



PATIENT

Kylee Smith

SPECIES

Canine

BREED

Boston Terrier

SEX

Spayed female

AGE

11 years

WEIGHT

30 lbs

INTERPRETED BY

Dr. Alicia Angosto
Guerrero

IMAGING PERFORMED BY

Tiffany Brady, DVM

HOSPITAL NAME

Shiloh VH

REFERRING VET

Dr. Moon

INVOICE

68604

DATE

11/12/25

PRESENTING CLINICAL SIGNS

History: P recently seen for intermittent urinary signs treated with antibiotics and amoxicillin and carprofen. Bloodwork showed elevated liver values, prompting ultrasound recommendation
Abnormal PE/Chem/CBC/UA Results: CBC/Chem/UA/T4 performed on 10/22 ALT 244 IU/L ALP 846 IU/L GGTP 26 IU/L Chol 401 mg/dL T4 <0.5 UP:C 0.7 (rod bacteria noted on free catch sample but minimal inflammatory cells present)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN *Urinary System*

The bladder lumen is very distended, and the wall of the urinary bladder appears thin and smooth. The urine is anechoic. Normal appearance of the proximal urethra and vesicoureteral junction. There are no calculi, and no evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size: 5.38x3.44 cm, and the thickness of the cortex is 0.60 cm, in the sagittal plane. The cortical echogenicity is normal. The corticomedullary ratio is normal and the corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths or hydronephrosis. Doppler color shows normal pattern.

The right kidney is normal in shape and size: 4.87x3.22 cm, and the thickness of the cortex is 0.56 cm, in the sagittal plane. The cortical echogenicity is normal. The corticomedullary ratio is normal and the corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths or hydronephrosis. Doppler color shows normal pattern.

Adrenal Glands

The left adrenal gland measures 0.76 cm at the cranial pole. The caudal pole was not completely visualized. The images labeled as right adrenal gland doesn't seem to correspond to this structure. The adrenal gland was not visualized.

Spleen

Splenic thickness is 2.23 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular. Splenic vasculature appears normal.

Liver

The liver is subjectively normal in size, with sharp edges and a regular contour. The liver parenchyma looks uniform and slightly hyperechoic compared to the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is observed.

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



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Gastrointestinal

The stomach is empty and folded, with preserved wall layering. Duodenum: 5.39 mm; jejunum: 3.50 mm; ileum: 2.01 mm. All segments show normal wall layering. No signs of inflammation, ileus, or foreign material are identified. Colon: 0.99 mm, with formed feces in the descending segment.

Pancreas

The visualized portions of the pancreas show no evidence of inflammation.

Peritoneal Cavity

No abdominal effusion or peritonitis is observed. Cranial mesenteric lymph nodes are not visualized, but the surrounding regions appeared unremarkable. The iliac trifurcation is normal.

ULTRASONOGRAPHIC FINDINGS

- Liver parenchyma mildly hyperechoic.
- Small amount of biliary sludge.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The ultrasound shows no evidence of primary hepatic, biliary, or pancreatic structural disease. Given the biochemical profile (markedly elevated ALP, moderately elevated ALT, hypercholesterolemia, and low T4), the most likely diagnosis is a reactive or vacuolar hepatopathy, possibly endocrine-related, or (less likely according to the data provided) iatrogenic/steroid-induced change.

The gallbladder sludge is a common incidental finding and not consistent with active cholecystitis or biliary obstruction, although biliary stasis secondary to endocrine disease (hyperadrenocorticism) could also contribute to this appearance.

Recommendations

- Perform screening for hyperadrenocorticism (low-dose dexamethasone suppression test or endogenous ACTH), given the biochemical pattern and incomplete adrenal evaluation.
- Repeat abdominal ultrasound to obtain adequate visualization of both adrenal glands.
- Recheck liver enzymes in 4–6 weeks to monitor trends.
- If persistent or progressive hepatopathy, consider hepatic cytology/biopsy for confirmation.



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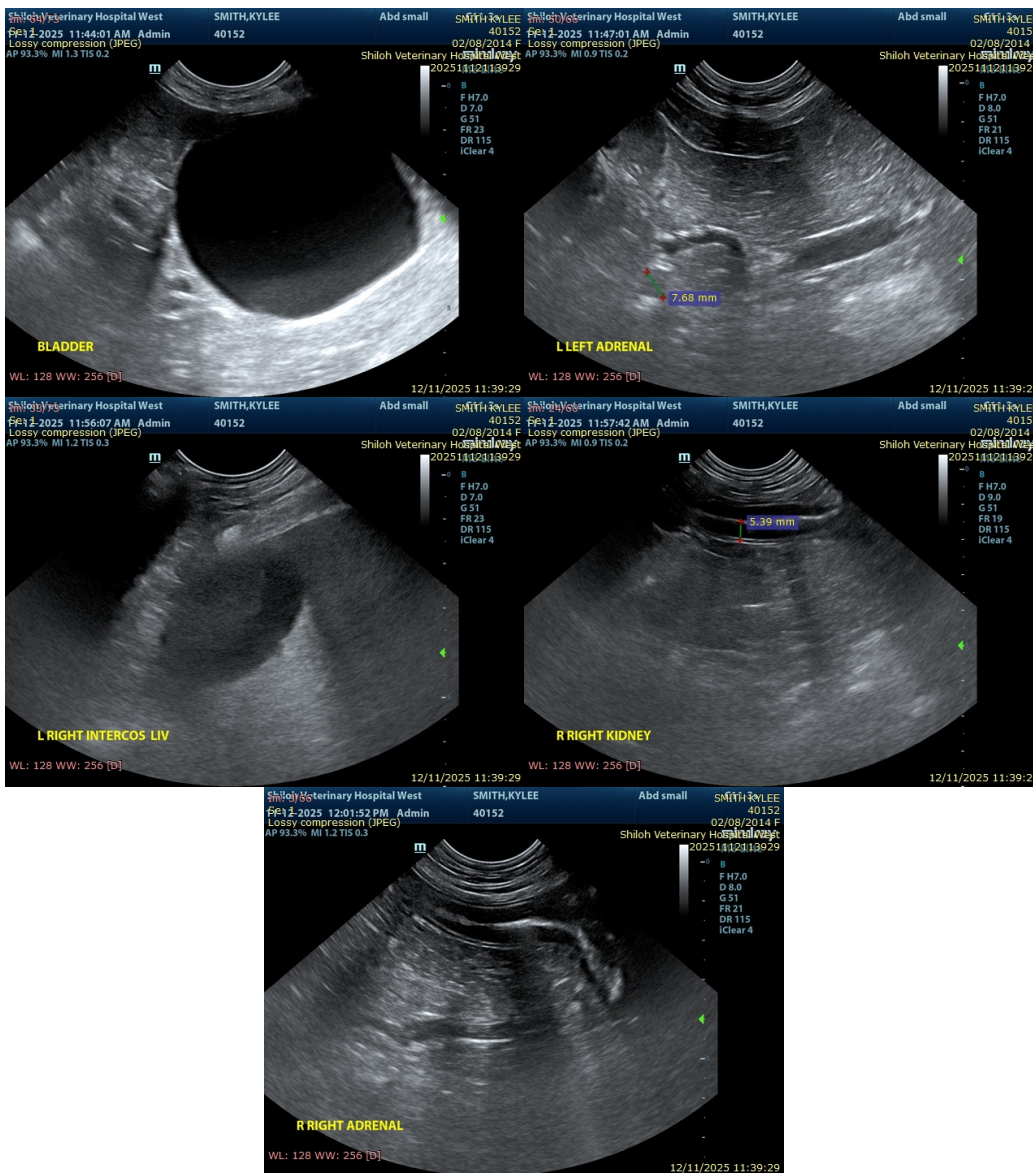
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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