



PATIENT

Luna Myrick

SPECIES

Canine

BREED

Terrier Mix

SEX

Spayed female

AGE

5 years

WEIGHT

47.8 lbs

INTERPRETED BY

Alicia Angosto
Guerrero, DMV,
PgDip, MSc.

IMAGING PERFORMED BY

Laura Tarr, CVT

HOSPITAL NAME

Ark AH

REFERRING VET

Dr. DeBeckers

INVOICE

75209

DATE

5/5/26

PRESENTING CLINICAL SIGNS

History: Luna has been NQR for the past month, some days she is lethargic and has not been her usual playful self. O reports she sometimes has difficulty jumping. Anaplasma + historical. E/d/u/d normally, no c/s/v/d. Overall normal PE.

CBC/Chem/T4 WNL, only abnormality was that her GGT was 28

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is normally distended. The bladder wall is thin and smooth. The urine is anechoic. The bladder neck and proximal urethra have a normal appearance. There are no calculi and no evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size, measuring 5.67×3.04 cm, with a cortical thickness of 0.49 cm in the sagittal plane. The right kidney is normal in shape and size, measuring 5.06×3.10 cm; cortical thickness was not recorded. In both kidneys, the cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths, or hydronephrosis.

Adrenal Glands

Both adrenal glands have normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane are as follows: the left adrenal gland measures 0.60 cm at the cranial pole and 0.56 cm at the caudal pole. The right adrenal gland is partially visualized, measuring 0.67 cm at the caudal pole.

Spleen

Splenic thickness is 1.88 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. The liver parenchyma looks uniform and isoechoic compared to the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is observed.

The gallbladder lumen is normally distended. The wall is thin and the contents are primarily anechoic. No evident dilation of the cystic duct or common bile duct is observed.

Gastrointestinal

The stomach is moderately distended with ingesta, with a mural thickness of 2.39 mm and preserved wall layering. The pylorus measures 4.35 mm. Duodenum: 3.98 mm. Jejunum: 3.54 mm, with preserved



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wall layering. No evidence of mechanical ileus, obstruction, or foreign material is identified. Colon: 1.35 mm, with formed fecal material in 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

- This is a largely unremarkable abdominal ultrasound.

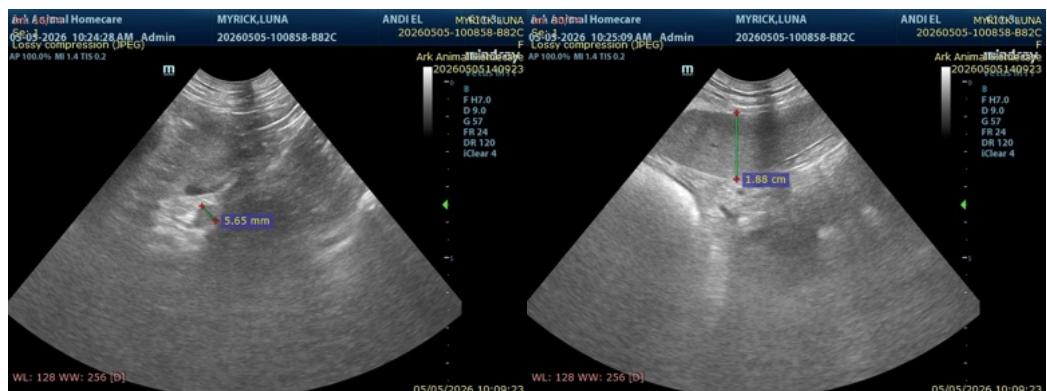
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There are no ultrasonographic abnormalities of the liver, gallbladder, or biliary tract to explain the isolated elevation in GGT, and no evidence of hepatobiliary disease. Overall, the abdominal findings do not provide an explanation for the patient's clinical signs.

Recommendations

- No specific abdominal intervention is indicated based on current imaging findings.
- Clinical correlation is recommended, particularly with respect to musculoskeletal or neurologic evaluation, given the history of difficulty jumping and intermittent lethargy.
- Monitoring of liver enzymes, including GGT, may be considered, but no imaging evidence of hepatobiliary disease is present at this time.

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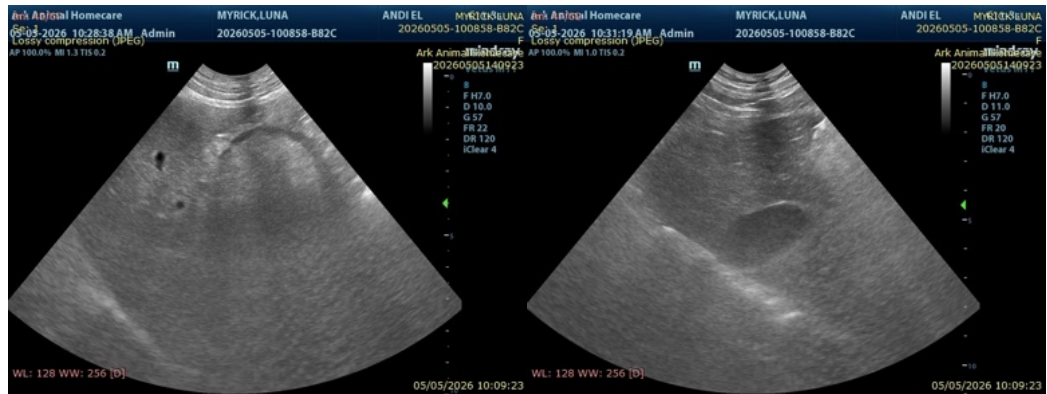
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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