



PATIENT

Chewie Lord

SPECIES

Canine

BREED

Shih Tzu

SEX

Neutered male

AGE

15 years

WEIGHT

12 lbs

INTERPRETED BY

Alicia Angosto
Guerrero, DMV,
PgDip, MSc.

IMAGING PERFORMED BY

Ashley McCaughan

HOSPITAL NAME

Marina Village
Veterinary &
Integrative Care

REFERRING VET

Dr. McCaughan

INVOICE

77609

DATE

5/15/26

PRESENTING CLINICAL SIGNS

History: Historical R hip FHO, slowing down, sleeping more per owner. more lethargic, excellent appetite, polydipsia

no NSAID use at this time due to elevated ALT (200s) and GGT (18) on ursodial

pending pre/post prandial bile acids

Abnormal PE/Chem/CBC/UA Results: Thin BCS, polyphagia, generalized sarcopenia. Rising GGT (was in April 2026, 18 ,today 24), ALT (200, now 303), ALP (210, now 388). Radiographs show severe hip OA and IVDD. Currently on ursodiol.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is normally distended, and the urinary bladder wall appears thin and smooth. The urine is anechoic. The bladder neck and proximal urethra have a normal ultrasonographic appearance. No calculi are identified, and there is no ultrasonographic evidence of inflammatory or neoplastic mural disease.

The left kidney is normal in shape and size, measuring 3.78×2.10 cm, with a cortical thickness of 0.32 cm in the sagittal plane. The right kidney is normal in shape and size, measuring 4.01×2.12 cm, with a cortical thickness of 0.35 cm in the sagittal plane. Both kidneys: The renal cortices are isoechoic relative to the liver parenchyma. The corticomedullary ratio and corticomedullary definition are preserved. No evidence of pyelectasia, nephrolithiasis, or hydronephrosis is identified.

Prostate

The prostate gland measures approximately 0.92×0.99 cm. The gland is small, homogeneous, and mildly hypoechoic, compatible with expected prostatic atrophy secondary to orchiectomy.

Adrenal Glands

Dorsoventral diameters measured in the sagittal plane are as follows: the left adrenal gland measures 0.52 cm at the cranial pole and up to 0.65 cm at the caudal pole (maximum of three measurements obtained). The right adrenal gland is not confidently visualized in the submitted images. Mild left adrenal enlargement is present, particularly at the caudal pole.

Spleen

Splenic thickness is 1.63 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.



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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.

No diagnostic gallbladder images or video clips were provided for evaluation.

Gastrointestinal

The stomach is empty and folded, containing only a very small amount of residual ingesta. Gastric wall layering is preserved, with mural thickness measuring approximately 2.45 mm. The pylorus measures 4.63 mm. The duodenum measures 2.49 mm. The jejunum measures 2.50-2.64 mm with preserved wall layering. The ileoceocolic junction appears normal and measures approximately 1.49 mm. No ultrasonographic evidence of gastrointestinal inflammation, obstructive disease, ileus, or foreign material is identified. The colon measures approximately 0.80 mm and contains normal fecal content.

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

- Mild left adrenal enlargement at the caudal pole.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Mild left adrenal enlargement is present, with the caudal pole measuring up to 6.5 mm. In a dog of this size, this measurement is mildly above expected reference limits and may reflect mild adrenal hyperplasia or chronic endocrine stimulation. Given the clinical history of polyphagia, polydipsia, sarcopenia, and progressive hepatobiliary enzyme elevation, early or mild hyperadrenocorticism remains a relevant differential consideration.

No convincing structural hepatic abnormalities, biliary obstruction, abdominal mass lesions, or significant gastrointestinal disease are identified to explain the progressive liver enzyme elevations. It should be noted that mild or early vacuolar hepatopathy/endocrine hepatopathy may precede the development of obvious ultrasonographic hepatic changes.

The gallbladder and biliary tract cannot be adequately evaluated on the current examination due to the absence of submitted diagnostic images/videos of this region. Given the increasing GGT and cholestatic



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enzyme pattern, this represents a limitation of the current study.

Recommendations

- Endocrine testing for hyperadrenocorticism could be considered given the clinical presentation and mild adrenal enlargement.
- Hepatoprotective/choleretic therapy may be continued at the discretion of the attending veterinarian pending further diagnostic clarification.
- Continued monitoring of liver enzyme activity and overall clinical progression 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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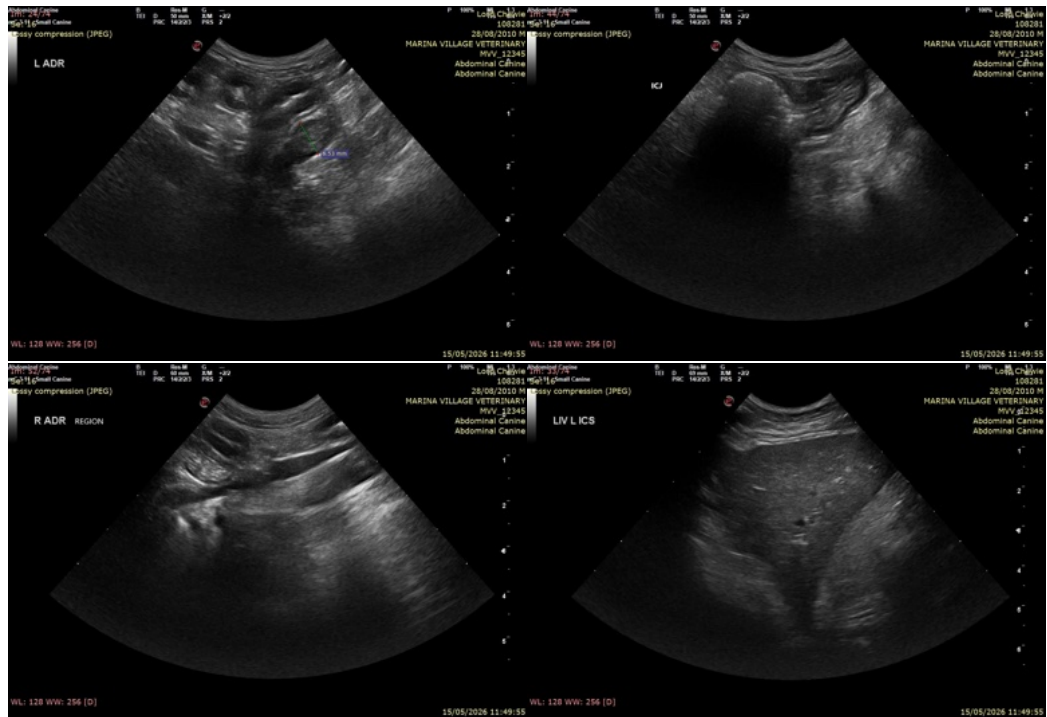
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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