



## PATIENT

Teddy Mantle

## SPECIES

Canine

## BREED

Havanese

## SEX

Neutered male

## AGE

9 years

## WEIGHT

14.7 kg

## INTERPRETED BY

Alicia Angosto  
Guerrero, DMV,  
PgDip, MSc.

## IMAGING PERFORMED BY

Dr. Corbeil

## HOSPITAL NAME

Cochrane AC

## REFERRING VET

Dr. Corbeil

## INVOICE

74325

## DATE

4/8/26

## PRESENTING CLINICAL SIGNS

History: 1 day tense painful abdomen vs painful back. Reduced appetite. Reduced mobility. No vomiting. Back/abd rads - hepatomegaly, mild kyphosis, no spondylitis

Abnormal PE/Chem/CBC/UA Results: Last bloodwork January 2026 - normal CBC chem T4

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder is markedly underdistended. The wall appears subjectively thickened and mildly irregular; however, this is most likely artifactual due to underdistension, and accurate wall assessment is not possible under these conditions. The urine is anechoic. The bladder neck and proximal urethra have a normal appearance. No calculi are identified.

The left kidney is normal in shape and size (5.88×3.29 cm), with a cortical thickness of 0.60 cm in the sagittal plane. The cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio is within normal limits, and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler demonstrates a normal vascular pattern.

The right kidney is normal in shape and size (5.16×3.03 cm), with a cortical thickness of 0.56 cm in the sagittal plane. The cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio is within normal limits, and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler demonstrates a normal vascular pattern.

### *Prostate*

The prostate measures 2.11×0.69 cm, is small, hypoechoic, and homogeneous, consistent with post-castration atrophy.

### *Adrenal Glands*

Both adrenal glands demonstrate normal shape and echogenicity. The left adrenal gland measures 0.57 cm at the cranial pole and 0.61 cm at the caudal pole. The right adrenal gland measures 0.52 cm at the cranial pole and 0.68 cm at the caudal pole.

### *Spleen*

Splenic thickness is 1.34 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.



## PATIENT

Teddy Mantle

## SPECIES

Canine

## BREED

Havanese

## SEX

Neutered male

## AGE

9 years

## WEIGHT

14.7 kg

## INTERPRETED BY

Alicia Angosto  
Guerrero, DMV,  
PgDip, MSc.

## IMAGING PERFORMED BY

Dr. Corbeil

## HOSPITAL NAME

Cochrane AC

## REFERRING VET

Dr. Corbeil

## INVOICE

74325

## DATE

4/8/26

## Liver

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

The gallbladder is normally distended. The wall is thin, and the lumen contains a moderate amount of biliary sludge. No dilation of the cystic duct or common bile duct is identified.

## Gastrointestinal

The stomach is empty and folded, with a wall thickness of 2.21 mm and preserved layering. The pylorus measures 3.31 mm. The duodenum measures 2.64 mm. The jejunum measures 3.63 mm, with preserved wall layering. No ultrasonographic evidence of obstruction, ileus, or foreign material is identified. The colon measures 1.08 mm and contains formed feces in the descending segment.

## Pancreas

The pancreas measures approximately 8.69–9.30 mm in thickness. Parenchyma is isoechoic relative to the adjacent omental fat. No peripancreatic fat changes are identified.

## Free Abdomen

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

## PRIMARY FINDINGS

This is a largely unremarkable abdominal ultrasound study, with no significant abnormalities identified to explain the reported clinical signs.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The urinary bladder wall appears subjectively thickened; however, this is most consistent with artifactual thickening due to underdistension, and no definitive evidence of cystitis or neoplasia is identified.

A moderate amount of biliary sludge is present and is most likely secondary to decreased gallbladder motility (fasting or reduced appetite), without evidence of biliary obstruction or clinically significant hepatobiliary disease.

No ultrasonographic abnormalities are identified to explain the reported abdominal pain.

Recommendations



## PATIENT

Teddy Mantle

## SPECIES

Canine

## BREED

Havanese

## SEX

Neutered male

## AGE

9 years

## WEIGHT

14.7 kg

## INTERPRETED BY

Alicia Angosto  
Guerrero, DMV,  
PgDip, MSc.

## IMAGING PERFORMED BY

Dr. Corbeil

## HOSPITAL NAME

Cochrane AC

## REFERRING VET

Dr. Corbeil

## INVOICE

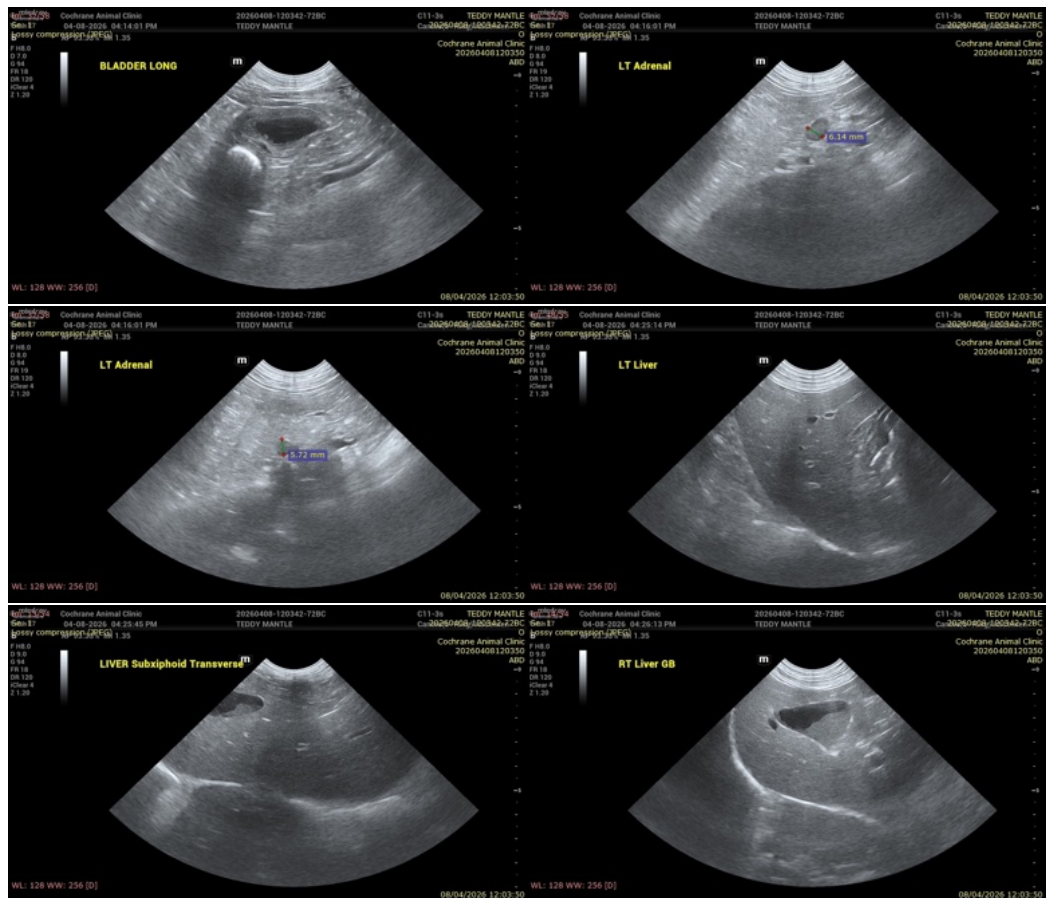
74325

## DATE

4/8/26

- Correlation with clinical findings and continued evaluation of a potential musculoskeletal or spinal source of pain is recommended.
- Continued clinical monitoring is advised.

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

Teddy Mantle

## SPECIES

Canine

## BREED

Havanese

## SEX

Neutered male

## AGE

9 years

## WEIGHT

14.7 kg

## INTERPRETED BY

Alicia Angosto  
Guerrero, DMV,  
PgDip, MSc.

## IMAGING PERFORMED BY

Dr. Corbeil

## HOSPITAL NAME

Cochrane AC

## REFERRING VET

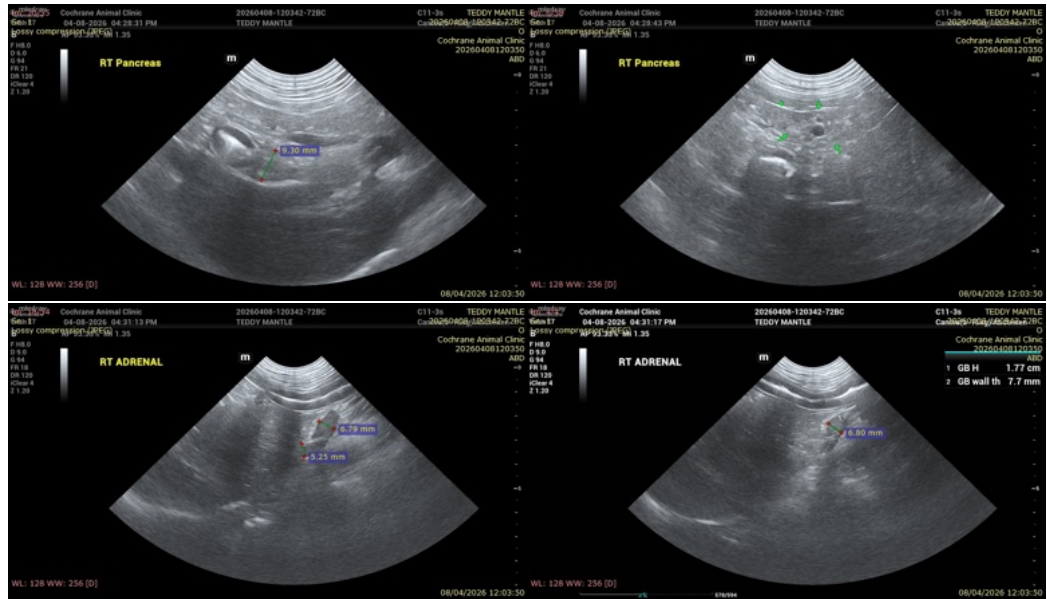
Dr. Corbeil

## INVOICE

74325

## DATE

4/8/26



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](mailto:info@SonoPath.com)