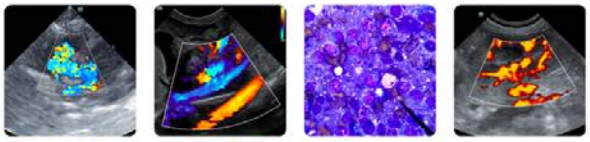


PATIENT

Oxie Valverde

SPECIES

Canine

BREED

Cocker Spaniel x

SEX

Neutered Male

AGE

12 Years

WEIGHT

34 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Mario

HOSPITAL NAME

TLC Animal Hospital

REFERRING VET

Cristina Ramirez, DVM

INVOICE

72445

DATE

1/23/26

PRESENTING CLINICAL SIGNS

Patient has a history of elevated ALP that was not responsive to clavamox and denamarin. Patient has a heart murmur and severe dental tartar. ACTH stim test pending.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is normally distended. The bladder wall appears thin and smooth. The urine is anechoic. The bladder neck and proximal urethra have a normal ultrasonographic appearance. No uroliths are identified, and there is no evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size, measuring 4.89x3.11 cm, with a cortical thickness of 0.68 cm in the sagittal plane. The renal cortex is isoechoic relative to the liver parenchyma. The corticomedullary ratio is within normal limits, and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler evaluation shows a normal vascular pattern.

The right kidney is normal in shape and size, measuring 5.07x2.90 cm, with a cortical thickness of 0.65 cm in the sagittal plane. The renal cortex is isoechoic relative to the liver parenchyma. The corticomedullary ratio is within normal limits, and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler evaluation shows a normal vascular pattern.

Adrenal Glands

The adrenal glands are not visualized in the provided images and video clips, which limits assessment of adrenal size and morphology.

Spleen

Splenic thickness measures 1.64 cm. The splenic parenchyma demonstrates normal echogenicity with a fine, homogeneous echotexture and no focal parenchymal abnormalities. The splenic capsule is smooth and regular. Splenic vasculature appears normal.

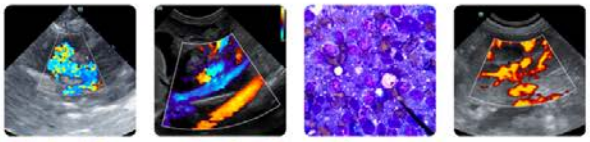
Liver

The liver is subjectively increased in size, with a smooth contour. The hepatic parenchyma is overall uniform and isoechoic relative to the falciform fat, with mild diffuse variation in echogenicity between hepatic lobes, a pattern commonly encountered in vacuolar hepatopathies. Multiple small, well-defined hypoechoic nodules are identified throughout the liver, including one slightly larger nodule measuring 2.36x1.86 cm. All nodules appear homogeneous and are most consistent in appearance with benign hyperplastic changes. No hepatic lymphadenopathy is observed.

The gallbladder lumen is normally distended. The gallbladder wall is thin, and the contents are primarily anechoic with a small amount of biliary sludge. No dilation of the cystic duct or common bile duct is identified.

Gastrointestinal

The stomach is empty and folded, with preserved wall layering and a mural thickness of 2.03 mm.



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Duodenum: mural thickness 3.76 mm.

Jejunum: mural thickness 2.43 mm, with preserved wall layering.

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

The colon wall measures 1.50 mm and contains formed fecal material within the descending segment.

Pancreas

The evaluated pancreatic regions do not show ultrasonographic evidence of overt inflammation.

Free Abdomen

No abdominal effusion or sonographic evidence of peritonitis is identified. Abdominal lymph nodes are not visualized, and the surrounding regions appear unremarkable. The iliac trifurcation has a normal appearance.

PRIMARY FINDINGS

- Subjective hepatomegaly with preserved hepatic architecture. Mild diffuse interlobar variation in hepatic echogenicity.
- Multiple small, homogeneous hypoechoic hepatic nodules, largest measuring 2.36x1.86 cm, compatible with nodular hyperplasia.
- Mild biliary sludge without evidence of biliary obstruction.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The ultrasonographic findings are most consistent with a diffuse, non-obstructive hepatopathy, characterized by subjective hepatomegaly, preserved hepatic architecture, mild interlobar variation in echogenicity, and the presence of multiple small, well-defined hypoechoic hepatic nodules with a benign appearance. This constellation of findings is highly compatible with hepatocellular vacuolar change and nodular hyperplasia, particularly in an older dog with persistent elevation of alkaline phosphatase.

The hepatic nodules are homogeneous and lack features suggestive of malignant disease, such as irregular margins, heterogeneous echotexture, or associated lymphadenopathy. While neoplasia cannot be definitively excluded on the basis of ultrasonography alone, the overall appearance favors benign hyperplastic or vacuolar changes rather than primary or metastatic hepatic neoplasia.

The gallbladder and biliary tree do not show evidence of biliary obstruction, and the presence of mild biliary sludge is considered an incidental finding in this context.

Adrenal glands were not visualized, which limits sonographic assessment for adrenal enlargement. Therefore, correlation with endocrine testing, including the pending ACTH stimulation test, remains essential for evaluation of possible hyperadrenocorticism.

Overall, the ultrasonographic findings align well with a chronic metabolic hepatopathy, with hyperadrenocorticism remaining a leading differential diagnosis given the biochemical profile and hepatic appearance.

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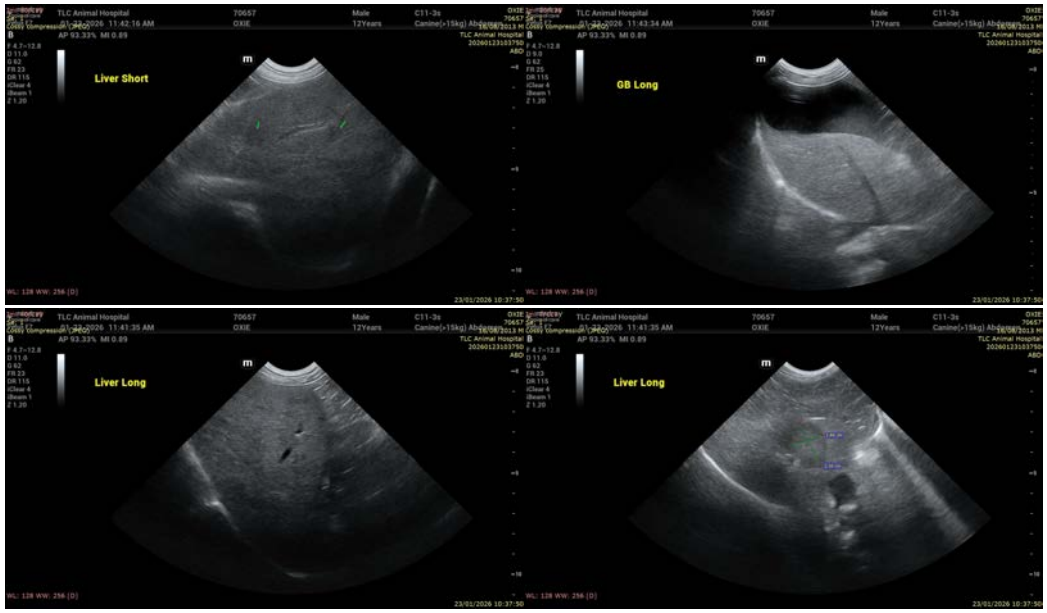
Recommendations

- Correlate ultrasonographic findings with endocrine testing, including the pending ACTH stimulation test, as hyperadrenocorticism remains a leading differential diagnosis.
- Continued biochemical monitoring of liver enzymes, particularly ALP trends, is recommended to assess progression or response to medical management.



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