

PATIENT

Liesel Stocker

SPECIES

Canine

BREED

Entlebucher Mtn. Dog

SEX

Spayed Female

AGE

11 Years

WEIGHT

49.6

INTERPRETED BY

Alicia Angosto
Guerrero, DMV,
PgDip, MSc.

IMAGING PERFORMED BY

Dr. Brian Klug

HOSPITAL NAME

Sondel Family VC

REFERRING VET

Dr. Hannah Mortensen

INVOICE

37249

DATE

5/28/26

PRESENTING CLINICAL SIGNS

History: Abdominal distension comes and goes but visible and palpable. Acting fairly normal despite distension. Increased water consumption. Recent diarrhea episode approximately one month ago, resolved with metronidazole treatment. Vomiting episode a couple days ago (watery regurgitation). Vomited this morning with grass material present. Had urinary accident one morning last week. Recent visit to Dr. Greenslit (external veterinarian) for acupuncture and manipulation.

Current on Nexgard flea/tick prevention. Takes probiotics regularly.

Abnormal PE/Chem/CBC/UA Results: GLOB 3.9 g/dL ALT 139 UI/L PrecisionPSL 332 U/L rest WNL
Urine culture pending.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

The left kidney is normal in shape and size, measuring 5.41×2.92 cm. The cortical thickness measures 0.52 cm in the sagittal plane.

The right kidney is normal in shape and size, measuring 5.68×2.75 cm. The cortical thickness measures 0.40 cm in the sagittal plane.

Both renal cortices are isoechoic relative to the liver parenchyma. The corticomedullary ratio is normal, and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler evaluation demonstrates a normal vascular pattern.

Adrenal Glands

Dorsoventral diameters measured in the sagittal plane: The left adrenal gland measures 0.47 cm at the cranial pole and 0.91 cm at the caudal pole. A well-defined homogeneous hyperechoic nodule measuring 5.3×8.2 mm is present within the gland.

The right adrenal gland measures 0.68 cm at the cranial pole and 0.56 cm at the caudal pole (maximum measurements obtained from three separate acquisitions).

Spleen

Splenic thickness measures 1.99 cm. The splenic parenchyma demonstrates normal echogenicity and a finely homogeneous echotexture. A small subtle hypoechoic focus measuring less than 5 mm is present within the parenchyma. The splenic capsule is smooth and regular. Splenic vasculature appears normal.

Liver

The liver is subjectively enlarged, with rounded margins and a smooth contour. The hepatic parenchyma is diffusely hyperechoic and mildly heterogeneous. Multifocal small hypoechoic nodules, measuring approximately 1 cm in diameter, are distributed throughout the hepatic parenchyma. No hepatic lymphadenopathy is identified.



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The gallbladder was incompletely characterized due to limited visualization. Within the available images, the gallbladder appears normally distended, the wall appears thin, and the contents are predominantly anechoic. No obvious dilation of the cystic duct or common bile duct is identified.

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Gastrointestinal tract

The stomach is empty and folded, with mild intraluminal gas. Gastric wall thickness measures 2.50 mm, and wall layering is preserved.

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The pyloric wall measures up to 1.11 cm in maximum thickness, with preserved wall layering. The muscularis layer measures up to 8.86 mm in thickness. Small linear hyperechoic striations are present within the muscularis layer, a finding that has been described as a normal feature in dogs.

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The duodenal wall measures 3.98 mm. The jejunal wall measures 2.81–3.30 mm. Intestinal wall layering is preserved.

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The colonic wall measures 0.87 mm. A small amount of formed fecal material is present within the descending colon.

Pancreas

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

Free Abdomen

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

PRIMARY FINDINGS

- Subjective hepatomegaly with diffusely hyperechoic, heterogeneous hepatic parenchyma with multifocal small hypoechoic hepatic nodules.
- Left adrenal enlargement with a focal hyperechoic adrenal nodule.

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SECONDARY FINDINGS

- Small solitary hypoechoic splenic nodule.
- Prominent pyloric wall and muscularis thickening with preserved wall layering.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The hepatomegaly with diffuse hyperechogenicity and multifocal small hypoechoic hepatic nodules is most consistent with chronic hepatocellular vacuolar change accompanied by multifocal nodular hyperplastic/regenerative remodeling. This appearance is commonly encountered secondary to chronic metabolic or endocrine influences, including hyperadrenocorticism.

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There is a mild enlargement of the left adrenal gland with a focal adrenal nodule. In conjunction with the reported polyuria/polydipsia and concurrent hepatic changes, hyperadrenocorticism remains a reasonable consideration, particularly pituitary-dependent hyperadrenocorticism. However, ultrasonography cannot determine adrenal functional status, and a definitive diagnosis requires correlation with endocrine testing.

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Prominent pyloric muscularis thickening with preserved wall layering may represent chronic muscular



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hypertrophy/remodeling or an incidental patient-specific finding. The clinical significance is uncertain and should be interpreted in light of the patient's gastrointestinal history and clinical progression.

The small solitary splenic nodule is considered an incidental finding and is statistically most consistent with benign nodular hyperplasia or another age-related benign splenic change.

No sonographic evidence of clinically significant pancreatic inflammation, abdominal effusion, or abdominal lymphadenopathy.

Recommendations:

- Consider endocrine testing for hyperadrenocorticism if supported by the overall clinical picture.
- Empiric hepatoprotective support (SAMES and/or silybin-based supplementation) may be considered, while further assessment of potential underlying endocrine disease is pursued.
- Serial evaluation of liver enzyme activity and ongoing clinical monitoring are recommended.
- If additional characterization of the hepatic changes is desired, liver function testing (bile acids) may be considered.
- Cytologic sampling could also be considered if definitive characterization of the hepatic nodules is desired, although the overall ultrasonographic appearance is currently considered more supportive of benign chronic hepatocellular remodeling than aggressive hepatic neoplasia.
- Interpretation of the pyloric findings should be guided by the patient's gastrointestinal history and future clinical progression.
- Given the mildly increased Precision PSL concentration, repeat pancreatic-specific lipase testing may be considered if clinical suspicion for pancreatopathy remains.

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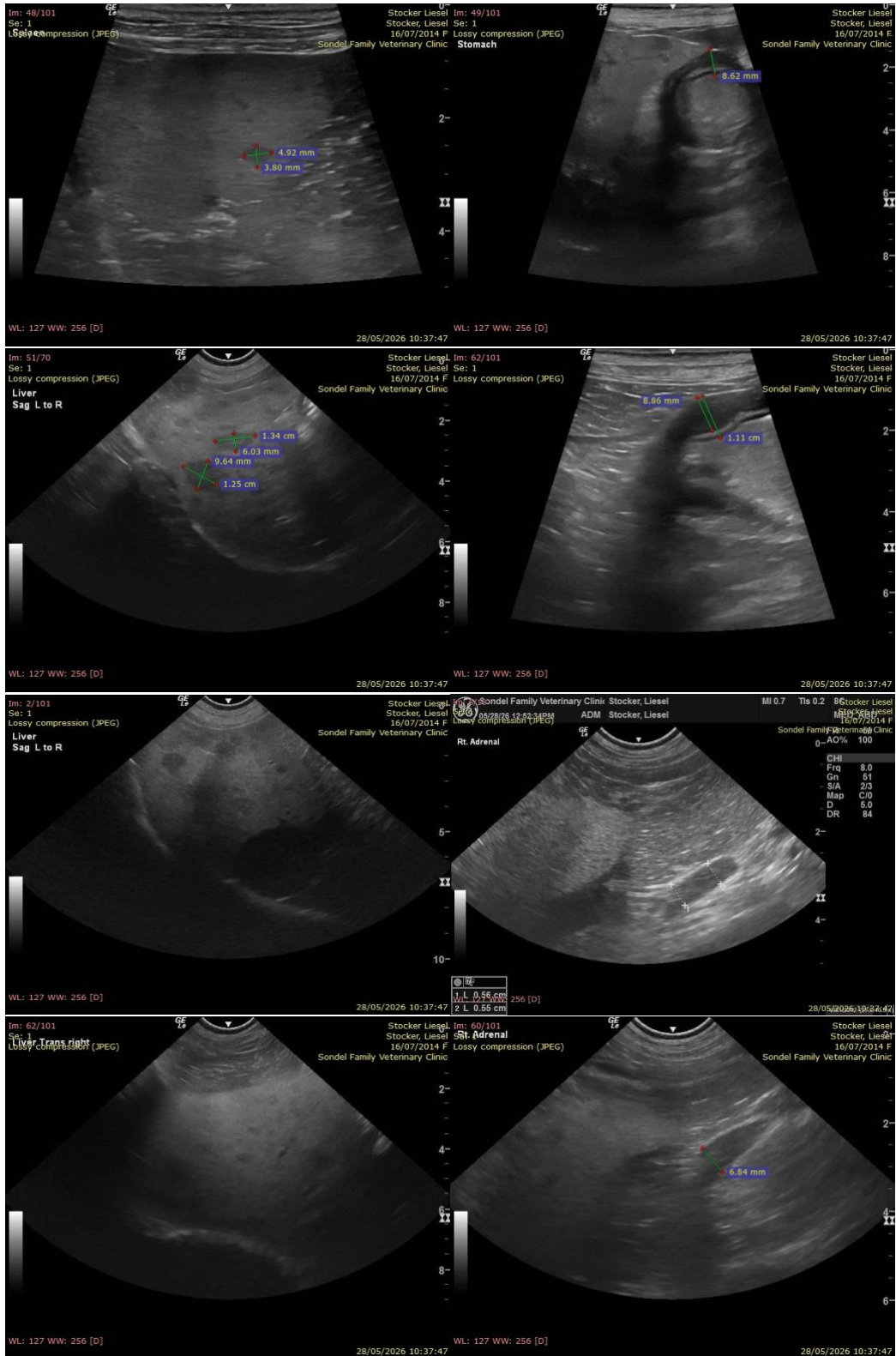
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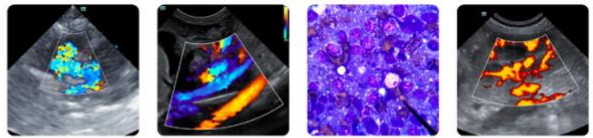
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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