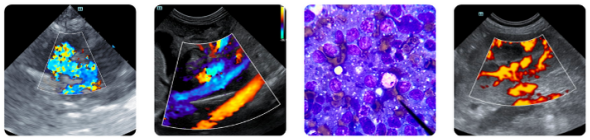


PATIENT

Leo Gushue

SPECIES

Canine

BREED

SEX

Neutered male

AGE

8 years

WEIGHT

40.5 kg

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Dr. Louise Corbeil

HOSPITAL NAME

Cochrane AC

REFERRING VET

Corbeil

INVOICE

77717

DATE

5/19/26

PRESENTING CLINICAL SIGNS

History: Routine annual screening abdominal ultrasound as requested by owners.
Last AUS January 14, 2025 - no remarkable abnormalities
CBC chem UA WNL. Specific Gravity 1.025. Normal BUN creat

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder lumen is normally distended, and the wall of the urinary bladder appears thin and smooth. The urine is anechoic. Normal appearance of the bladder neck and proximal urethra. There are no calculi and no evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size: 6.86×3.58 cm, and the thickness of the cortex is 0.66 cm in the sagittal plane. The renal cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Doppler color interrogation demonstrates a normal vascular pattern.

The right kidney is normal in shape and size: 6.69×3.64 cm, and the thickness of the cortex is 0.70 cm in the sagittal plane. The renal cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Doppler color interrogation demonstrates a normal vascular pattern.

Adrenal Glands

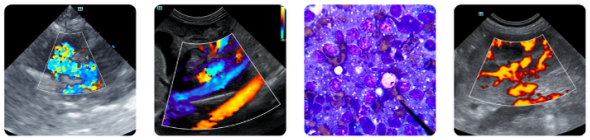
Both adrenal glands show normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane: The left adrenal gland measures 0.55 cm at the cranial pole and 0.53 cm at the caudal pole. The right adrenal gland measures 0.65 cm at the cranial pole and 0.59 cm at the caudal pole.

Spleen

Splenic thickness is 2.36 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 edges and a regular contour, remaining largely contained within the costal arch. The hepatic parenchyma appears homogeneous and isoechoic relative to the falciform fat, with normal echotexture. A small mildly hypoechoic focal hepatic region/nodule measuring approximately 1.4×2.0 cm is identified adjacent to the gallbladder fossa. No associated mass effect, distortion of the hepatic contour, biliary obstruction, or additional hepatic nodules are identified within the submitted images/videos. No hepatic lymphadenopathy is observed.



PATIENT

Leo Gushue

SPECIES

Canine

BREED

SEX

Neutered male

AGE

8 years

WEIGHT

40.5 kg

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Dr. Louise Corbeil

HOSPITAL NAME

Cochrane AC

REFERRING VET

Corbeil

INVOICE

77717

DATE

5/19/26

The gallbladder lumen is normally distended. The wall is thin and smooth. A moderate amount of mobile non-shadowing biliary sludge is present, partially layering toward the gallbladder neck. No dilation of the cystic duct or common bile duct is identified.

Gastrointestinal

The stomach is empty and folded, with mild intraluminal gas and mural thickness measuring 3.37 mm with preserved wall layering. The pylorus measures 6.14 mm in thickness and contains a minimal amount of ingesta. Duodenum: 3.48 mm. Jejunum: 4.89 mm. Ileum: 2.25 mm. The ileocecocolic junction measures 2.84 mm in thickness. Intestinal wall layering is preserved throughout the evaluated gastrointestinal tract. No evidence of gastrointestinal obstruction, inflammatory mural change, ileus, or foreign material is identified. The colon measures 1.13–1.20 mm in thickness and contains formed fecal material within the descending segment.

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

- Small mildly hypoechoic focal hepatic nodule/region adjacent to the gallbladder fossa.
- Moderate mobile biliary sludge.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A small mildly hypoechoic focal hepatic region/nodule is identified adjacent to the gallbladder fossa. Given the subtle ultrasonographic appearance, lack of associated mass effect or additional hepatic abnormalities, and normal clinicopathologic findings, the lesion is favored to represent an incidental benign hepatocellular alteration, focal nodular hyperplastic change, or other benign regenerative change.

Moderate mobile biliary sludge is present without evidence of gallbladder wall thickening, mucocele, or biliary obstruction. Biliary sludge represents inspissated bile and can be seen with age, reduced gallbladder motility, fasting, diet-related variation, or delayed gallbladder emptying. In this patient, the mobile nature of the sludge and the absence of supportive clinical or laboratory abnormalities make clinically significant biliary disease unlikely at this time.

No sonographic evidence of clinically significant renal, gastrointestinal, pancreatic, splenic, or metastatic abdominal disease is identified during the current examination.

PATIENT

Leo Gushue

SPECIES

Canine

BREED

SEX

Neutered male

AGE

8 years

WEIGHT

40.5 kg

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Dr. Louise Corbeil

HOSPITAL NAME

Cochrane AC

REFERRING VET

Corbeil

INVOICE

77717

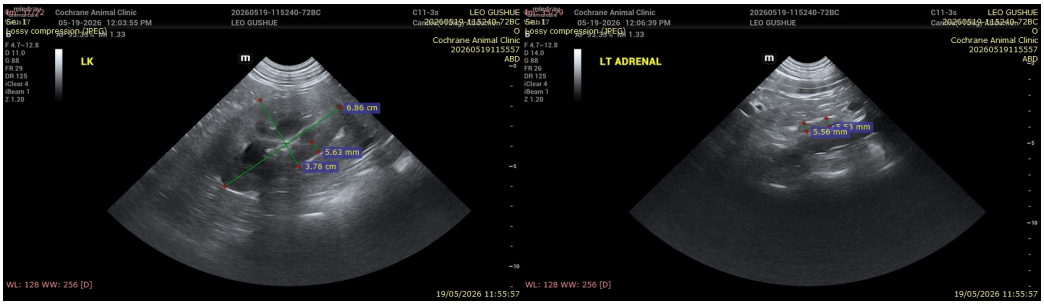
DATE

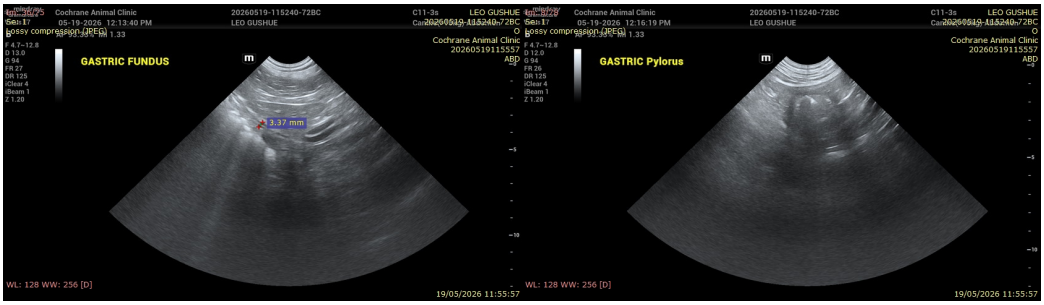
5/19/26

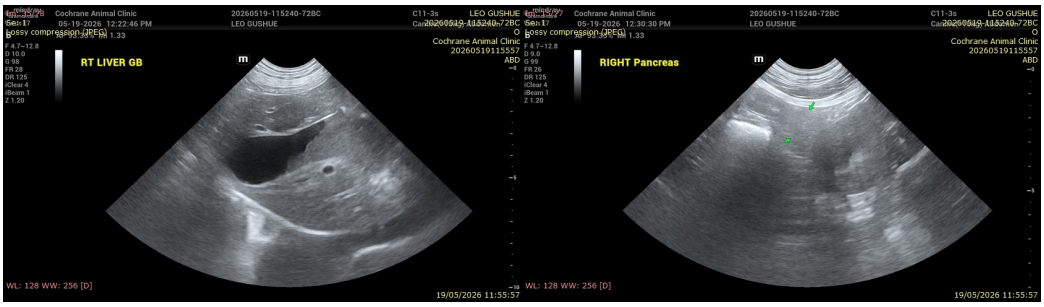
Recommendations

- Follow-up abdominal ultrasound may be considered to document stability of the small focal hepatic lesion.
- Ursodeoxycholic acid therapy is not considered strictly necessary at this time based on the current examination alone, as the biliary sludge remains mobile and there is no sonographic or biochemical evidence of clinically significant cholestatic or obstructive biliary disease. However, it could be considered if hepatobiliary enzyme abnormalities, progressive sludge accumulation, or compatible clinical signs develop over time.
- Continued routine monitoring of liver enzymes.

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

Leo Gushue

SPECIES

Canine

BREED

SEX

Neutered male

AGE

8 years

WEIGHT

40.5 kg

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Dr. Louise Corbeil

HOSPITAL NAME

Cochrane AC

REFERRING VET

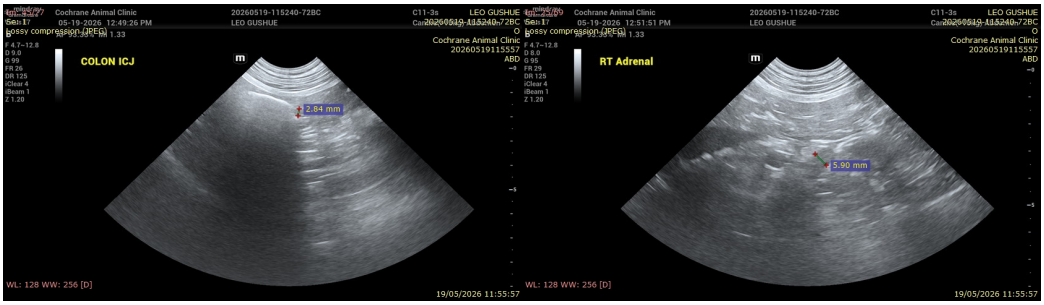
Corbeil

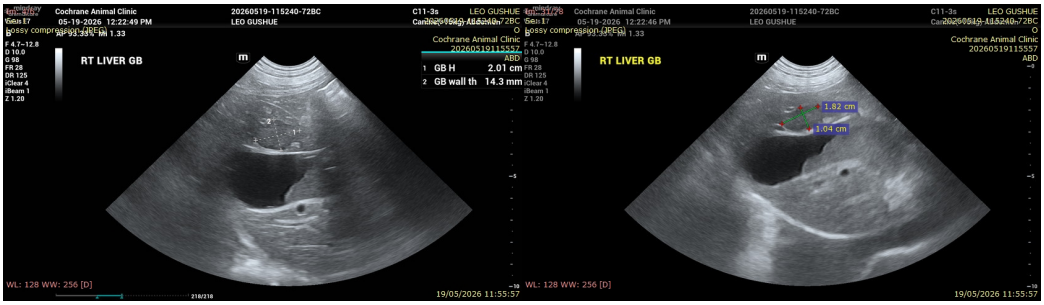
INVOICE

77717

DATE

5/19/26





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