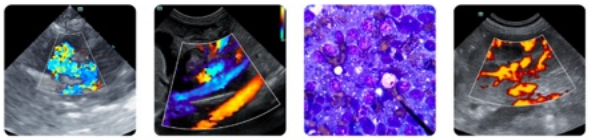


PATIENT

Sophia Perugini

SPECIES

Canine

BREED

Italian Greyhound

SEX

Spayed female

AGE

14 years

WEIGHT

20.8 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Jen Amidon

HOSPITAL NAME

The Pet Hospital of Stratford

REFERRING VET

Dr. Bashkin

INVOICE

68677

DATE

11/13/25

PRESENTING CLINICAL SIGNS

History: Recurring intermittent hematuria. Pt has been restless, has diffuse flakey skin throughout body, bw done then showed possible hormone related issue. Coag panel done wnl. Hematuria resolved, then came back this morning. Pt vomited up breakfast meal this AM.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder lumen is moderately distended, and the wall appears subjectively thickened and mildly irregular, particularly along the dependent (gravity-dependent) aspect. Wall thickness is not uniform, showing focal areas of increased echogenicity and subtle layering, which may represent mucosal irregularity, cystitis-related changes, or early sediment adhesion. There is echogenic, non-shadowing intraluminal material compatible with soft tissue debris, inflammatory sediment, or cellular material. No discrete intraluminal masses or mineral-shadowing uroliths are clearly identified within the imaged planes.

The left kidney is normal in shape and size: 4.59×2.91 cm, cortical thickness 0.40 cm in the sagittal plane. The right kidney is normal in shape and size: 4.95×3.52 cm, cortical thickness 0.41 cm in the sagittal plane. The cortex has normal echogenicity. The corticomedullary ratio and definition are preserved. No pyelectasia, nephroliths, or hydronephrosis are observed.

Adrenal Glands

Both adrenal glands show normal shape and echogenicity.
The left adrenal gland measures 0.67 cm at the cranial pole; the caudal pole could not be adequately visualized or assessed due to colonic content causing acoustic artifact, preventing visualization in all provided videos of the left adrenal region.
The right adrenal gland measures 0.87 cm at the cranial pole and 0.66 cm at the caudal pole.

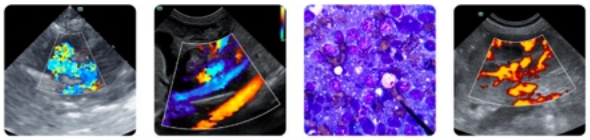
Spleen

Splenic thickness is 1.02 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture with a 5.2 × 3.5 mm myelolipoma. The splenic capsule is smooth and regular.

Liver

The liver is subjectively enlarged, with rounded margins and a regular contour. The parenchyma is uniformly hyperechoic compared to falciform fat, with normal echotexture except for a 0.7×0.9 cm hyperechoic nodule. Mild ultrasound beam attenuation is present. No hepatic lymphadenopathy is observed.

The gallbladder is normally distended. The wall shows presumed mucosal gland hyperplasia and contains a moderate amount of biliary sludge. Early gallbladder mucocele formation is suspected. No dilation of the cystic or common bile duct is observed.



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Gastrointestinal

The stomach is empty and folded, with a mural thickness of 3.78 mm and preserved wall layering. The pylorus measures 4.53 mm, with a small amount of luminal fluid. Duodenum: 2.92 mm. Jejunum: 2.70 mm, with preserved wall layering. No obstruction, ileus, or foreign material is identified.
Colon: transverse colon 1.19 mm and 1.02 mm; descending colon contains formed feces.

Pancreas

Right limb: 0.97 mm, body: 1.30 mm, left limb: 8.09 mm. The pancreatic parenchyma is slightly hypoechoic compared with surrounding omental fat. No signs of active inflammation or neoplastic disease are evident.

Peritoneal Cavity

No abdominal effusion or peritonitis is observed. Cranial mesenteric lymph nodes were not visualized, though surrounding regions appear unremarkable. The iliac trifurcation is normal.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS

- Cystitis-compatible bladder wall thickening and irregularity with intraluminal non-shadowing debris.
- Hepatomegaly with diffuse hepatic hyperechogenicity and focal hyperechoic nodule (0.7x0.9 cm).
- Gallbladder sludge with mucosal gland hyperplasia, suspicious for early mucocele.
- Asymmetric pancreatic limbs, parenchyma mildly hypoechoic.

SECONDARY FINDINGS

- Splenic myelolipoma (5.2×3.5 mm).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The bladder findings are most consistent with chronic or recurrent cystitis.

The liver is enlarged and diffusely hyperechoic with mild acoustic attenuation, a pattern typical of steroid-induced (vacuolar) hepatopathy. A small 0.7x0.9 cm hyperechoic nodule is consistent with a benign finding such as nodular hyperplasia, frequently seen in older dogs.

The gallbladder shows mucosal hyperplasia and moderate biliary sludge, with a pattern compatible with early gallbladder mucocele formation. This is common in dogs with Cushing's and further reinforces suspicion of an underlying endocrine disorder.

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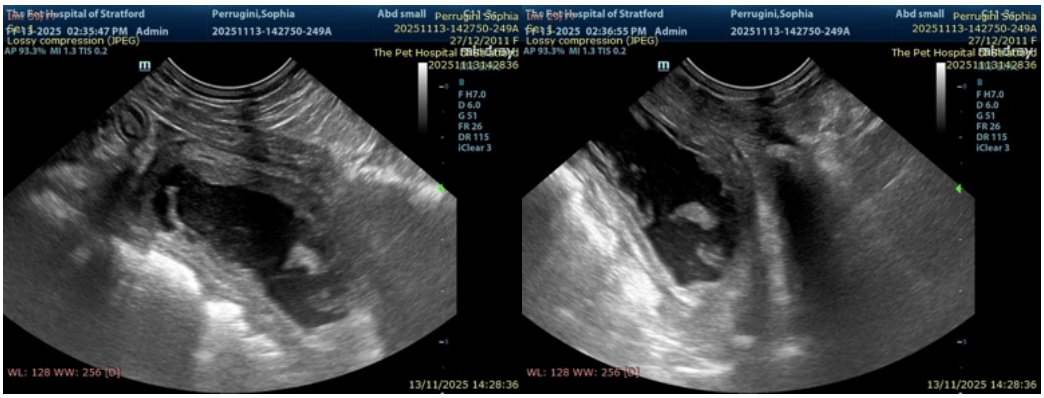
The pancreas is slightly hypoechoic but without peripancreatic inflammation, duct dilation, or mass effect. These findings may represent early or low-grade pancreatitis, a condition that also can occur secondary to endocrine imbalance.

The ultrasonographic findings strongly suggest a steroid-related hepatobiliary profile, which, in the context of persistent and marked ALP elevation, recurrent cystitis, hepatomegaly with diffuse hyperechogenicity, early gallbladder mucocele formation, and chronic dermatologic changes, raises a high clinical suspicion for hyperadrenocorticism (Cushing's disease).

Although both adrenal glands are within the upper limits of the expected size range—and the left adrenal gland could not be fully evaluated due to artifact—this does not exclude Cushing's disease, as many affected dogs exhibit borderline or even normal adrenal dimensions, particularly in early or mild disease.

Recommendations

- Endocrine testing for hyperadrenocorticism
  - Low-dose dexamethasone suppression test as first choice.
  - Alternatively: ACTH stimulation test, especially if concurrent illness may affect LDDST results.
- Urine culture + sensitivity, given recurrent hematuria and cystitis suspicion (Cushing's commonly predisposes to UTIs, often subclinical).
- If gastrointestinal signs develop (vomiting, anorexia, abdominal pain) or if pancreatitis is suspected, perform a canine-specific pancreatic lipase test (cPLI).
- Blood pressure monitoring.
- Monitor gallbladder for progression of mucocele changes.
- Consider re-evaluation of the left adrenal gland in a follow-up exam.



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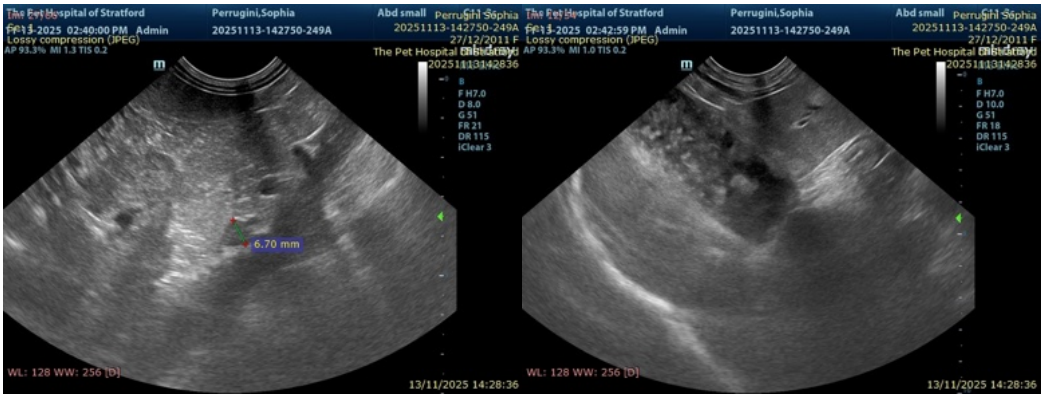

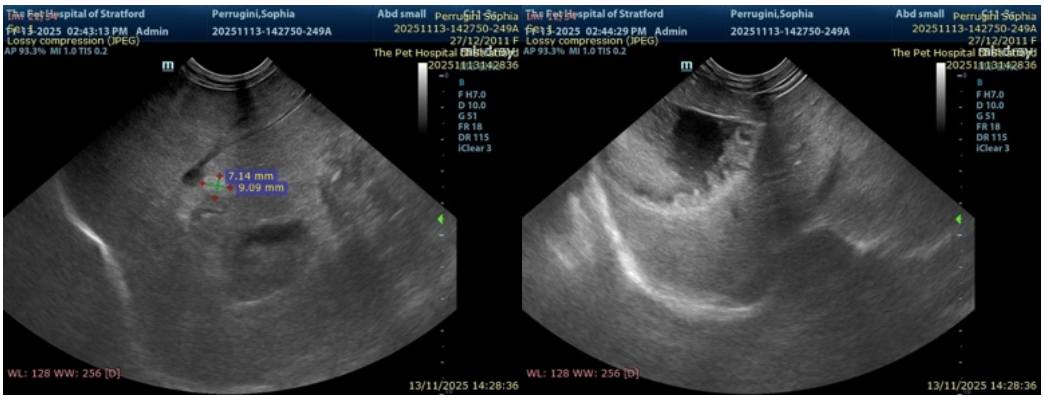

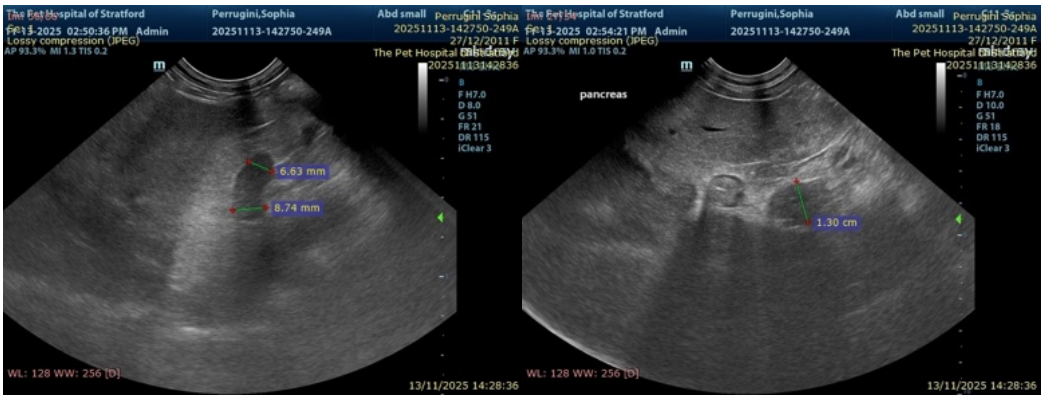

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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