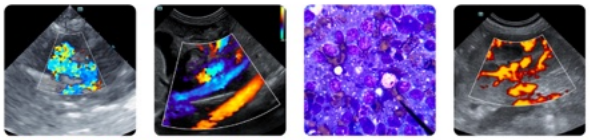




**PATIENT**

Quincy Deal

**SPECIES**

Canine

**BREED**

Chihuahua

**SEX**

Neutered male

**AGE**

11 years

**WEIGHT**

11.2 lbs

**INTERPRETED BY**

Dr. Alicia Angosto Guerrero

**IMAGING PERFORMED BY**

Kelly Vida

**HOSPITAL NAME**

Sherrills Ford AH

**REFERRING VET**

Dr. Vida

**INVOICE**

70026

**DATE**

1/12/26

## PRESENTING CLINICAL SIGNS

History: History of PU/PD for several weeks but this has improved over time. Occasional soft stools. Abnormal PE/Chem/CBC/UA Results: Elevation in ALT on BW 1 week ago (in 300s) Severe dental disease noted--mobility and gingival recession of lower incisors

## 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 anechoic. The bladder neck and proximal urethra appear normal. No uroliths are identified, and there is no sonographic evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size, measuring 3.26×2.16 cm, with a cortical thickness of 0.41 cm in the sagittal plane. The renal cortex is 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.

The right kidney is normal in shape and size, measuring 3.83×2.10 cm. Cortical thickness could not be reliably measured in the provided sagittal images. The renal cortex is 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.

### *Adrenal Glands*

The cranial pole of the left adrenal gland is not completely visualized and therefore could not be accurately measured; the caudal pole measures approximately 0.61 cm.

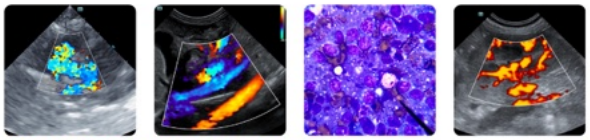
The right adrenal gland is not confidently identified on the provided video clips. The structure observed in the submitted still image does not clearly correspond to the expected anatomic location or typical measurements of the right adrenal gland; therefore, definitive assessment of the right adrenal gland is limited in this study.

### *Spleen*

Splenic thickness measures 1.31 cm. The splenic parenchyma demonstrates normal echogenicity and a fine, homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.

### *Liver*

The liver does not extend beyond the gastric curvature, and there is no sonographic evidence of overt hepatomegaly. The hepatic margins appear mildly rounded. The hepatic parenchyma is homogeneous and isoechoic relative to the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is observed.





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The gallbladder lumen is markedly distended. The gallbladder wall is thin, and the contents are predominantly anechoic with a moderate to large amount of biliary sludge. No dilation of the cystic duct or common bile duct is observed.

### *Gastrointestinal*

The stomach is empty and folded, with preserved wall layering. Gastric mural thickness could not be accurately measured. The pyloric wall measures approximately 5.80–7.36 mm, with preserved wall layering.

Duodenal wall thickness measures 3.67 mm. Jejunal wall thickness ranges from approximately 2.49 to 2.93 mm, with preserved wall layering.

One segment of small intestine demonstrates a clearly corrugated appearance, with mildly reactive surrounding mesenteric fat.

The colonic wall measures approximately 0.70 mm, with a small amount of formed fecal material present in the descending colon.

### *Pancreas*

The portions of the pancreas evaluated do not demonstrate sonographic evidence of active inflammation.

### *Peritoneal Cavity*

No abdominal effusion is observed. Mild mesenteric fat reactivity is noted. Cranial mesenteric lymph nodes appear unremarkable. The iliac trifurcation appears normal.

## ULTRASONOGRAPHIC FINDINGS

- Marked gallbladder distension with moderate to large amounts of biliary sludge, without biliary duct dilation.
- Mild rounding of hepatic margins, without overt hepatomegaly.
- Focal corrugated small intestinal segment with mildly reactive mesenteric fat.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver margins appear mildly rounded, and the gallbladder is markedly distended with a moderate to large amount of biliary sludge, findings that may reflect functional cholestasis or reactive hepatopathy. These changes may correlate with the patient's elevated ALT and are commonly observed in dogs with endocrinopathies, including hyperadrenocorticism.

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Mild gastrointestinal changes are noted, including a focal segment of corrugated small intestine with mildly reactive surrounding mesenteric fat. These findings are nonspecific and may reflect mild inflammatory or reactive enteropathy.

The adrenal glands are incompletely assessed in the provided images. Where visualized, adrenal morphology and size appear within expected limits; however, incomplete visualization precludes definitive exclusion of early or mild hyperadrenocorticism.

In the context of polyuria/polydipsia and elevated ALT, hyperadrenocorticism remains a plausible clinical consideration, although it cannot be confirmed or excluded based on this ultrasonography alone.

Recommendations

- Hepatoprotective therapy, including ursodeoxycholic acid, may be considered given the presence of gallbladder sludge and suspected functional cholestasis, provided no evidence of biliary obstruction is present.
- Endocrine testing for hyperadrenocorticism is recommended, given the history of polyuria/polydipsia and elevated ALT. Consider ACTH stimulation test or low-dose dexamethasone suppression test, as clinically appropriate.
- Serial monitoring of liver enzymes is recommended to assess progression or resolution of ALT elevation, particularly in conjunction with management of underlying disease.
- Management of severe dental disease is strongly advised, as chronic oral inflammation may contribute to reactive hepatopathy.
- Follow-up abdominal ultrasonography may be considered if clinical signs progress or if endocrine testing confirms hyperadrenocorticism, to reassess hepatic and adrenal changes over time.

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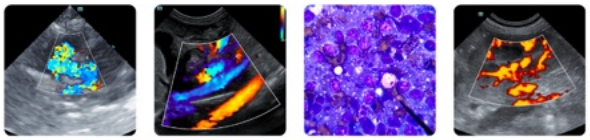

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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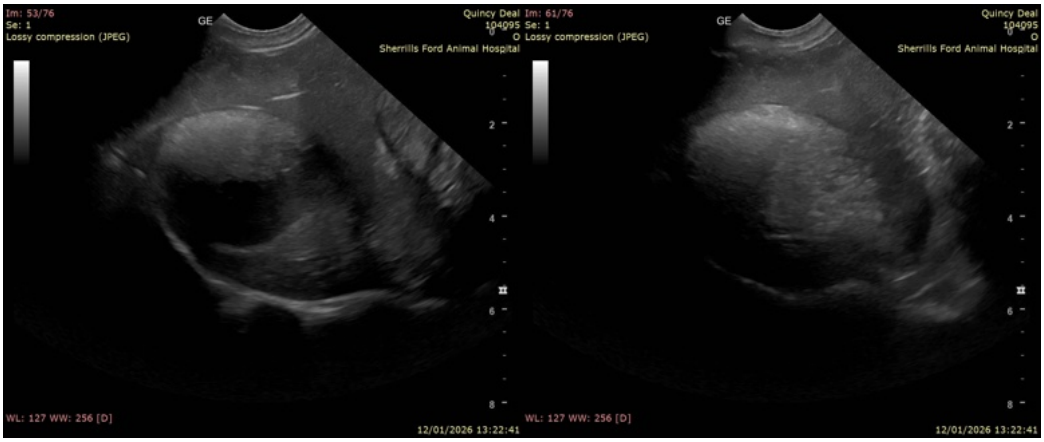


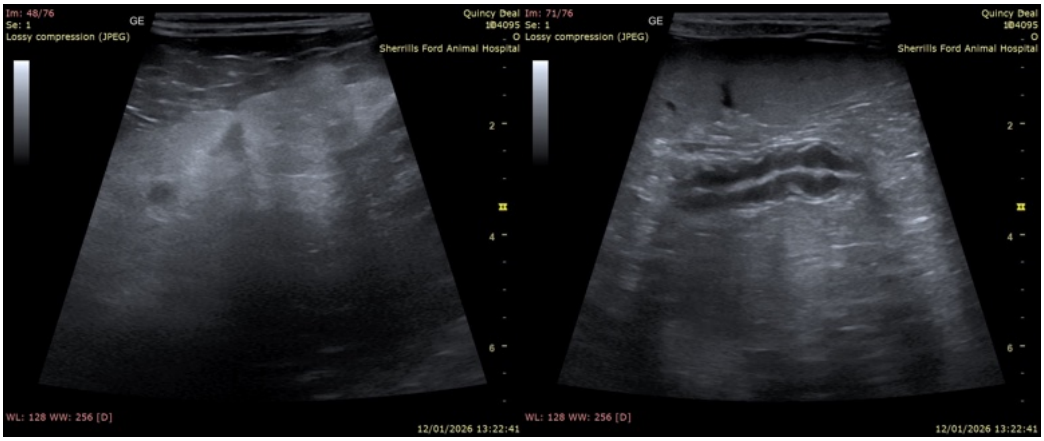


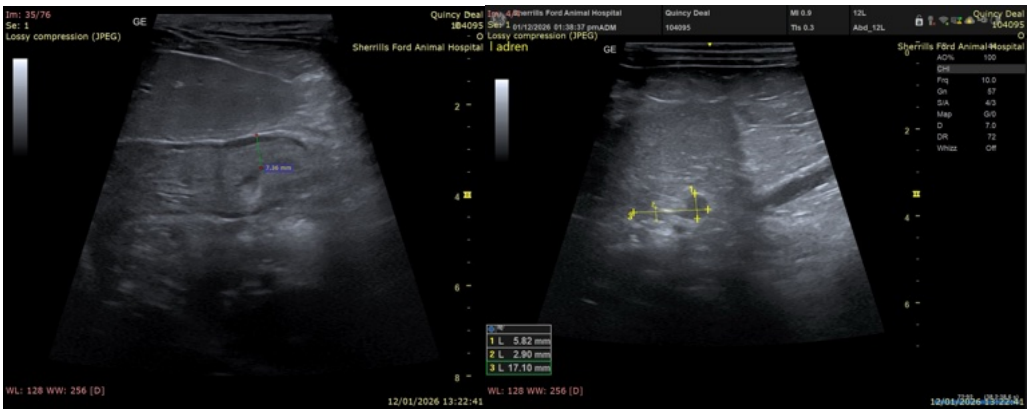

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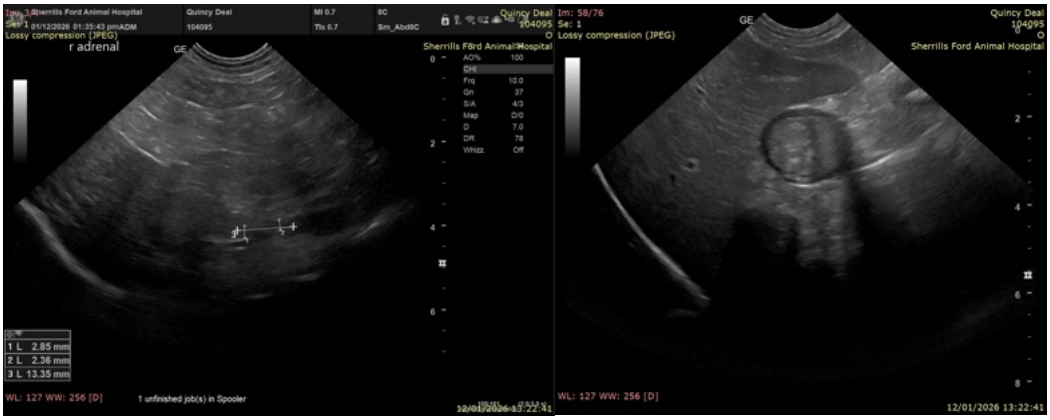


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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.

MV Esp Ultrasound in Domestic and Wild Animals

info@SonoPath.com