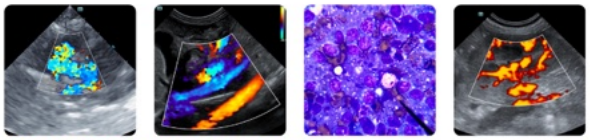


PATIENT

Jeannie Poulin

SPECIES

Canine

BREED

Chihuahua

SEX

Female

AGE

11 years

WEIGHT

12.67 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Danielle Shemanski, DVM, MA

HOSPITAL NAME

Western New York VS

REFERRING VET

Dr. Kinsella

INVOICE

70908

DATE

1/22/26

PRESENTING CLINICAL SIGNS

- RDVM REASON FOR REFERRAL: Mild liver enzymes elevations and enlarged liver on rads. Coughing
- MEDICATIONS: Cough tabs 1/2 tab po q12hrs, miralax 1/4-1/8 tsp BID PRN
- ALT = 167

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is normally distended. The bladder wall is thin, smooth, and regular. The urine is anechoic. The bladder neck and proximal urethra appear normal. No uroliths or sonographic evidence of inflammatory or neoplastic disease are identified.

The left kidney is normal in shape and size (3.66×2.30 cm), with a cortical thickness of 0.37 cm in the sagittal plane. The right kidney is normal in shape and size (4.01×2.56 cm), with a cortical thickness of 0.39 cm in the sagittal plane. In both kidneys, cortical echogenicity is within normal limits. The corticomedullary ratio and corticomedullary differentiation are preserved. Small punctate hyperechoic foci are noted in the calyceal regions, compatible with mild papillary mineralization. There is no evidence of pyelectasia or hydronephrosis. Color Doppler evaluation shows normal renal perfusion.

Adrenal Glands

Both adrenal glands demonstrate normal shape and echogenicity. The left adrenal gland measures 0.46 cm at the cranial pole and 0.53 cm at the caudal pole. The right adrenal gland measures 0.46 cm at the cranial pole and 0.49 cm at the caudal pole.

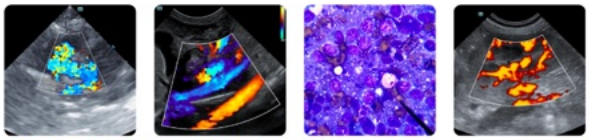
Spleen

Splenic thickness measures 1.25 cm. The splenic parenchyma is otherwise homogeneous, with two to three small hyperechoic foci, the largest measuring approximately 5.2 mm, compatible with benign splenic nodular changes. The splenic capsule is smooth and regular.

Liver

The liver slightly extend beyond the gastric axis and maintains sharp margins and a regular contour. The hepatic parenchyma is finely textured, with reduced conspicuity of portal vein walls and mild, diffuse ultrasonic attenuation, while remaining isoechoic relative to falciform fat. No hepatic lymphadenopathy is observed.

The gallbladder is normally distended. The wall is thin. Mild to moderate biliary sludge is present within the lumen. No dilation of the cystic duct or common bile duct is identified.



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Gastrointestinal

The stomach contains a small amount of ingesta within the fundus. Gastric wall thickness measures approximately 1.57 mm, with preserved wall layering.
The pylorus measures approximately 3.21 mm.

The duodenum measures approximately 3.67 mm, and the jejunum measures approximately 3.99 mm, with preserved wall layering throughout. No sonographic evidence of intestinal inflammation, ileus, or foreign material is identified.

The colon measures approximately 1.01 mm, containing formed feces within the descending segment.

Pancreas

The right limb, pancreatic body, and left limb appear normal. The pancreatic parenchyma is isoechoic relative to the adjacent omental fat. No pancreatic duct dilation is identified. There is no sonographic evidence of pancreatitis or pancreatic neoplasia.

Peritoneal Cavity

No abdominal effusion or evidence of peritonitis is observed. Abdominal lymph nodes are not visualized, and the surrounding mesenteric regions appear unremarkable. The iliac trifurcation appears normal.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS

- Hepatomegaly with diffuse finely textured hepatic parenchyma and mild attenuation.
- Mild to moderate biliary sludge without biliary duct dilation.

SECONDARY FINDINGS

- Splenic benign incidental changes such as myelolipomas or siderotic nodules.
- Small punctate hyperechoic foci within the renal calyceal regions, most consistent with mild mineral deposition, without features of clinically significant nephrolithiasis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This abdominal ultrasound examination identifies diffuse hepatic parenchymal changes characterized by a finely textured echotexture, reduced portal vein wall conspicuity, and mild diffuse attenuation, in combination with mild to moderate biliary sludge. This constellation of findings is most consistent with a functional or metabolic hepatopathy, such as vacuolar or steroid-associated hepatopathy, particularly in a small-breed, geriatric dog with mild ALT elevation and a reported cushingoid phenotype.

The adrenal glands are within normal size and morphology, and no ultrasonographic features of adrenal-dependent hyperadrenocorticism are identified. However, normal adrenal size does not exclude pituitary-dependent or early endocrinopathy, and the imaging findings should be interpreted in conjunction with clinical signs and laboratory data.

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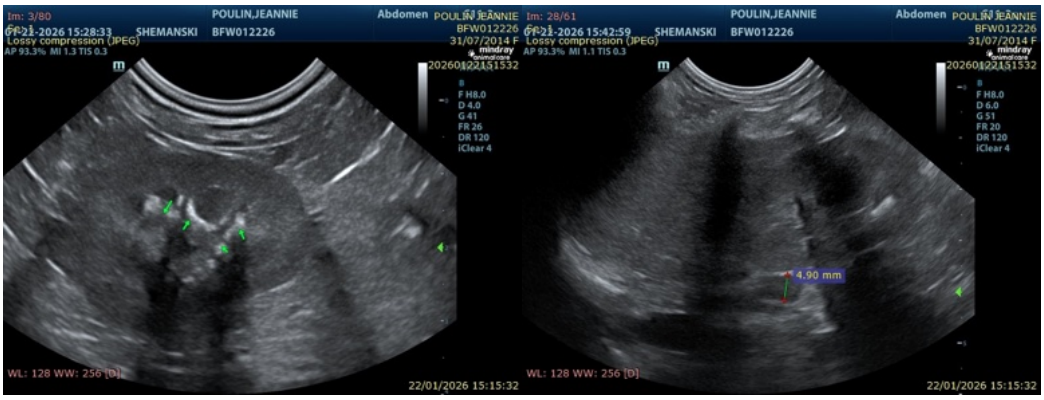
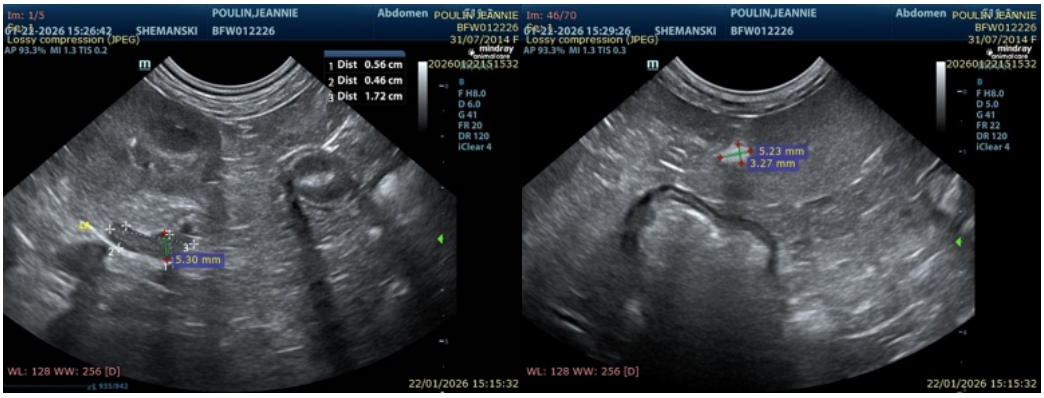
Recommendations

- Correlation with endocrine testing may be considered, particularly in light of the cushingoid phenotype and diffuse hepatic changes, recognizing that normal adrenal size does not exclude pituitary-dependent or early hyperadrenocorticism.
- Serial monitoring of liver enzymes and clinical signs is recommended, as current imaging findings support a low-grade, functional hepatopathy rather than advanced structural disease.
- Medical and dietary management aimed at supporting hepatobiliary function may be considered, especially given the presence of biliary sludge and intermittent vomiting.





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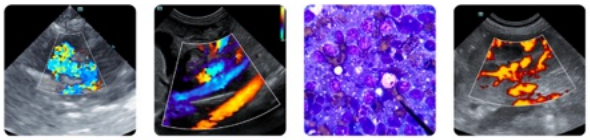

Clinical Sonography & Telecytology
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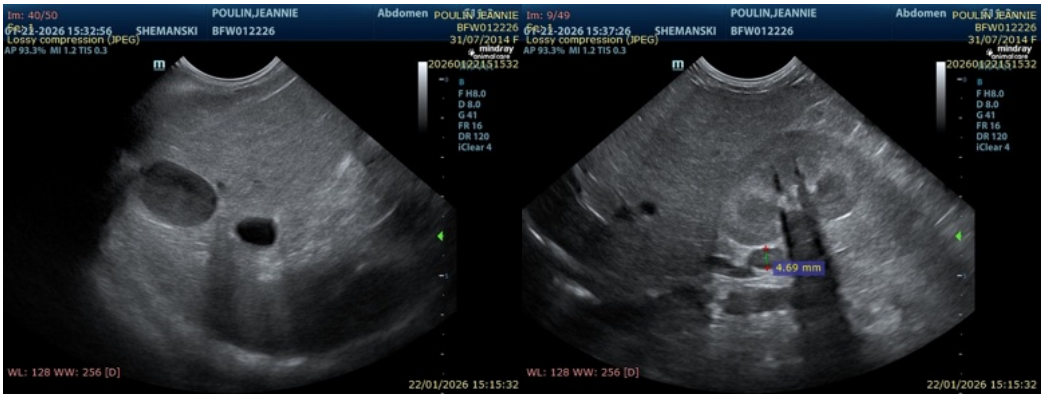

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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