



PATIENT

Bella McGranaghan

SPECIES

Canine

BREED

Collie Mix

SEX

Spayed female

AGE

10 ½ years

WEIGHT

64.2 lbs

INTERPRETED BY

Dr. Alicia Angosto
Guerrero

IMAGING PERFORMED BY

John Sampson

HOSPITAL NAME

Richboro VH

REFERRING VET

Dr. Hughes

INVOICE

71450

DATE

2/10/26

PRESENTING CLINICAL SIGNS

- 2 month history of hyporexia and on/off diarrhea. No PUPD
- 1/13/2026 cbc: mild irregularities with MCV, MCH, RDW. RBC's, WBC's, platelet counts wnl chem: ALP 905, albumin 4.2, creatinine 1.9 T4 0.8 UA USG 1.036, small amount of WBCs/RBCs in sediment

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is normally distended. The urinary bladder wall is thin and smooth. Urine is anechoic. The bladder neck and proximal urethra have a normal ultrasonographic appearance. No uroliths are identified. There is no ultrasonographic evidence of inflammatory or neoplastic changes.

Left kidney: Normal in shape and size, measuring 5.88×3.58 cm in the sagittal plane. Cortical thickness measures 0.61 cm. The renal cortex is isoechoic relative to the liver parenchyma. Corticomedullary ratio and corticomedullary definition are preserved. No evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Doppler evaluation shows a normal perfusion pattern.

Right kidney: Normal in shape and size, measuring 6.21×3.52 cm in the sagittal plane. Cortical thickness measures 0.61 cm. The renal cortex is isoechoic relative to the liver parenchyma. Corticomedullary ratio and corticomedullary definition are preserved. No evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Doppler evaluation shows a normal perfusion pattern.

Adrenal Glands

The left adrenal gland measures 0.43 cm (cranial pole) and 0.54 cm (caudal pole). These values are within expected reference limits for a dog of this size. The right adrenal gland could not be adequately visualized due to gastrointestinal gas artifact.

Spleen

Splenic thickness measures 1.25 cm. The splenic parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal abnormalities. The splenic capsule is smooth and regular.

Liver

The liver is subjectively normal in size, with sharp margins and a regular contour. The hepatic parenchyma is homogeneous and isoechoic relative to the falciform fat, with normal echotexture. No focal hepatic lesions or hepatic lymphadenopathy are identified.

The gallbladder is moderately distended. The wall is thin. The contents are predominantly anechoic with a very small amount of biliary sludge. No dilation of the cystic duct or common bile duct is identified.



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Gastrointestinal

The stomach is empty and folded. Gastric wall thickness measures 2.88 mm with preserved wall layering. The duodenum measures 4.11 mm. The jejunum measures 3.74–3.92 mm. Segmental wall measurements provided for the jejunum: Mucosa: 3.16 mm. Submucosa: 0.69 mm. Muscularis propria: 0.22 mm. The ileum measures 1.84 mm.

Layering is preserved. No ultrasonographic evidence of obstruction, focal mass lesion, or ileus is identified.

The colon measures 0.89 mm in wall thickness and contains formed to semi-formed fecal material in the descending segment.

Pancreas

The evaluated pancreatic regions do not show ultrasonographic evidence of inflammation or mass effect.

Peritoneal Cavity

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

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS

- No clinically significant structural abnormalities identified.

SECONDARY FINDINGS

- Small amount of biliary sludge (incidental).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Despite the marked elevation in ALP activity, no structural hepatobiliary abnormalities are identified on ultrasound. It is important to note that several hepatopathies—including vacuolar hepatopathy, intrahepatic cholestasis, reactive hepatopathy, and early chronic hepatitis—may occur in the presence of a normal ultrasonographic appearance. Therefore, the absence of sonographic abnormalities does not exclude clinically significant hepatic disease.

The left adrenal gland measures within expected reference limits. The right adrenal gland could not be adequately visualized, therefore, a complete ultrasonographic assessment of the adrenal glands is not available. The absence of overt hepatomegaly or obvious vacuolar hepatic pattern does not exclude hyperadrenocorticism, and endocrine testing would be required if clinical suspicion persists.

The small intestine demonstrates preserved wall layering and wall thickness within expected limits. No mucosal hyperechoic striations suggestive of lymphangiectasia are identified, and no focal mucosal echogenicity changes, mass lesions, or regional lymphadenopathy are observed. The colon likewise demonstrates no evidence of inflammation. However, it is important to recognize that the absence of



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structural abnormalities does not exclude gastrointestinal disease, as many canine chronic enteropathies—including food-responsive or mild inflammatory enteropathies—may occur in the presence of normal ultrasonographic findings.

The mild creatinine elevation is accompanied by an appropriately concentrated urine specific gravity, supporting a prerenal component rather than intrinsic renal disease.

Recommendations

- Given the marked ALP elevation in the absence of structural hepatobiliary disease, consider:
 - Endocrine testing if clinical suspicion for hyperadrenocorticism persists.
 - Bile acids testing if hepatic functional assessment is desired.
- For chronic intermittent diarrhea with normal ultrasound:
 - Initiate or continue dietary trial if not already performed.
 - Consider GI panel (cobalamin, folate, TLI) if not previously assessed.
- Re-evaluation of ALP trend.

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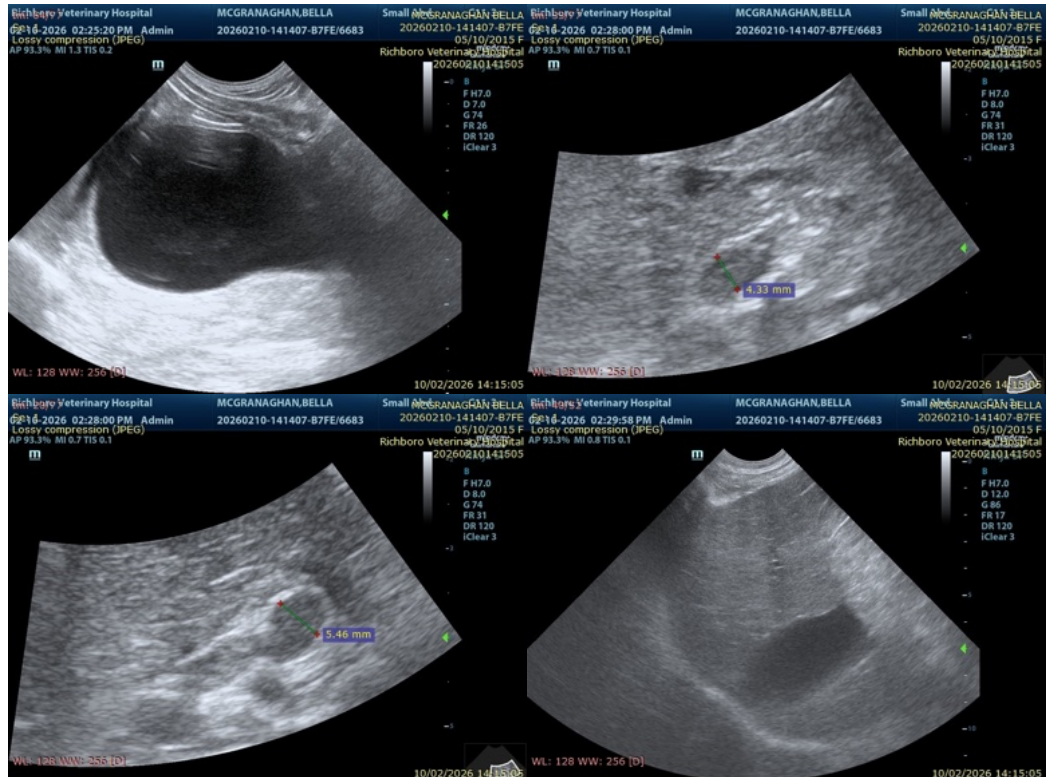
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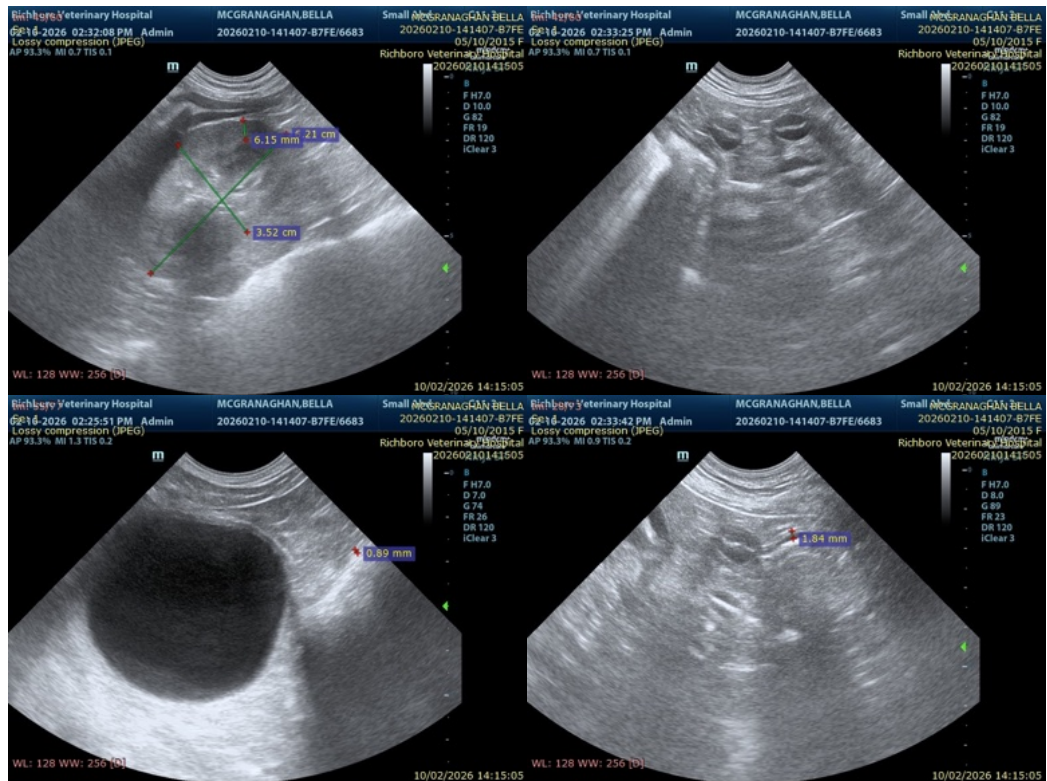
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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