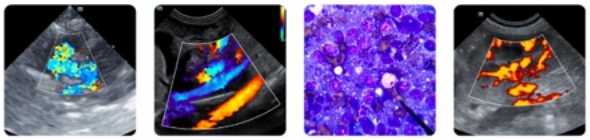


PATIENT

Kali Navarro

SPECIES

Canine

BREED

Mix

SEX

Spayed female

AGE

11 years

WEIGHT

19.2 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Dr. Julia Weiderholt

HOSPITAL NAME

Dreaming Summit AH

REFERRING VET

Dr. Weiderholt

INVOICE

72009

DATE

2/26/26

PRESENTING CLINICAL SIGNS

- Chronic history of mildly elevated liver values for several years managed with Denamarin but further work up not pursued due to lack of clinical symptoms. Over the past few weeks patient has had notable polyuria/polydipsia. Liver values have increased significantly since last checked.
- 2/13/2026 labs – CBC: unremarkable. Chemistry: ALT 254 (H), ALP 2709 (H), remainder unremarkable. 2/20/26 LDDS – resting cortisol 8.6 (H), 4 hour 0.3, 8 hour < 0.2. Not supportive of hyperadrenocorticism.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder lumen is normally distended, and the wall of the urinary bladder appears thin and smooth. The urine is anechoic. Normal appearance of the bladder neck and proximal urethra. There are no calculi and no evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size: 4.81 x 2.74 cm, and the thickness of the cortex is 0.51 cm, in the sagittal plane.

The right kidney is normal in shape and size: 4.68 x 2.47 cm, and the thickness of the cortex is 0.50 cm, in the sagittal plane.

Both kidneys: The cortex is isoechoic compared to the liver parenchyma. There is a subtle, diffuse, finely stippled hyperechoic pattern throughout the renal cortices, suggestive of mild nephrocalcinosis or mineral deposition. The corticomedullary ratio is normal, and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

Adrenal Glands

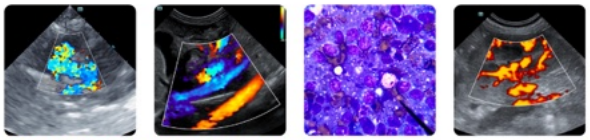
Both adrenal glands show normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane (maximum of three measurements obtained): The left adrenal gland measures 0.62 cm at the cranial pole and 0.66 cm at the caudal pole. The right adrenal gland measures 0.53 cm at the caudal pole. The cranial pole is incompletely visualized but measures approximately 0.54 cm.

Spleen

Splenic thickness is 0.96 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 sharp edges and a regular contour. The hepatic parenchyma appears homogeneous and isoechoic relative to the falciform fat, with normal echotexture. No hepatic lymphadenopathy is observed.



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The gallbladder lumen is normally distended. The wall demonstrates changes consistent with mucosal (cystic) gland hyperplasia. The contents are primarily anechoic with a small amount of biliary sludge. No dilation of the cystic duct or common bile duct is identified.

Gastrointestinal

The stomach is empty and folded, with mural thickness (1.87 mm) and preserved wall layering. The pylorus measures 3.58 mm.

Duodenum: 2.07 mm. Jejunum: 2.82 mm, with preserved wall layering. No signs of inflammation, ileus, or foreign material are identified.

Colon: 0.61 mm, with formed feces in the descending segment.

Pancreas

The evaluated pancreatic regions do not show ultrasonographic evidence of overt inflammation.

Peritoneal Cavity

No sonographic evidence of abdominal effusion, peritonitis, or lymphadenomegaly is identified. The iliac trifurcation appears normal.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS

- Gallbladder mucosal gland hyperplasia with mild sludge.

SECONDARY FINDINGS

- Subtle bilateral renal cortical mineralization.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Marked elevation of ALP with concurrent polyuria/polydipsia raises concern for hepatobiliary or endocrine disease. However, the liver appears normal in size and echotexture, without nodular change or biliary obstruction. The gallbladder demonstrates mucosal gland hyperplasia with mild sludge, which can be associated with chronic steroid exposure, endocrine disease, or age-related change. No sonographic evidence of extrahepatic biliary obstruction is identified.

Both adrenal glands are within expected size limits for a dog of this size. The recent LDDS showing appropriate cortisol suppression is not supportive of hyperadrenocorticism.

The subtle bilateral renal cortical mineralization is most consistent with mild nephrocalcinosis and may be incidental or metabolic in origin.

Overall, there is no sonographic evidence of hepatic mass, biliary obstruction, or adrenal enlargement. The marked ALP elevation is most consistent with:

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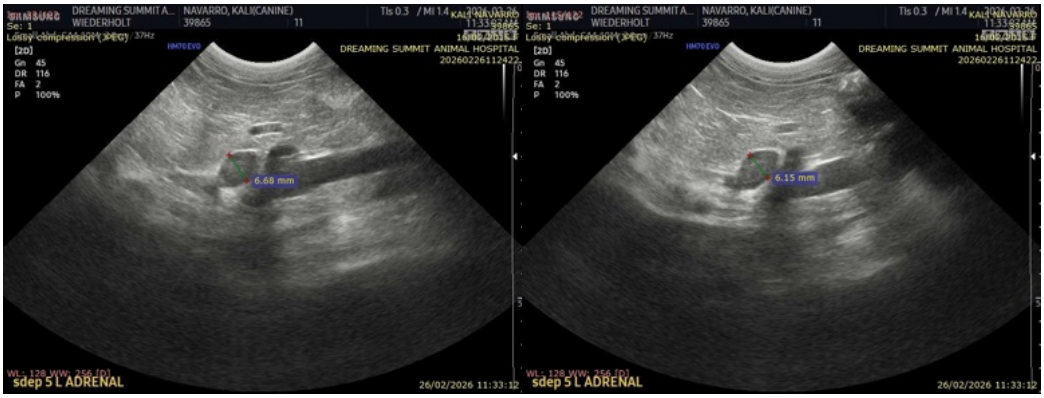
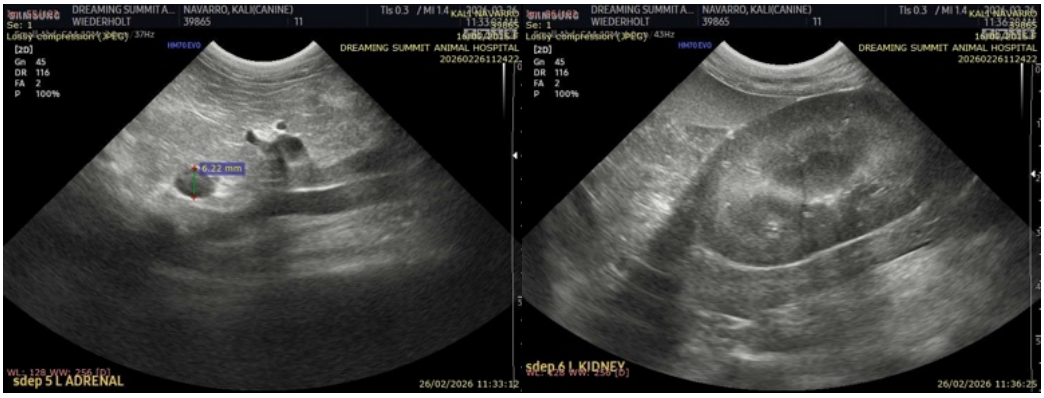
- Vacuolar hepatopathy / steroid hepatopathy.
- Enzyme induction.
- Less likely, early endocrinopathy not currently supported by testing.

Recommendations

- Initiate or continue hepatoprotective therapy.
- Consider medical management for the gallbladder (ursodeoxycholic acid) if clinically appropriate and no evidence of biliary obstruction is present.
- Recheck liver enzymes to assess trend and response to therapy.
- If liver enzymes continue to rise, clinical signs worsen, or new abnormalities develop, further evaluation (including bile acids testing or liver sampling) may be considered.





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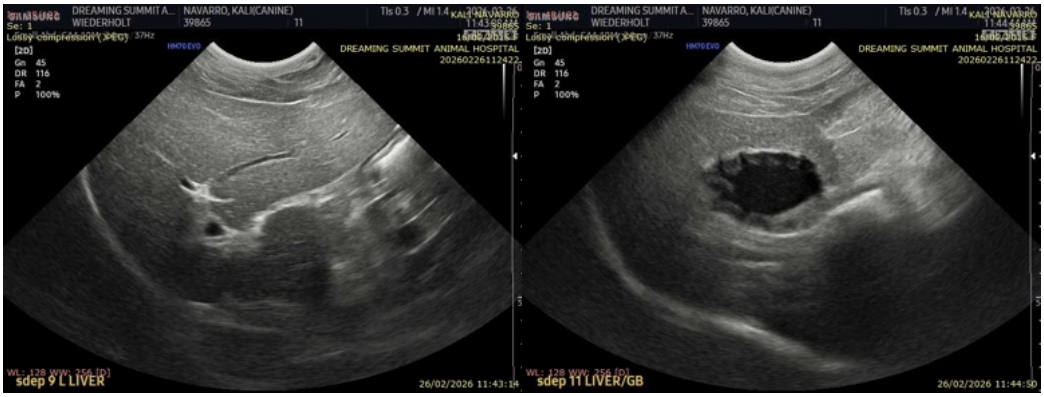

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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