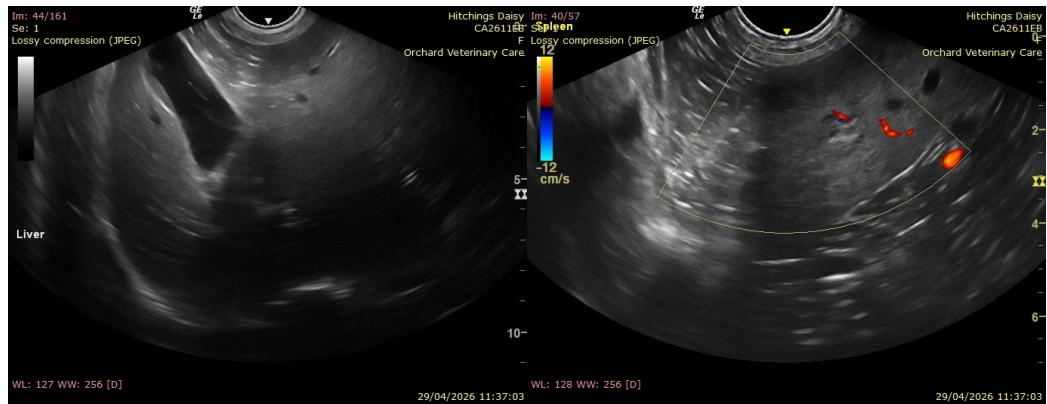
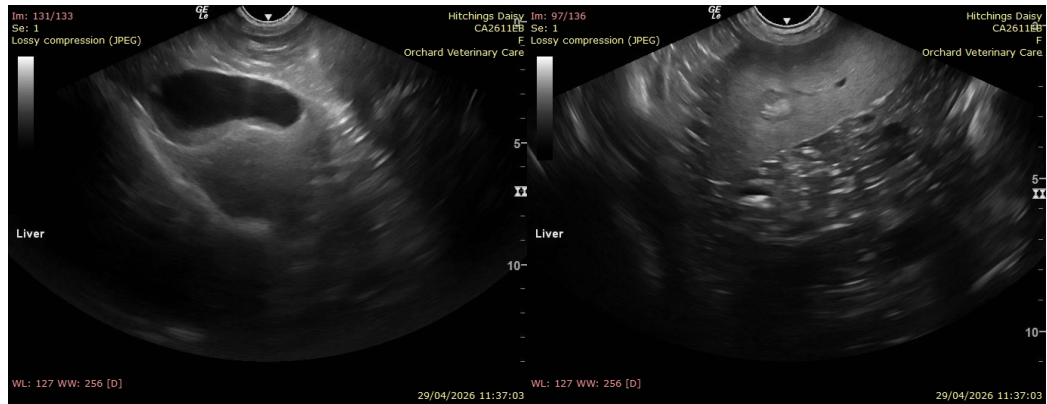
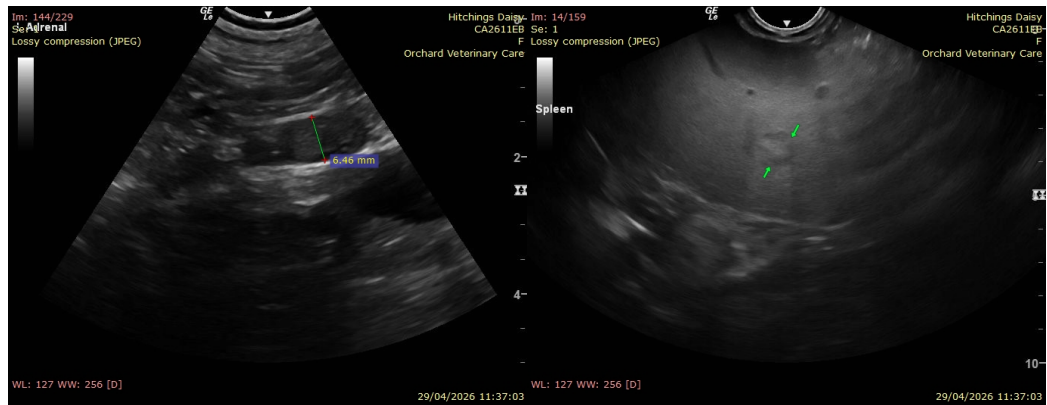
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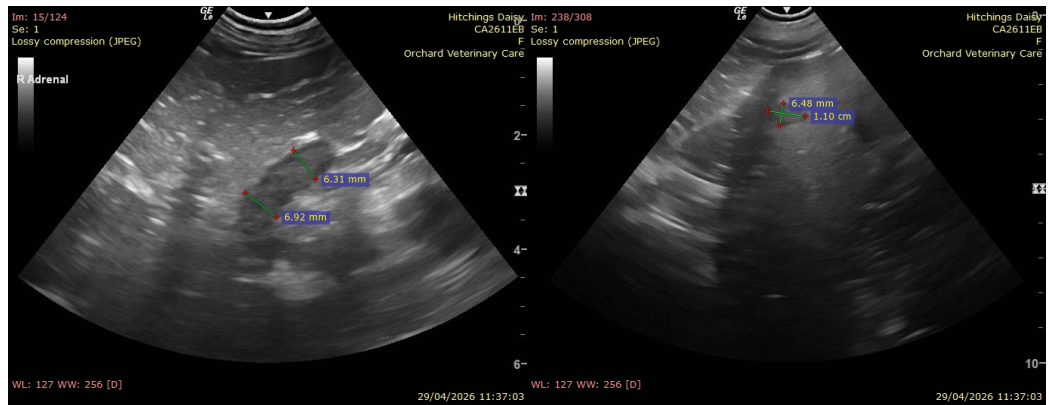
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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