

PATIENT

Pumpkin Cumm

SPECIES

Canine

BREED

Welsh Corgi Pembroke

SEX

Spayed Female

AGE

12 Years

WEIGHT

32 Pounds

INTERPRETED BY

Alicia Angosto
Guerrero, DMV,
PgDip, MSc.

IMAGING PERFORMED BY

Dr. Ainsley Storm Todd

HOSPITAL NAME

Severna park VH

REFERRING VET

Dr. Ainsley Storm Todd

INVOICE

37351

DATE

6/4/26

PRESENTING CLINICAL SIGNS

History: Overweight- BCS 7/9. Presented for pre-anesthesia BW prior to removal of a suspected lipoma (biopsy pending). Elevated LEs and hypercalcemia appreciated, no clinical signs
Abnormal PE/Chem/CBC/UA Results: ALT 326, ALP 304, Ca 12.5, otherwise unremarkable

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is normally distended, and the urinary bladder wall appears thin and smooth. The urine is markedly turbid, containing abundant suspended echogenic sediment. Normal appearance of the bladder neck and proximal urethra is observed. There are no calculi, and no evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size, measuring 4.43×2.23 cm, with a cortical thickness of 0.42 cm in the sagittal plane.

The right kidney is normal in shape and size, measuring 4.77×2.74 cm, with a cortical thickness of 0.46 cm in the sagittal plane.

Both kidneys demonstrate normal cortical echogenicity relative to the hepatic parenchyma. The corticomedullary ratio is normal, and corticomedullary distinction is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

Adrenal Glands

Both adrenal glands show normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane: The left adrenal gland measures 0.79 cm at the caudal pole. The cranial pole not visualized. The right adrenal gland measures 0.48 cm at the cranial pole and 0.60 cm at the caudal pole.

Spleen

Splenic thickness is 2.20 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular. Splenic vasculature appears normal.

Liver

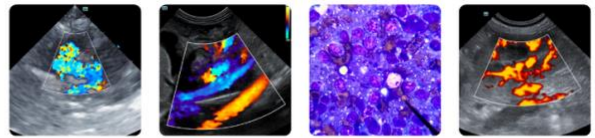
The liver is subjectively normal in size, with sharp edges and a regular contour. The liver parenchyma looks uniform and isoechoic compared to the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is observed.

The gallbladder lumen is normally distended. The wall is thin and contains a small sessile polypoid lesion measuring 2.61 mm. A solitary cholelith measuring 5.40 mm is present within the gallbladder lumen. The remaining contents are predominantly anechoic. No dilation of the cystic duct or common bile duct is observed.

Gastrointestinal tract

The stomach is empty and folded, with a mural thickness of 1.47 mm and preserved wall layering.

The duodenal wall measures 3.71 mm.



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The jejunal wall measures 2.42 mm, with normal wall layering throughout the examined segments.

No evidence of gastrointestinal inflammation, obstruction, ileus, foreign material, or focal mural lesions is identified.

The colonic wall measures 1.29 mm. A small amount of formed fecal material is present within the descending colon.

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

- Echogenic urinary sediment within the urinary bladder lumen.
- Small gallbladder wall polyp measuring 2.61 mm.
- Small cholelith measuring 5.40 mm without evidence of biliary obstruction.
- Mild enlargement of the caudal pole of the left adrenal gland.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Marked urinary sediment is present within the urinary bladder without evidence of cystolithiasis, urinary obstruction, or active inflammatory change.

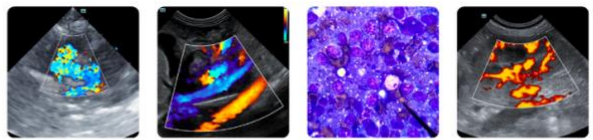
No sonographic explanation for the increased liver enzyme activities is identified. Mild or early hepatocellular disease, metabolic hepatopathy, endocrinopathy, or non-hepatic causes of enzyme elevation cannot be excluded on the basis of ultrasound alone. A small gallbladder wall polyp and a solitary small cholelith are identified. No gallbladder wall thickening, biliary duct dilation, or sonographic evidence of clinically significant biliary tract disease is observed. These findings are most likely incidental chronic changes.

Mild unilateral enlargement of the caudal pole of the left adrenal gland is present, while the right adrenal gland remains within normal limits. In the absence of additional ultrasonographic findings suggestive of hyperadrenocorticism, this finding is nonspecific and may represent mild adrenal hyperplasia, nodular change, or an incidental age-related alteration.

No ultrasonographic evidence of abdominal neoplasia, significant hepatobiliary disease, lymphadenopathy, or other intra-abdominal abnormalities is identified to explain the reported hypercalcemia.

Recommendations:

- Correlate the urinary sediment with urinalysis findings and urine sediment examination.
- Consider confirmation of hypercalcemia with ionized calcium measurement if not already performed.
- Further investigation of persistent hypercalcemia may be considered at the discretion of the



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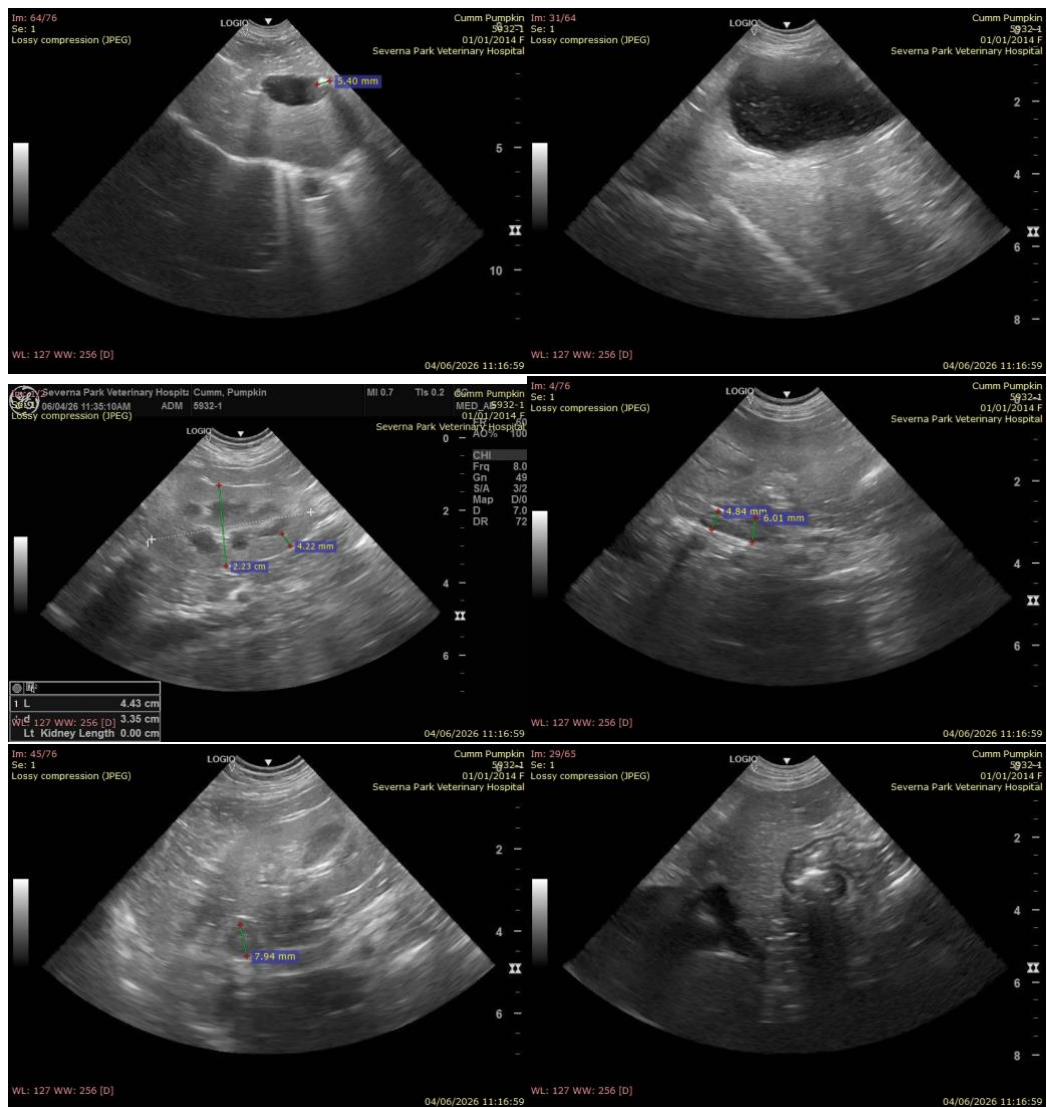
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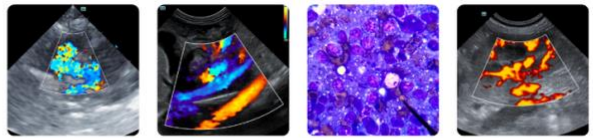
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- attending veterinarian, including assessment for non-ultrasonographically apparent causes such as primary hyperparathyroidism, early neoplastic disease, or other metabolic disorders.
- Clinical monitoring and periodic biochemical reassessment of the liver enzyme elevations are recommended as directed by the attending veterinarian.





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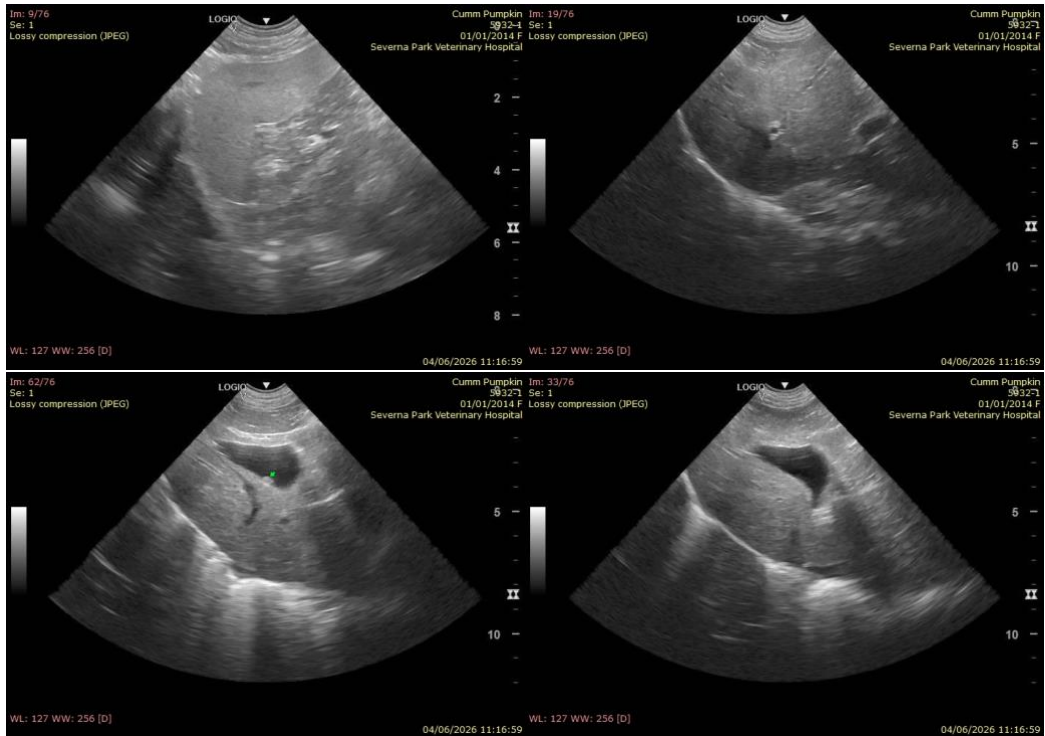
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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