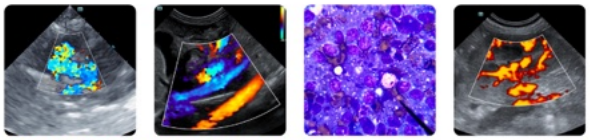


PATIENT

Grace Kol

SPECIES

Canine

BREED

Labrador Retriever Mix

SEX

Spayed female

AGE

13 years

WEIGHT

34..4 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Amy Isaac

HOSPITAL NAME

Valley West & Elk VH

REFERRING VET

Dr. Isaac

INVOICE

71538

DATE

2/12/26

PRESENTING CLINICAL SIGNS

- Presented for teeth cleaning with radiographs
- Preoperative bloodwork showed an ALP of 1592, ALT of 217
- Radiographs showed a possible cranial abdominal mass
- Owner has not noticed any symptoms at home. No vomiting. No PU/PD. Normal appetite and energy level.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is normally distended. The wall appears thin and smooth. The urine is anechoic. The bladder neck and proximal urethra appear normal. No calculi or mural abnormalities are identified.

The left kidney measures 5.92×3.17 cm in the sagittal plane, with a cortical thickness of 0.54 cm. The cortex is isoechoic relative to the liver. The corticomedullary ratio is normal, and corticomedullary differentiation is preserved. No pyelectasia, nephrolithiasis, or hydronephrosis is identified. Color Doppler demonstrates a normal vascular pattern.

The right kidney measures 6.23×3.25 cm in the sagittal plane, with a cortical thickness of 0.52 cm. The cortex is isoechoic relative to the liver. The corticomedullary ratio is normal, and corticomedullary differentiation is preserved. No pyelectasia, nephrolithiasis, or hydronephrosis is identified. Color Doppler demonstrates a normal vascular pattern.

Adrenal Glands

The left adrenal gland measures 1.00 cm at the cranial pole and 0.98 cm at the caudal pole. Two small cystic structures measuring approximately 2.5 mm are noted at the caudal pole.

The right adrenal gland measures 0.90 cm at the cranial pole and 0.72 cm at the caudal pole.

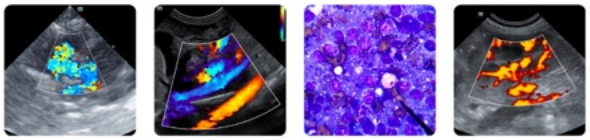
Both adrenal glands are increased in size, more prominently the left.

Spleen

Splenic thickness measures 1.44 cm. The parenchyma is homogeneous with normal echogenicity. No focal lesions are identified.

Liver

Most hepatic lobes appear subjectively normal. The parenchyma is uniform and isoechoic relative to the falciform fat. However, there is marked lobar enlargement of the caudate process of the caudate lobe. The affected region demonstrates preserved overall hepatic architecture with coarse echotexture but without focal heterogeneous mass, cavitation, capsular disruption, or vascular distortion. No hepatic lymphadenopathy is observed.



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The gallbladder is normally distended. The wall is thin. There is abundant biliary sludge with a partially more echogenic component; however, no distal acoustic shadowing is present. No dilation of the cystic duct or common bile duct is identified.

Gastrointestinal

The stomach is empty and folded. Gastric wall thickness measures 2.32 mm with preserved layering. The pylorus measures 3.67 mm.

The duodenum measures 4.03 mm. The jejunum measures 3.80 mm. Wall layering is preserved throughout evaluated segments. No ultrasonographic evidence of inflammation, obstruction, ileus, or intraluminal foreign material is identified.

For a dog of this size, small intestinal thickness up to approximately 4–5 mm may be considered within normal limits. No muscularis hypertrophy or mural architectural loss is identified.

The colon measures 1.06 mm with formed feces present.

Pancreas

The right pancreatic lobe measures 9.3 mm in thickness. No peripancreatic fat inflammation or focal mass is identified.

For dogs, pancreatic thickness may range from approximately 6–10 mm depending on size and body condition. In the absence of inflammatory fat changes, this measurement is within expected limits.

Peritoneal Cavity

No abdominal effusion or peritonitis is observed. Abdominal lymph nodes are not visualized. The iliac trifurcation is normal.

ULTRASONOGRAPHIC FINDINGS

- Bilateral adrenal enlargement.
- Marked enlargement of the caudate process with preserved architecture.
- Abundant biliary sludge.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The constellation of findings is suggestive of pituitary-dependent hyperadrenocorticism with secondary vacuolar hepatopathy. Bilateral adrenal enlargement in conjunction with marked elevation of ALP may support endogenous cortisol excess.

The cranial abdominal soft tissue opacity identified radiographically corresponds ultrasonographically to marked enlargement of the caudate process of the caudate lobe. There is no ultrasonographic

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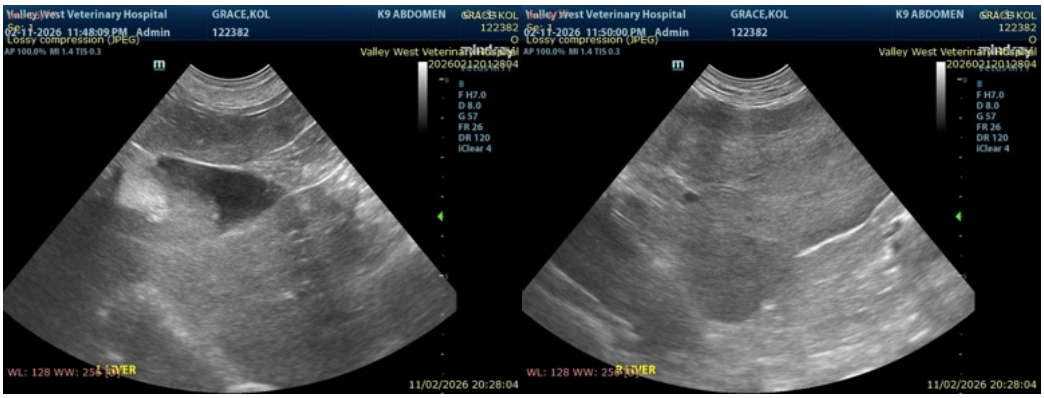
evidence of a discrete aggressive hepatic mass, vascular invasion, or regional lymphadenopathy. The disproportionate enlargement of the caudate process most likely reflects regional accentuation of diffuse steroid-induced hepatocellular change and/or regional lobar hiperplasia rather than a focal primary hepatic neoplasm.

Abundant biliary sludge is likely secondary to altered bile composition and decreased gallbladder motility associated with endocrine hepatopathy. No ultrasonographic evidence of obstructive or inflammatory biliary disease is identified at this time.

Recommendations

- Endocrine testing is recommended as the next diagnostic step to confirm or exclude hyperadrenocorticism.
- Ultrasound-guided hepatic biopsy may be considered at the clinician's discretion to definitively characterize the hepatic changes. Although the imaging appearance no es la tipica de neoplasia hepatica, diffuse infiltrative or early neoplastic processes cannot be excluded with absolute certainty based on ultrasonography alone.
- Periodic monitoring of liver enzyme activity and follow-up abdominal ultrasonography are recommended to assess progression or stability of the hepatic changes.



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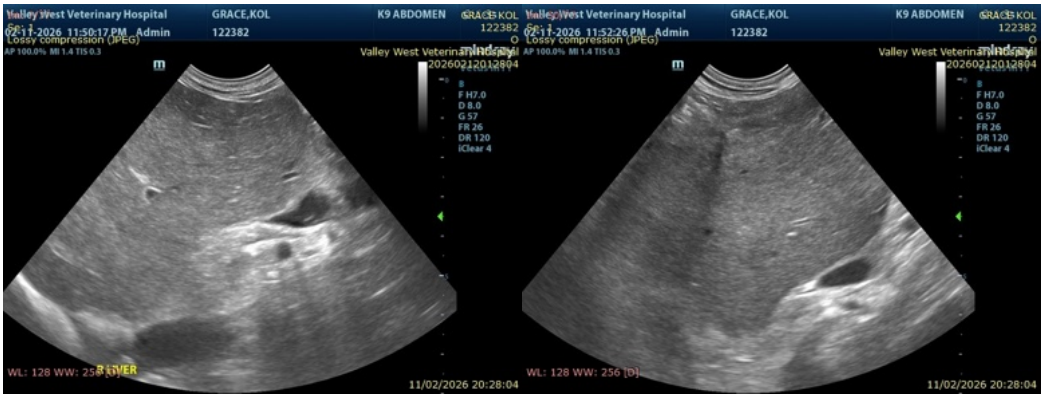

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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