



## PATIENT

Spike Bazow

## SPECIES

Canine

## BREED

Yorkshire Terrier

## SEX

Neutered male

## AGE

9 years

## WEIGHT

14.6 lbs

## INTERPRETED BY

Dr. Alicia Angosto  
Guerrero

## IMAGING PERFORMED BY

Jack Reese

## HOSPITAL NAME

Willow Run VC

## REFERRING VET

Dr. Molly Arnold

## INVOICE

70900

## DATE

1/22/26

## PRESENTING CLINICAL SIGNS

- Dental disease
- Significant elevation of ALP noted on pre-operative bloodwork with thrombocytosis
- Abdominal U/S recommended as next step
- ALP 1,340 (5-160) Platelets 697 (120-412)

## 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 appear normal. No uroliths are identified, and there is no sonographic evidence of inflammatory or neoplastic bladder wall changes.

The left kidney is normal in shape and size (4.20×2.23 cm). Cortical thickness measures 0.38 cm in the sagittal plane. The right kidney is normal in shape and size (4.31×2.58 cm). Cortical thickness measures 0.40 cm in the sagittal plane. In both kidneys, cortical echogenicity is normal. The corticomedullary ratio and corticomedullary definition are preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

### *Adrenal Glands*

Both adrenal glands are normal in shape and echogenicity. The left adrenal gland measures 0.37 cm at the cranial pole and 0.51 cm at the caudal pole. The right adrenal gland measures 0.52 cm at the cranial pole and 0.47 cm at the caudal pole.

### *Spleen*

Splenic thickness is 1.07 cm. The splenic parenchyma demonstrates normal echogenicity and a fine homogeneous echotexture without focal abnormalities. The splenic capsule is smooth and regular. Splenic vasculature appears normal.

### *Liver*

The liver is subjectively enlarged, with rounded margins and a regular contour. The hepatic parenchyma is uniform and isoechoic to the falciform fat, with a finely textured echotexture, reduced conspicuity of portal vein walls, and mild diffuse ultrasonic attenuation. No hepatic lymphadenopathy is observed.

The gallbladder is normally distended. The gallbladder wall demonstrates small focal mucosal irregularities, compatible with mucosal hyperplasia or small polypoid changes. The lumen contains a moderate amount of biliary sludge. No dilation of the cystic duct or common bile duct is identified.



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## *Gastrointestinal*

The stomach is empty and folded. Gastric wall thickness measures approximately 2.26 mm, with preserved wall layering.

The pylorus measures approximately 3.50 mm.

The duodenum measures approximately 2.80 mm.

The jejunum measures approximately 3.30 mm, with preserved wall layering.

No sonographic evidence of gastrointestinal inflammation, ileus, or foreign material is identified.

The colon measures approximately 1.45 mm in wall thickness and contains scant soft luminal material.

## *Pancreas*

The right limb of the pancreas is visualized and appears normal. The remaining visualized pancreatic regions show no sonographic evidence of inflammation.

## *Peritoneal Cavity*

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

## ULTRASONOGRAPHIC FINDINGS

- Hepatomegaly with finely textured echotexture and mild attenuation.
- Gallbladder mucosal hyperplasia/polypoid changes with moderate biliary sludge.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hepatomegaly, in combination with a uniform parenchyma of fine echotexture, reduced portal wall conspicuity, and mild attenuation, is most compatible with vacuolar hepatopathy or steroid-associated hepatocellular change. This ultrasonographic pattern is commonly associated with cholestatic or endocrinopathy-related hepatopathy, particularly in small-breed dogs with markedly elevated ALP.

The gallbladder findings are most consistent with mucous gland hyperplasia and biliary stasis, which is commonly seen secondary to altered bile composition and motility in dogs with endocrine-related hepatopathy, including hyperadrenocorticism.

Both adrenal glands are within normal size and morphology. However, normal adrenal dimensions do not exclude functional hyperadrenocorticism, particularly in cases of pituitary-dependent disease or early/endocrine-active states. As such, adrenal size alone should not be used to rule out Cushing's syndrome.



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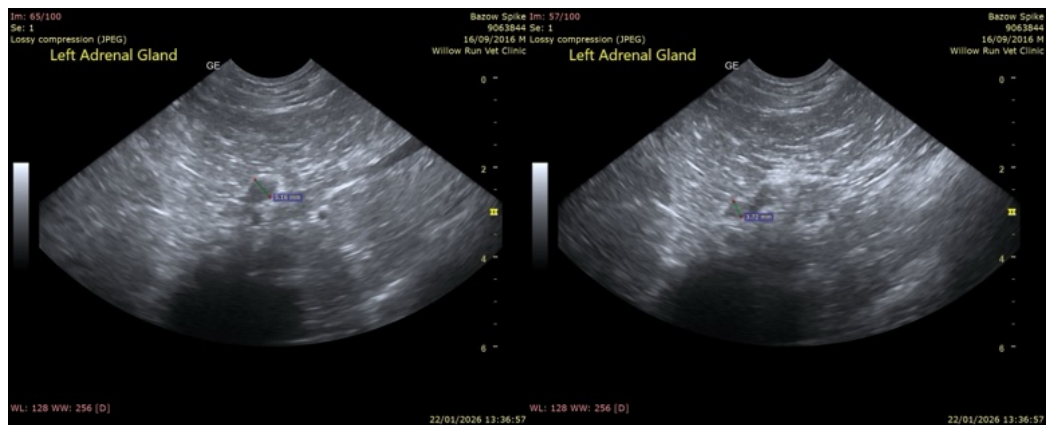
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## Recommendations

- Endocrine testing is recommended to evaluate for hyperadrenocorticism, as the hepatic and biliary ultrasonographic changes, together with the markedly elevated alkaline phosphatase activity, are characteristic of vacuolar hepatopathy commonly associated with chronic hypercortisolism. A low-dose dexamethasone suppression test or ACTH stimulation test may be considered, based on clinician preference and patient factors.
- Continued monitoring of liver enzymes is recommended. Empiric hepatic support may be considered as clinically indicated; however, definitive management should be guided by endocrine test results rather than imaging findings alone.
- The gallbladder changes may be monitored clinically.





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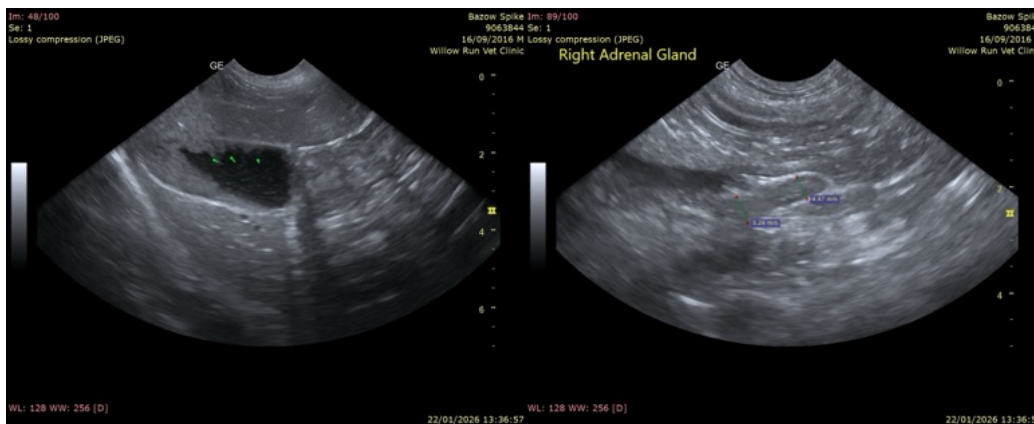
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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