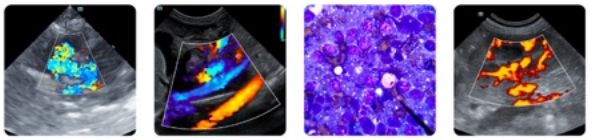


PATIENT

Poppy Young

SPECIES

Canine

BREED

Dachshund

SEX

Spayed female

AGE

11 years

WEIGHT

20 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Amanda Hockenbrock

HOSPITAL NAME

Lewisburg VH

REFERRING VET

Dr. Brehm

INVOICE

71035

DATE

1/28/26

PRESENTING CLINICAL SIGNS

- Patient has had elevated liver values since at least October 2025
- Owner notices patient's abdomen seems distended and weight is steadily increasing.
- Has had a noticeable increase in thirst recently
- heavy breathing per owner.
- History of ALT and ALKP increased Radiographs: Liver round and enlarged Cancer DX negative in November 2025

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

The left kidney is normal in shape and size, measuring 5.02×3.07 cm, with a cortical thickness of 0.43 cm measured in the sagittal plane. The right kidney is normal in shape and size, measuring 5.67×2.63 cm, with a cortical thickness of 0.45 cm measured in the sagittal plane. In both kidneys, cortical echogenicity appears subjectively normal. Several small cortical cysts are present bilaterally, the largest measuring 3.16×2.40 mm. The corticomedullary ratio and corticomedullary definition are preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

Adrenal Glands

The left adrenal gland was visualized from non-standard imaging planes that do not allow a true dorsoventral sagittal measurement; however, the maximum dimensions obtained were 1.36×1.38 cm at the cranial pole and 0.89 cm at the caudal pole. The right adrenal gland measures 1.23 cm at the cranial pole and 1.66 cm at the caudal pole. Both adrenal glands are subjectively enlarged.

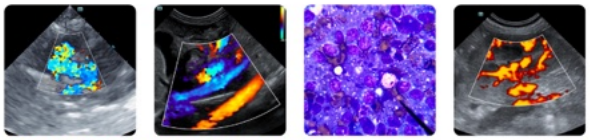
Spleen

Splenic thickness is 1.10 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 is subjectively enlarged, with sharp margins and a regular contour. The hepatic parenchyma is mildly hyperechoic and contains multiple small hypoechoic foci, the largest measuring 1.12×0.73 cm. No hepatic lymphadenopathy is observed.

The gallbladder is markedly distended. The gallbladder wall demonstrates irregularities and focal thickening consistent with mucosal glandular hyperplasia. A large amount of biliary sludge is present,



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including portions with more mineralized appearance producing mild distal acoustic shadowing. No dilation of the cystic duct or common bile duct is identified.

Gastrointestinal

The stomach is empty and folded, with a mural thickness of 2.16 mm and preserved wall layering. The pylorus measures 4.32 mm.

Duodenal wall thickness measures 2.83 mm. Jejunal wall thickness measures 2.39 mm. Wall layering is preserved throughout the evaluated intestinal segments. No ultrasonographic evidence of gastrointestinal inflammation, ileus, or foreign material is identified.

The colon wall thickness measures 0.90 mm, with formed feces present throughout all segments.

Pancreas

The evaluated pancreatic regions show no ultrasonographic evidence of overt inflammation.

Peritoneal Cavity

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

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS

- Bilateral adrenal enlargement.
- Hepatomegaly with mildly increased echogenicity and multifocal small hypoechoic hepatic foci.
- Marked gallbladder distension with mucosal hyperplasia and abundant biliary sludge.

SECONDARY FINDINGS

- Small bilateral renal cortical cysts.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hepatic changes are compatible with vacuolar hepatopathy with associated nodular hepatocellular hyperplasia, a pattern commonly seen in dogs with hyperadrenocorticism. The gallbladder findings are typical of chronic cholestasis, which is also commonly associated with hyperadrenocorticism.

The bilateral nature of the adrenal enlargement favors pituitary-dependent hyperadrenocorticism, although functional status cannot be determined based on imaging alone.

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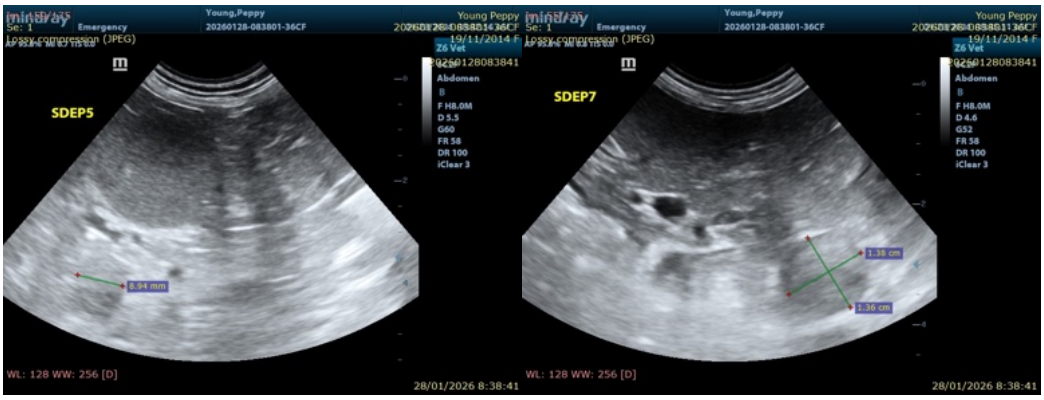
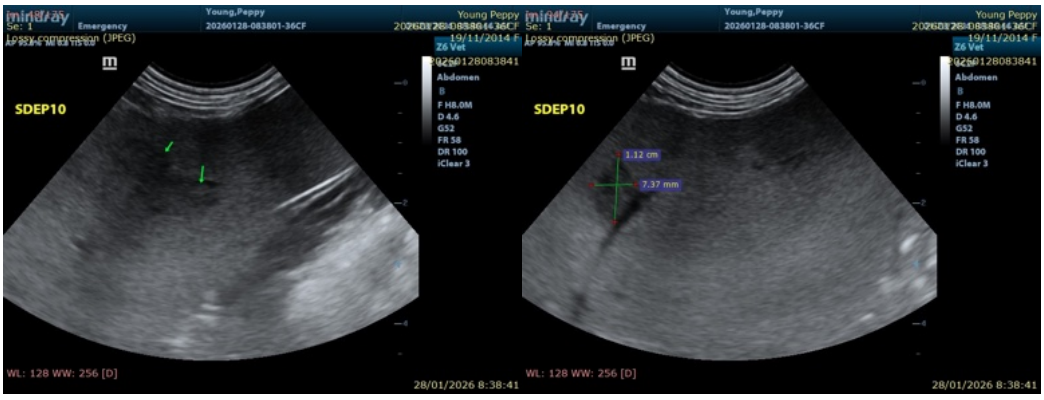
Mild bilateral renal cortical cysts are considered incidental age-related findings and are unlikely to be clinically significant.

In combination with the clinical history of progressively elevated liver enzymes, abdominal distension, weight gain, and polyuria/polydipsia, ultrasonographic findings are most consistent with an endocrinopathy-associated hepatopathy, with hyperadrenocorticism (Cushing's disease) being a primary consideration.

Recommendations

- Endocrine testing is recommended to evaluate for hyperadrenocorticism (ACTH stimulation test or low-dose dexamethasone suppression test), recognizing that imaging findings alone cannot confirm functional status.
- Given the reported respiratory difficulty and the suspected hyperadrenocorticism, consideration should be given to systemic blood pressure measurement and further cardiopulmonary evaluation, as dogs with hyperadrenocorticism are predisposed to thromboembolic events, including pulmonary thromboembolism.
- Continued monitoring of liver enzymes and consideration of hepatoprotective therapy may be appropriate, depending on clinical and biochemical progression.
- Periodic ultrasonographic monitoring of the gallbladder is advised.





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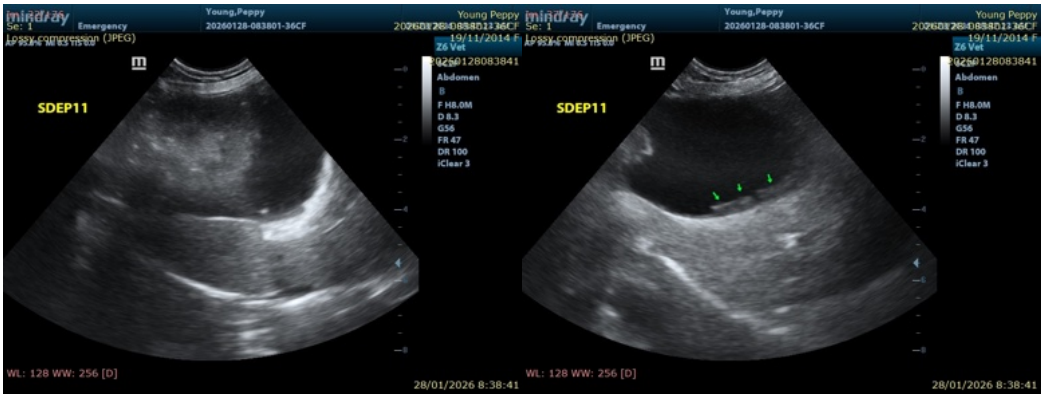

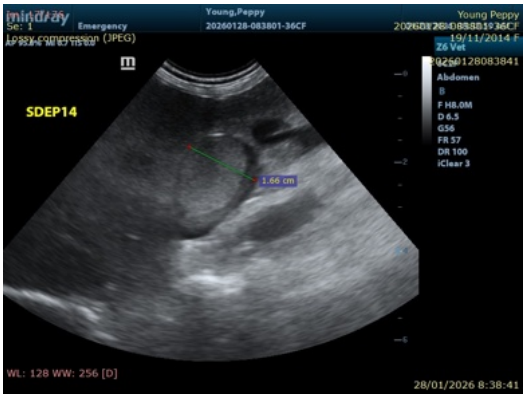

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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