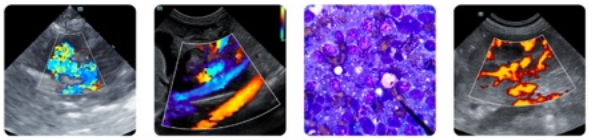


PATIENT

Daisy Lyle

SPECIES

Canine

BREED

Miniature Poodle

SEX

Spayed female

AGE

12 years

WEIGHT

11.8 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Dr. Laurel Logas

HOSPITAL NAME

Bradenton VH

REFERRING VET

Dr. Logas

INVOICE

69282

DATE

12/3/25

PRESENTING CLINICAL SIGNS

History: Pet may be drinking more water than she used to. The owner is indecisive. She has a good appetite but not more than usual. He other habits are normal.
Abnormal PE/Chem/CBC/UA Results: Grade 2 dental disease. Grade 2/6 systolic heart murmur. BCS 7/9. CBC WNL Urine spgr 1.040, Chemistry: alkphos 1523, lipase 2255 T4 normal

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder lumen is underdistended, and the wall of the urinary bladder appears thick and irregular. Due to underdistension, wall measurement may be overestimated, so it is not recommended to evaluate poorly distended bladders. The urine is anechoic. Normal appearance of the proximal urethra.

The left kidney is normal in shape and size: 3.94 x 2.01 cm, and the cortical thickness is 0.42 cm in the sagittal plane. The cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio is normal, and the corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths, or hydronephrosis. Color Doppler shows a normal pattern.

The right kidney is normal in shape and size: 4.31 x 2.27 cm, and the cortical thickness is 0.49 cm in the sagittal plane. The cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio is normal, and the corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths, or hydronephrosis. Color Doppler shows a normal pattern.

Adrenal Glands

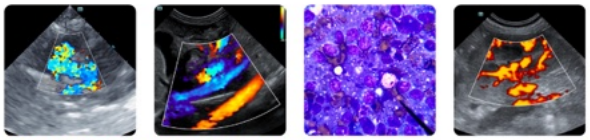
Both adrenal glands show normal shape and echogenicity. The left adrenal gland measures 0.45 cm at the cranial pole and 0.51 cm at the caudal pole. The right adrenal gland measures 0.41 cm at the cranial pole and 0.46 cm at the caudal pole.

Spleen

Splenic thickness is 1.72 cm. The 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 increased in size, with mildly rounded edges and a regular contour. The liver parenchyma appears uniform and isoechoic compared to the falciform fat, although the echotexture is very fine and there is some attenuation of the ultrasound beam. Several small hyperechoic foci (<0.5 cm) are also observed. No hepatic lymphadenopathy is seen.



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The gallbladder lumen is moderately distended. Mucous gland hyperplasia of the wall is observed, along with abundant biliary sludge mixed with mucus (mucoid biliary sludge or inspissated bile). No evident dilation of the cystic duct or common bile duct is observed.

Gastrointestinal

The stomach is empty and folded, with a mural thickness of 2.45 mm and preserved wall layering. The pylorus measures 4.8 mm. Duodenum: 2.96 mm. Jejunum: 2.79 mm. Ileum: 1.99 mm. Wall layering is normal. No signs of inflammation, ileus, or foreign material are identified. Colon: transverse colon 0.98 mm, with a small amount of formed feces in the descending segment.

Pancreas

The visualized portions show no evident signs of inflammation.

Peritoneal Cavity

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

ULTRASONOGRAPHIC FINDINGS

- Underdistended urinary bladder with subjectively thickened and irregular wall.
- Hepatomegaly with mildly rounded hepatic margins, fine echotexture with mild parenchymal attenuation of the ultrasound beam, and several small hyperechoic hepatic foci.
- Moderately distended gallbladder containing mucoid biliary sludge / inspissated bile. Gallbladder wall mucous gland hyperplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver is subjectively enlarged, with mildly rounded edges and increased parenchymal attenuation, along with multiple small hyperechoic foci. These features are most consistent with chronic hepatopathy, commonly seen with steroid hepatopathy, endocrine disease (particularly Cushing's disease), or age-related hepatic microvascular or vacuolar change. The normal thyroid level and absence of systemic illness reduce the likelihood of hypothyroidism, while the clinical history of possible PU/PD raises suspicion for hyperadrenocorticism despite the near-normal adrenal gland size.

The gallbladder contains inspissated bile, accompanied by mucous gland hyperplasia, findings frequently associated with chronic biliary stasis, prolonged ALP elevation, or early mucoceles in predisposed breeds. Although no ductal dilation or gallbladder wall edema is present, the combination of hepatomegaly, parenchymal changes, and significant sludge warrants monitoring, as older small-breed dogs may progress to gallbladder dysmotility or mucocele formation.

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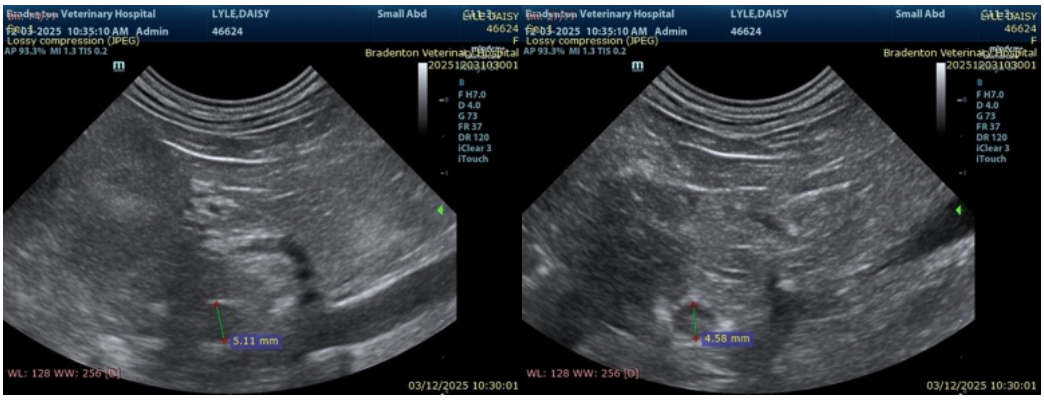
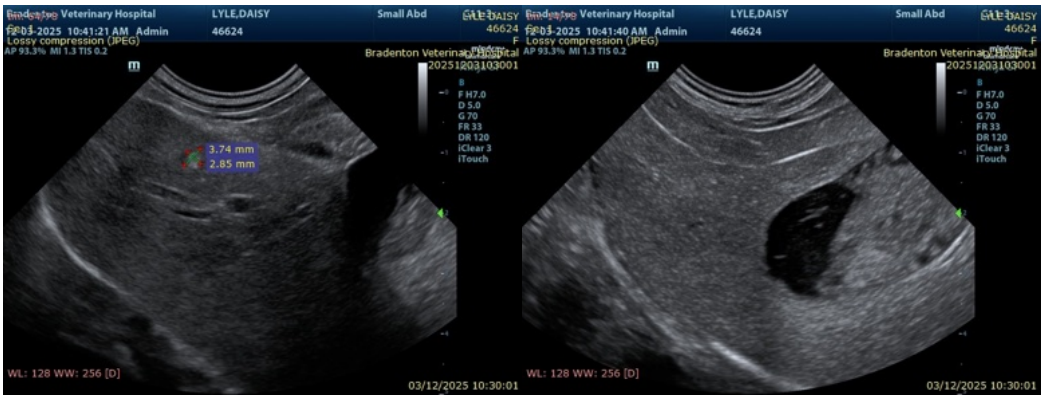
The urinary bladder is underdistended, producing an artifactually thickened and irregular wall. Given the normal urine specific gravity and absence of echogenic sediment or inflammation, this is most consistent with physiologic underfilling rather than true cystitis or structural disease.

Recommendations

- Hepatoprotective therapy and Ursodeoxycholic Acid administration. No biliary obstruction is present, so it is appropriate to use.
- ACTH stimulation test or low-dose dexamethasone suppression test if PU/PD becomes more evident or if monitoring supports endocrine suspicion.
- Recheck liver enzymes in 4–6 weeks.
- Repeat ultrasound in 3–6 months to monitor gallbladder content and hepatic changes.
- Consider bile acids testing if hepatic function becomes a concern.





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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