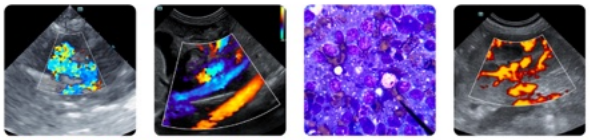


PATIENT

Roscoe Mikeska

SPECIES

Canine

BREED

Labrador Cross

SEX

Neutered male

AGE

6 years

WEIGHT

46.7 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Amanda Favis

HOSPITAL NAME

Ruidoso AC

REFERRING VET

Dr. Favis

INVOICE

72043

DATE

2/27/26

PRESENTING CLINICAL SIGNS

- Mild increase in thirst
- Markedly elevated ALP on routine bloodwork

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder lumen is not adequately distended, and the wall of the urinary bladder measures 3.49 mm and appears smooth. Due to underdistension, wall measurement may be overestimated. The urine is predominantly anechoic with scant suspended echoes. 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: 5.96 x 2.62 cm, and the thickness of the cortex is 0.51 cm in the sagittal plane. The cortex is isoechogenic compared to the liver parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths, or hydronephrosis. Doppler color shows a normal vascular pattern.

The right kidney is normal in shape and size: 5.57 x 2.77 cm, and the thickness of the cortex is 0.49 cm in the sagittal plane. The cortex is isoechogenic compared to the liver parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths, or hydronephrosis. Doppler color shows a normal vascular pattern.

Adrenal Glands

Dorsoventral diameters measured in the sagittal plane (maximum of three measurements obtained): The left adrenal gland measures 0.55 cm at the cranial pole and 0.73 cm at the caudal pole. The right adrenal gland measures 0.66 cm at the cranial pole and 0.55 cm at the caudal pole.

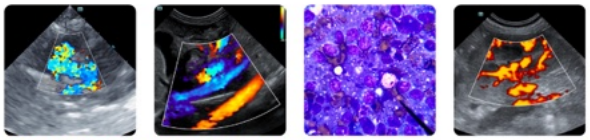
Spleen

Splenic thickness is 2.23 cm. In some views, the splenic parenchyma demonstrates mild diffuse heterogeneity with a subtly mottled echotexture. The splenic capsule is smooth and regular. Splenic vasculature appears normal.

Liver

The liver is subjectively normal in size, with sharp edges and a regular contour. The liver parenchyma appears uniform and isoechoic 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.



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Gastrointestinal

The stomach is partially distended with residual ingesta, with mural thickness (2.26 mm) and preserved wall layering. The pylorus (measurement not recorded). Duodenum: 3.71 mm. Jejunum: 3.24 mm, with normal wall layering. The intestines demonstrate a mucosal pattern with increased peristalsis, consistent with postprandial changes or incomplete fasting; clinical correlation is recommended.

Colon: 1.15 mm, with formed feces in the lumen.

Pancreas

The evaluated pancreatic areas do not show evidence of overt inflammation.

Peritoneal Cavity

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

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS

- Left adrenal gland caudal pole dorsoventral measurement slightly above commonly cited upper reference values for large-breed dogs. Remaining adrenal measurements are within upper reference limits.

SECONDARY FINDINGS

- Mild diffuse splenic mottled heterogeneity without discrete mass formation.
- Small amount of biliary sludge within the gallbladder lumen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver is normal in size, contour, and echotexture, and there is no ultrasonographic evidence of biliary obstruction or focal hepatic lesions. In the context of markedly elevated ALP, the absence of ultrasonographic hepatic abnormalities suggests that the enzyme elevation may reflect functional or biochemical cholestasis rather than structural hepatic disease. Ultrasound cannot exclude microscopic hepatocellular processes.

Adrenal gland measurements are within upper reference limits for a large-breed dog, with the left caudal pole measuring 0.73 cm (upper reference approximately 0.70 cm). This borderline measurement does not support the presence of a functional adrenal tumor, making adrenal-dependent hyperadrenocorticism unlikely. However, normal or high-normal adrenal size does not exclude early or pituitary-dependent hyperadrenocorticism, and endocrine testing would be required if clinical suspicion persists.

The splenic parenchyma demonstrates mild diffuse mottled heterogeneity without discrete mass formation. This pattern is most commonly associated with reactive lymphoid hyperplasia in adult dogs and is considered a nonspecific finding in the absence of focal lesions or splenomegaly.

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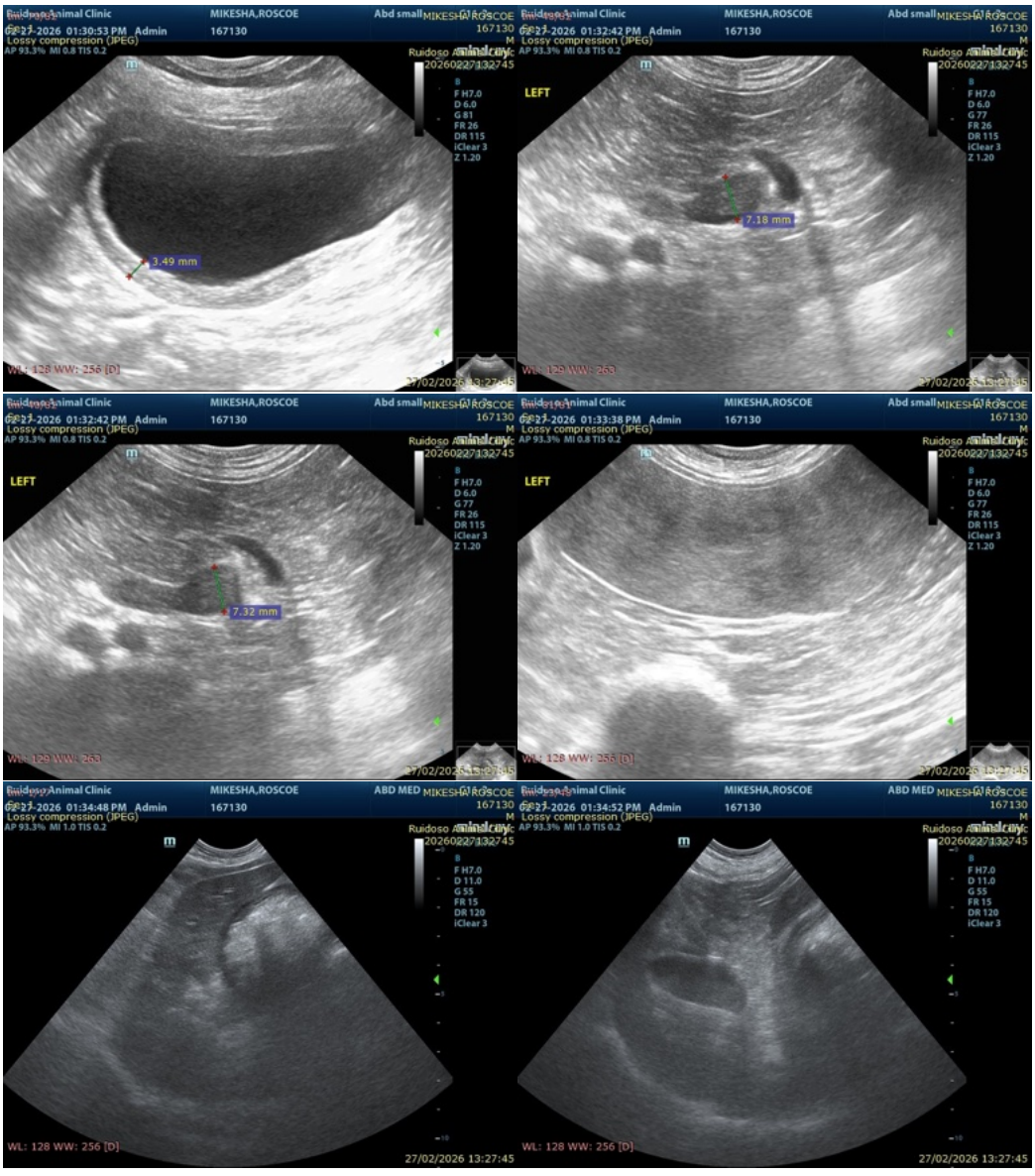
Recommendations

- Correlate with full biochemical profile including cholesterol, glucose, and urine specific gravity.
- Endocrine testing is recommended if hyperadrenocorticism is suspected.
- Monitor ALP trend with repeat serum biochemistry in 4–8 weeks.



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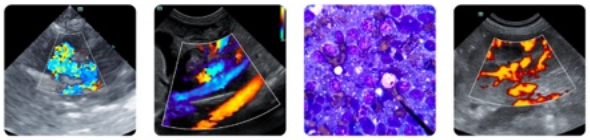

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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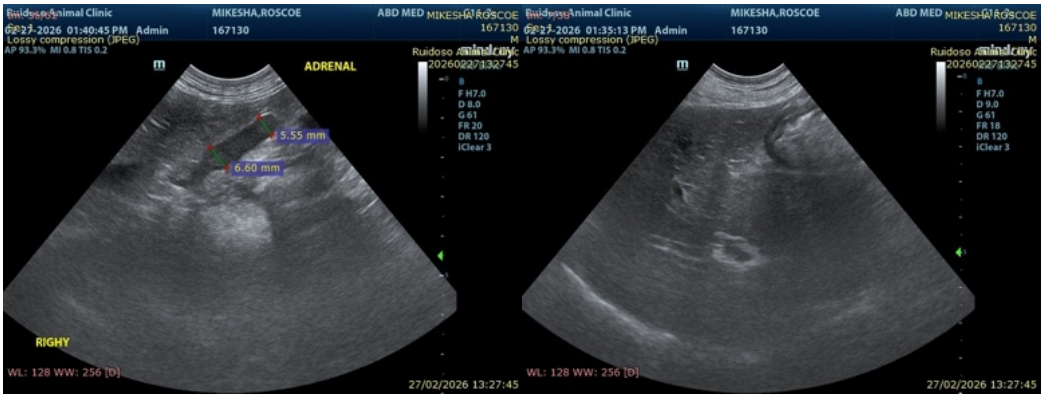

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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