



PATIENT

Barkley Myers

SPECIES

Canine

BREED

Dachshund

SEX

Neutered male

AGE

15 years

WEIGHT

21.5 lbs

INTERPRETED BY

Alicia Angosto
Guerrero, DMV,
PgDip, MSc.

IMAGING PERFORMED BY

Ryan Moreno

HOSPITAL NAME

Seven Fields VH

REFERRING VET

Dr. Moreno

INVOICE

75220

DATE

5/5/26

PRESENTING CLINICAL SIGNS

History: Presented for mass removal on LH. Historical liver value elevations with previous ultrasound a year ago showing gallbladder sludge. Currently on Ursodiol and denamerin. Gabapentin for pain as needed. Not having any issues at home. Repeat ultrasound due to increase in liver values. Abnormal PE/Chem/CBC/UA Results: Chem 4/22/26: - ALP 1568 (previous 788 in 2024) - Ca 11.5 - Increase Triglyceride and PSL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is moderately distended. The urinary bladder wall is thin and smooth. The urine is anechoic. The bladder neck and proximal urethra are unremarkable. No cystoliths or sonographic evidence of inflammatory or neoplastic urinary bladder disease are identified.

The left kidney is normal in shape and size, measuring 5.61×2.80 cm. Cortical thickness measures 0.40 cm in the sagittal plane. The right kidney is normal in shape and size. Both kidneys demonstrate normal corticomedullary ratio and preserved corticomedullary definition. The renal cortices are isoechoic relative to the hepatic parenchyma. No pyelectasia, hydronephrosis, or nephrolithiasis is identified. Color Doppler evaluation demonstrates a subjectively normal vascular pattern.

Prostate

The prostate measures 0.82×1.50 cm, is diffusely hypoechoic, and subjectively small, compatible with post-castration atrophy.

Adrenal Glands

Both adrenal glands demonstrate normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane are as follows: the left adrenal gland measures 0.63 cm at the cranial pole and 0.69 cm at the caudal pole. The right adrenal gland measures 0.65 cm at the cranial pole and 0.67 cm at the caudal pole. These measurements are within accepted limits for a dog of this size.

Spleen

Splenic thickness is 1.14 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.

Liver

The liver does not appear enlarged beyond the lesser curvature of the stomach. Mild rounding of the hepatic margins is present. Hepatic contour is otherwise regular. The hepatic parenchyma is homogeneous and isoechoic relative to the falciform fat, with preserved echotexture. No focal hepatic lesions or hepatic lymphadenopathy are identified.



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The gallbladder is normally distended. The gallbladder wall is thin and regular. Moderate biliary sludge occupies approximately 50% of the gallbladder lumen, predominantly within the fundic region. The sludge demonstrates mixed echogenicity, with a small mildly mineralized component. No ultrasonographic evidence of gallbladder mucocele is identified. No dilation of the cystic duct or common bile duct is observed.

Gastrointestinal

The stomach is empty and folded. Gastric wall thickness measures 1.92 mm with preserved mural layering. The pylorus measures 5.64 mm in wall thickness. Duodenal wall thickness measures 3.02 mm. Jejunal wall thickness measures 2.82 mm. Intestinal wall layering is preserved throughout the evaluated segments. No evidence of obstructive ileus, focal gastrointestinal inflammation, or foreign material is identified. Colonic wall thickness measures 0.86 mm, with formed fecal material present within the descending colon.

Pancreas

The pancreas measures approximately 1.05 cm in thickness. Pancreatic parenchyma is diffusely hyperechoic relative to adjacent soft tissues, without associated peripancreatic fat hyperechogenicity or free fluid. No sonographic evidence of active pancreatitis or pancreatic mass lesions is identified.

Free Abdomen

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

PRIMARY FINDINGS

- Mild rounding of hepatic margins.
- Moderate biliary sludge, with mild mixed/mineralized echogenicity.
- Diffusely hyperechoic pancreatic parenchyma without evidence of active peripancreatic inflammation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Moderate gallbladder sludge is present without ultrasonographic evidence of extrahepatic biliary obstruction or gallbladder mucocele formation at this time. The mild mixed/mineralized component likely reflects chronicity and inspissation of biliary contents. Given the marked and progressive ALP elevation, chronic cholestatic hepatobiliary disease and/or vacuolar hepatopathy remain important considerations, although the hepatic parenchyma itself remains relatively unremarkable ultrasonographically aside from mild rounding of the hepatic margins.

Diffuse pancreatic hyperechogenicity is identified without associated peripancreatic inflammatory change, free fluid, or pancreatic enlargement. This appearance is nonspecific and may reflect lipomatous



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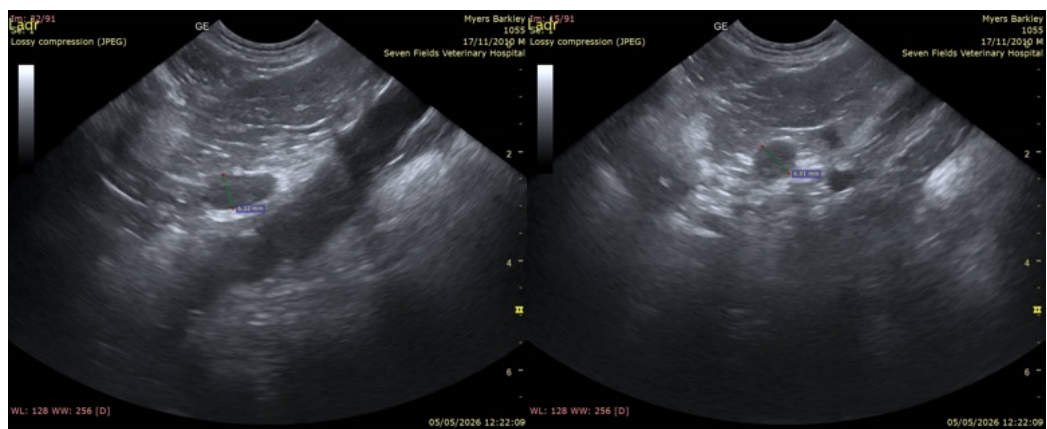
infiltration, chronic pancreatic change/fibrosis, or age-related parenchymal alteration. In dogs, chronic pancreatitis may appear sonographically hyperechoic, particularly in longstanding fibrosing disease; however, diffuse pancreatic hyperechogenicity can also be encountered in nonclinical or metabolic conditions, including hyperlipidemia.

In the absence of supportive inflammatory ultrasonographic changes, the current study does not strongly support active acute pancreatitis, although mild or chronic pancreatitis cannot be excluded sonographically. Correlation with the magnitude of PSL elevation and clinical findings is recommended.

Recommendations

- Continued clinical and biochemical monitoring of hepatobiliary parameters is recommended.
- Continued ursodiol therapy appears reasonable given the persistent biliary sludge and cholestatic biochemical pattern.
- Correlation with fasting triglyceride/cholesterol concentrations and endocrine testing may be considered if clinically indicated, as chronic hyperlipidemia and occult endocrinopathy may contribute to hepatobiliary and pancreatic changes.
- If hepatobiliary enzyme elevations continue to progress or clinical signs develop, hepatic sampling may eventually be warranted for definitive characterization, recognizing that cytology may have limited sensitivity for differentiating vacuolar hepatopathy from concurrent chronic hepatobiliary disorders. Histopathology remains the gold standard for definitive hepatic characterization when clinically indicated.

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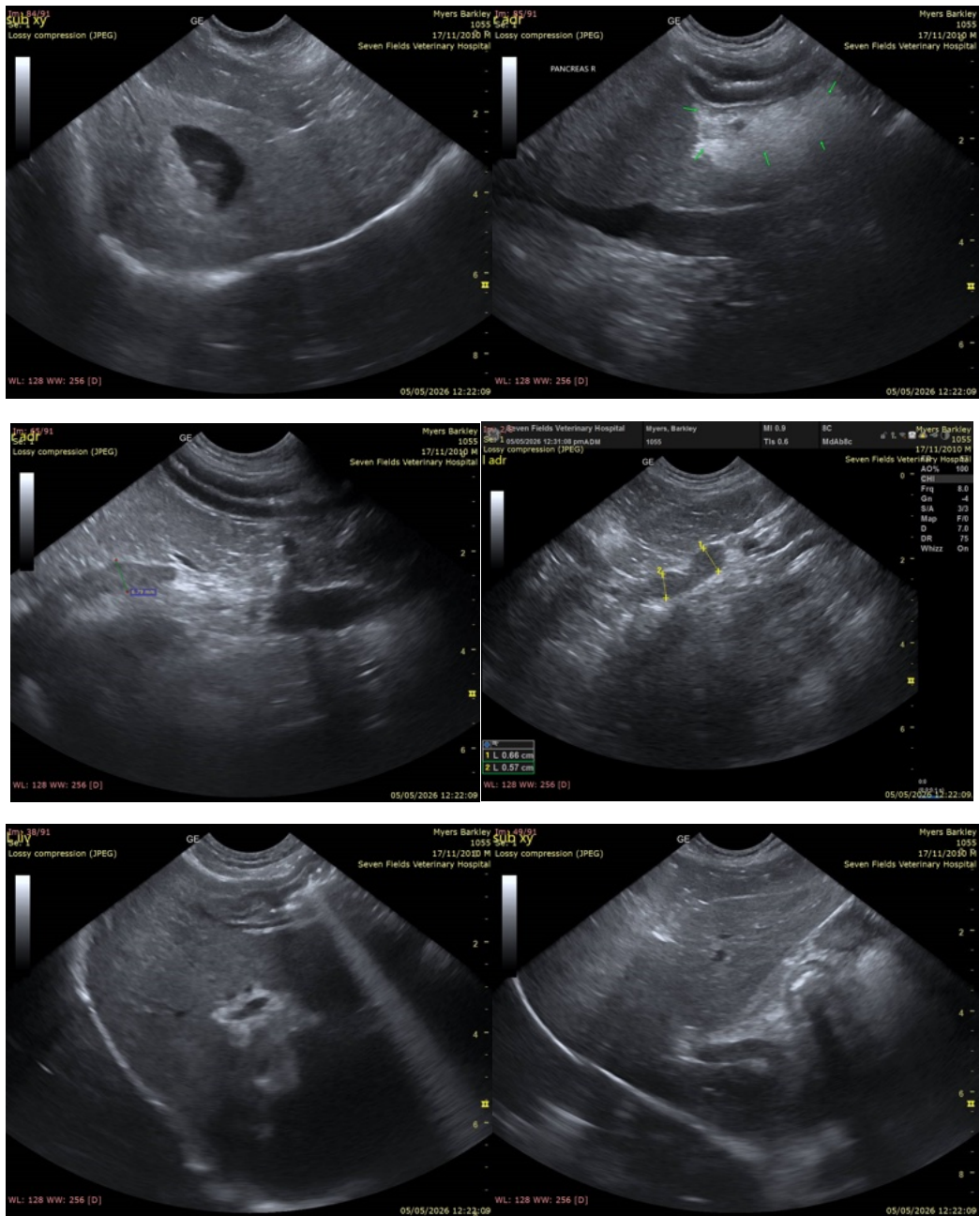
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@SonoPath.com

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