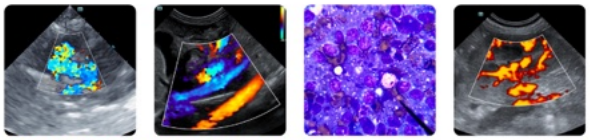


PATIENT

Addie Kushner

SPECIES

Canine

BREED

Houncd Cross

SEX

Spayed female

AGE

16 years

WEIGHT

60.2 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Brandi Barry

HOSPITAL NAME

Bluegrass AH

REFERRING VET

Dr. Barry

INVOICE

75272

DATE

5/6/26

PRESENTING CLINICAL SIGNS

History: Patient has been sluggish at home lately. Not leading the pack on walks like normal, lagging behind and wanting to go home sooner. Normal appetite. No PU/PD. Chronic hx of superficial pyoderma w/ medical mgmt. since December '25. Patient tx'd w/ 2 different tapering courses of prednisone earlier in the year for marked inflammation assoc. w/ pyoderma; last course completed mid-Feb. 2026. Patient has been responding well to TMS tx for pyoderma based on recent aerobic C&S. Currently taking cyclosporine for suspected atopy. Hx of splenectomy 2/2024; histopath revealed multifocal nodular hematomas with fibroplasia.
Progressive weight loss- down 5 lbs since May 2025. Keratic precipitates and mild neovascularization OU (static from time of dx 1y ago). Few SQ fatty-like masses and skin tags. Crepitus bilat. stifles & R carpus. Mild to moderate dental calculus. Mild erythema with few pustules on ventral abdomen. CBC: PLT 576 (H) Chem17: GLOB 4.9 (H), ALKP 1223 (H), CHOL > 520 (H), AMYL 485 (L) Lytes: WNL UA: USG 1.044. Protein 100mg/dL. Quiet sediment. Thyroid panel- pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is poorly distended. The urinary bladder wall measures approximately 4.02 mm, remaining smooth and regular in appearance. Due to underdistension, urinary bladder wall thickness may be overestimated. 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 6.73×3.72 cm. Cortical thickness measures 0.66 cm in the sagittal plane. The right kidney is normal in shape and size, measuring 6.99×3.90 cm. Cortical thickness measures 0.64 cm in the sagittal plane.

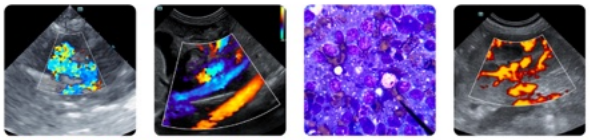
Both kidneys demonstrate normal cortical echogenicity with preserved corticomedullary ratio and corticomedullary distinction. No pyelectasia, hydronephrosis, or nephrolithiasis is identified. Color Doppler evaluation demonstrates a subjectively normal vascular pattern.

Adrenal Glands

Both adrenal glands demonstrate normal shape and echogenicity. The left adrenal gland measures approximately 0.60 cm in dorsoventral dimension. The right adrenal gland measures 0.56 cm at the cranial pole and 0.61 cm at the caudal pole. These measurements are within acceptable limits for a dog of this size.

Spleen

Status post splenectomy.



PATIENT

Addie Kushner

SPECIES

Canine

BREED

Houncd Cross

SEX

Spayed female

AGE

16 years

WEIGHT

60.2 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Brandi Barry

HOSPITAL NAME

Bluegrass AH

REFERRING VET

Dr. Barry

INVOICE

75272

DATE

5/6/26

Liver

The liver The liver is subjectively normal in size, with sharp margins and regular contour. The hepatic parenchyma is mildly diffusely hyperechoic relative to the falciform fat, with a fine homogeneous echotexture. No focal hepatic lesions or hepatic lymphadenopathy are identified.

The gallbladder is normally distended. Mild mucosal/glandular hyperplastic change is present within the gallbladder wall. A moderate amount of biliary sludge is identified. No evidence of cystic duct or common bile duct dilation is observed.

Gastrointestinal Tract

The stomach contains a small amount of ingesta. Gastric wall thickness measures 3.15 mm with preserved mural layering. The pyloric wall measures 6.01 mm. Duodenal wall thickness measures 2.98 mm. The remaining intestinal segments are unremarkable where visualized, with preserved mural layering. No evidence of focal gastrointestinal inflammation, obstructive ileus, or foreign material is identified.

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 diffuse hepatic hyperechogenicity.
- Moderate biliary sludge accumulation.
- Mild gallbladder mucosal/glandular hyperplastic change.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Mild diffuse hepatic hyperechogenicity is present together with moderate biliary sludge accumulation and early gallbladder mucosal hyperplastic change. In the context of the marked cholestatic enzyme elevation and prior corticosteroid exposure, the current ultrasonographic appearance is compatible with diffuse vacuolar hepatocellular change/steroid-associated hepatopathy.

No ultrasonographic evidence of extrahepatic biliary obstruction, gallbladder mucocele formation, focal hepatic mass lesions, or overt infiltrative abdominal disease is identified.

The current ultrasonographic findings are relatively mild compared with the degree of biochemical abnormality. While corticosteroid-associated vacuolar hepatopathy likely contributes substantially to

PATIENT

Addie Kushner

SPECIES

Canine

BREED

Houncd Cross

SEX

Spayed female

AGE

16 years

WEIGHT

60.2 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Brandi Barry

HOSPITAL NAME

Bluegrass AH

REFERRING VET

Dr. Barry

INVOICE

75272

DATE

5/6/26

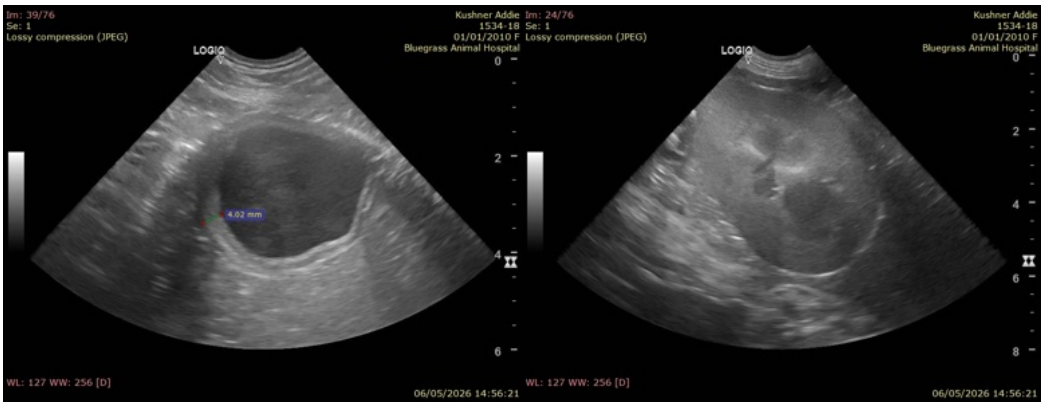
the hepatobiliary changes, concurrent chronic inflammatory hepatobiliary disease cannot be completely excluded based on ultrasonography alone.

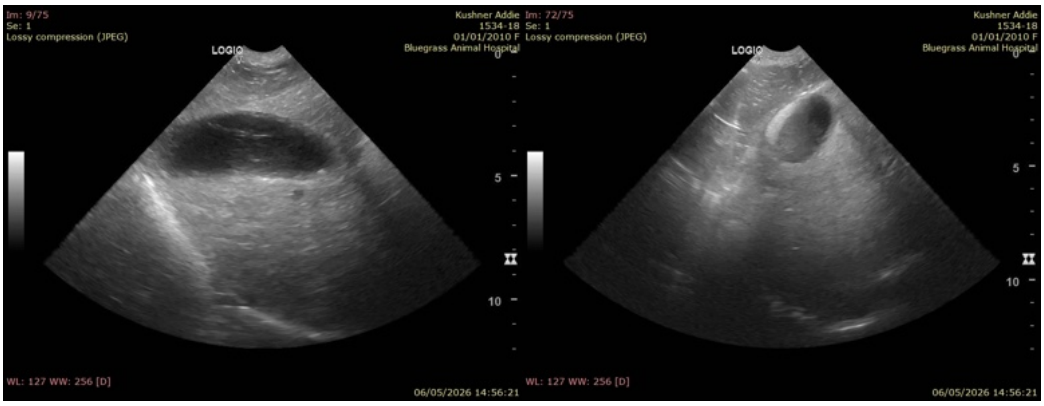
No sonographic explanation for the progressive weight loss is identified on the current examination.

Recommendations

- Continued monitoring of liver enzyme activity, cholesterol, globulins, and hepatic function is recommended.
- Supportive hepatoprotective therapy and continued monitoring of the gallbladder are reasonable considerations clinically.
- Serum bile acids testing could be considered if further assessment of hepatic functional reserve is desired.
- Follow-up abdominal ultrasound may be considered to monitor for progression of gallbladder disease or development of more overt chronic hepatobiliary remodeling.
- Correlation with pending thyroid testing and overall endocrine status is recommended given the marked cholestatic biochemical pattern and hypercholesterolemia.

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

Addie Kushner

SPECIES

Canine

BREED

Houncd Cross

SEX

Spayed female

AGE

16 years

WEIGHT

60.2 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Brandi Barry

HOSPITAL NAME

Bluegrass AH

REFERRING VET

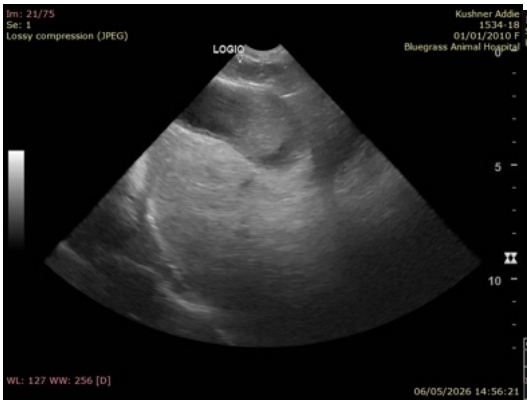
Dr. Barry

INVOICE

75272

DATE

5/6/26



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