



PATIENT

Roxy Sweeney

SPECIES

Canine

BREED

Portuguese Water Dog

SEX

Spayed female

AGE

10 years

WEIGHT

47 lbs

INTERPRETED BY

Dr. Alicia Angosto
Guerrero

IMAGING PERFORMED BY

Brian Klug

HOSPITAL NAME

Sondel Family VC

REFERRING VET

Dr. Sondel

INVOICE

68787

DATE

11/18/25

PRESENTING CLINICAL SIGNS

History: bilateral cruciate tears, started on carprofen and ALKP came back high at 1600. other hepatic values WNL
Abnormal PE/Chem/CBC/UA Results: ALKP=1600

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder lumen is markedly distended, and the urinary bladder wall appears thin and smooth. The urine is slightly turbid but without visible sediment. The proximal urethra and vesicoureteral junction appear normal. No calculi or evidence of inflammatory or neoplastic changes are identified.

The left kidney is normal in shape and size: 5.98 x 2.98 cm, and the thickness of the cortex is 0.36 cm, in the sagittal plane. The right kidney is normal in shape and size: 6.01 x 3.18 cm, and the thickness of the cortex is 0.40 cm, in the sagittal plane. The cortical has normal echogenicity. 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 0.40 cm at the cranial pole and 0.55 cm at the caudal pole. The right adrenal gland measures 1.40 cm at the cranial pole and 0.78 cm at the caudal pole.

Spleen

Splenic thickness is 1.82 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.

Liver

The liver is subjectively normal in size, with 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.

Gastrointestinal

The stomach is empty and folded with gas and a mural thickness of 2.90 mm; wall layering is preserved. The pylorus measures 4.12 mm.



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Duodenum: 2.96 mm. Jejunum: 3.61 mm. Ileum: 2.36 mm. All segments demonstrate normal wall layering. No signs of inflammation, ileus, or foreign material are identified.

Colon: transverse 0.88 mm; descending 0.71 mm, with formed feces in the descending colon.

Pancreas

The pancreatic parenchyma (thickness 0.80 cm) is isoechoic to the adjacent omental fat. No evidence of active inflammation or neoplastic disease is observed.

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

- Right adrenal gland asymmetry (right adrenal larger than left: 1.40 × 0.78 cm).
- Liver appears mildly hyperechoic.

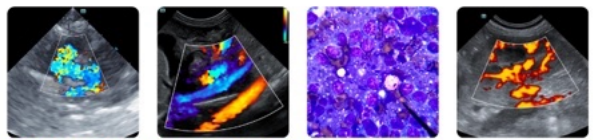
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver is normal in size and shape, but the parenchyma is slightly hyperechoic, and there is a small amount of biliary sludge without biliary dilation. These findings are compatible with a non-obstructive, functional or vacuolar hepatopathy, rather than structural hepatic disease. Given the markedly elevated alkaline phosphatase with all other hepatic values normal, the two most likely causes are:

- Drug-induced vacuolar hepatopathy (carprofen-associated): NSAIDs, including carprofen, can cause hepatocellular vacuolar change, cholestasis without ductal obstruction, isolated elevation of ALP, and ultrasound appearance of mild hyperechogenicity with normal liver size.
- Endocrine-related hepatopathy: The right adrenal gland is significantly larger than the left, raising suspicion for early hyperadrenocorticism. Cushing's disease commonly causes elevated ALP (steroid-induced isoenzyme).

Recommendations

- Recheck ALP in 4–6 weeks after discussing potential withdrawal or dose adjustment of carprofen, if clinically feasible.
- Perform endocrine testing: Low-dose dexamethasone suppression test or ACTH stimulation test.



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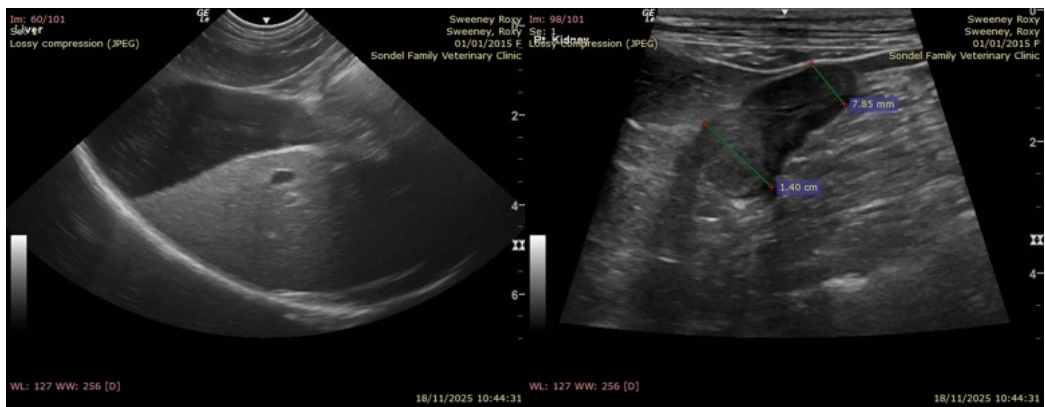
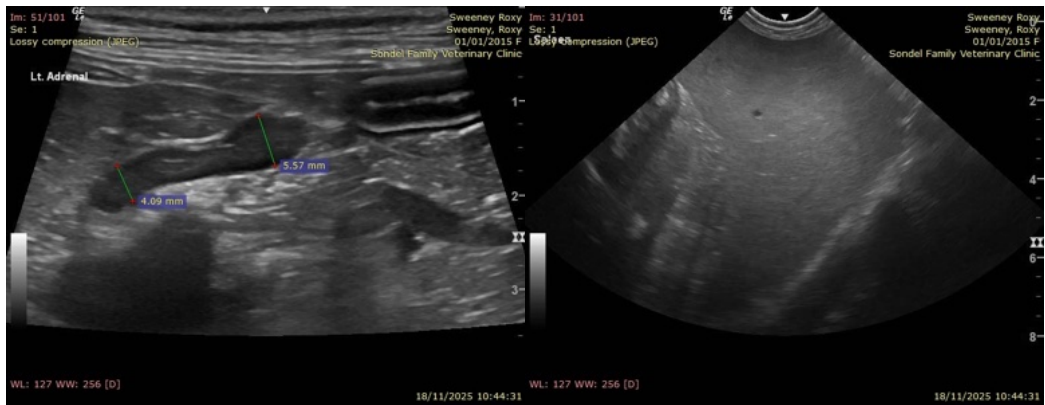
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com