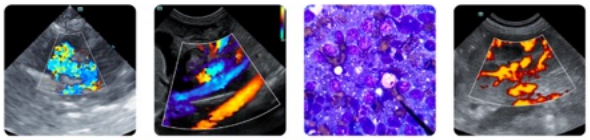


PATIENT

Trigger Caudle

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Neutered male

AGE

12 years

WEIGHT

17 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Jonathan Moss

HOSPITAL NAME

Harvest Hills VH

REFERRING VET

Dr. Moss

INVOICE

72036

DATE

2/27/26

PRESENTING CLINICAL SIGNS

- pt presented for dental but prean BW showed significant increase in ALP and ALT so rec'd working up liver and delayed dental
- History of urinary issues-O reports has never been fully house broken but has urinating large amount and all over, more recently.
- previous BW was suspicious of Cushing's
- BCS-8/9 BW attached

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is markedly distended. The bladder wall is thin and smooth. The intraluminal contents are anechoic. The bladder neck and proximal urethra appear normal. No uroliths are identified, and there is no sonographic evidence of cystitis or mural neoplasia.

Left Kidney:
Normal in size and shape, measuring 4.27×2.65 cm in the sagittal plane. Cortical thickness measures 0.50 cm.

Right Kidney:
Normal in size and shape, measuring 4.49×2.69 cm in the sagittal plane. Cortical thickness measures 0.57 cm.

Both kidneys demonstrate mildly increased cortical echogenicity. Small, scattered cortical cysts are present bilaterally. The corticomedullary ratio is normal, and corticomedullary distinction is preserved. No evidence of pyelectasia, nephrolithiasis, or hydronephrosis is identified.

Adrenal Glands

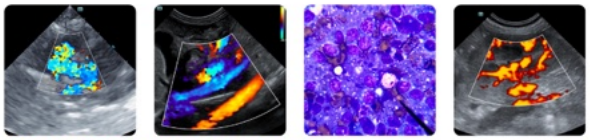
Dorsoventral diameters measured in the sagittal plane:

- Left adrenal gland: 0.59 cm (cranial pole) 0.62 cm (caudal pole).
- Right adrenal gland: 0.55 cm (cranial pole) 0.56 cm (caudal pole).

Dorsoventral diameters correspond to the maximum measurements obtained from two separate acquisitions.

Spleen

Splenic thickness measures 0.89 cm. The splenic parenchyma demonstrates normal echogenicity and a fine, homogeneous echotexture without focal abnormalities. The splenic capsule is smooth and regular.



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Liver

The liver is subjectively normal in size, with sharp margins and a regular contour. The hepatic parenchyma is homogeneous with preserved echogenicity, although there is mild diffuse increased attenuation of the ultrasound beam, which may be consistent with early hepatocellular vacuolar change. No hepatic lymphadenopathy is identified.

The gallbladder lumen is normally distended. The wall appears mildly irregular, possibly consistent with very early mucosal gland hyperplasia. The lumen contains a mild to moderate amount of biliary sludge. No dilation of the cystic duct or common bile duct is observed.

Gastrointestinal

The stomach is empty and folded, with preserved wall layering and normal mural thickness (2.23 mm).

Pylorus: 3.61 mm, Duodenum: 2.84 mm, Jejunum: 2.99–3.09 mm. All evaluated segments demonstrate normal wall layering. No sonographic evidence of inflammation, ileus, or foreign material is identified.

Colon wall thickness measures 0.59 cm (verify units; if mm adjust accordingly) and contains formed fecal material within the descending colon.

Pancreas

The visualized portions of the pancreas show no sonographic evidence of inflammation or structural abnormality.

Peritoneal Cavity

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

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS

- Subtle bilateral rounding of the adrenal gland contour, with dorsoventral diameters remaining within reference limits.
- Diffuse increase in hepatic ultrasound attenuation, without focal lesions or marked architectural distortion.
- Moderate biliary sludge accumulation with slight irregularity of the gallbladder wall contour.

SECONDARY FINDINGS

- Bilaterally increased renal cortical echogenicity with small, scattered cortical cystic changes.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Both kidneys are normal in size and maintain preserved corticomedullary definition. Mildly increased cortical echogenicity with the presence of small, scattered cortical cysts is noted bilaterally. These findings are most consistent with age-related or early chronic renal changes. Given the previously documented proteinuria, early chronic renal disease or glomerular involvement cannot be excluded despite the absence of overt structural renal distortion.

Both adrenal glands measure within normal limits in dorsoventral diameter. The contour is subjectively mildly rounded, without focal nodular enlargement or asymmetry. No discrete nodules or asymmetry are identified. It is important to note that normal adrenal size does not exclude functional hyperadrenocorticism in cases of pituitary-dependent disease.

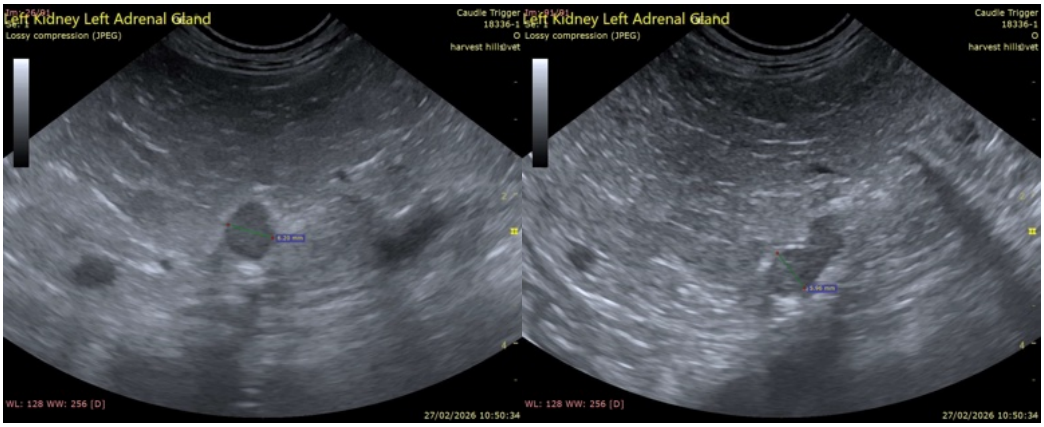
The liver is subjectively normal in size with preserved contour. Mild diffuse increased attenuation of the ultrasound beam is present without focal lesions or biliary obstruction. In conjunction with the markedly elevated ALP and increased ALT previously documented, these findings are most compatible with hepatocellular vacuolar change.

The gallbladder contains mild to moderate biliary sludge, and the wall appears mildly irregular, potentially consistent with very early mucosal gland hyperplasia. No ultrasonographic evidence of biliary obstruction is present. These findings are commonly incidental but may be seen in association with endocrinopathies or chronic hepatobiliary stasis.

Overall, the constellation of findings — including marked and progressive elevation in ALP, mild ALT elevation, dilute urine with proteinuria, obesity, polyuria/polydipsia, and ultrasonographic evidence suggestive of vacuolar hepatopathy — is consistent with suspected hyperadrenocorticism. However, definitive diagnosis requires endocrine testing, as adrenal gland size alone is not diagnostic.

Recommendations

- Further evaluation for hyperadrenocorticism is recommended, given the clinical history and laboratory abnormalities.
- Serial monitoring of liver enzyme activity is advised.
- Given the documented proteinuria, repeat urine protein-to-creatinine ratio measurement is recommended to confirm persistence. Blood pressure measurement is also advised, as systemic hypertension may contribute to renal protein loss.



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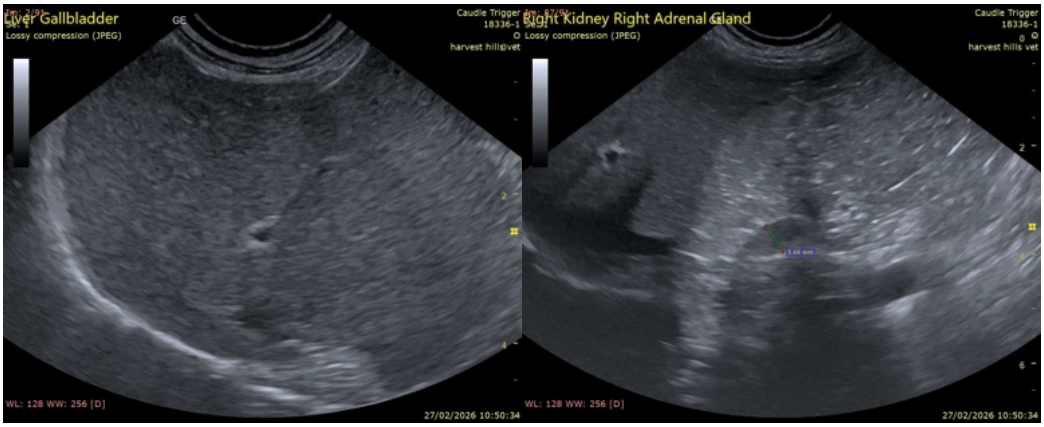

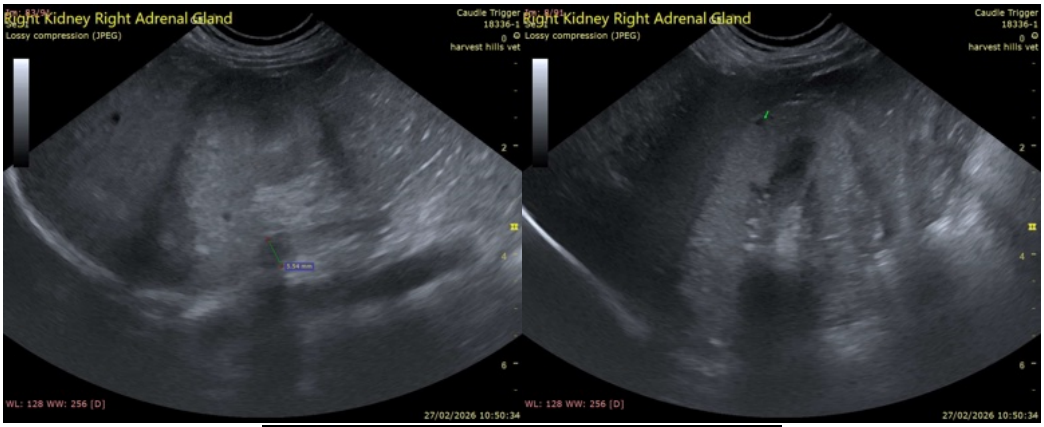

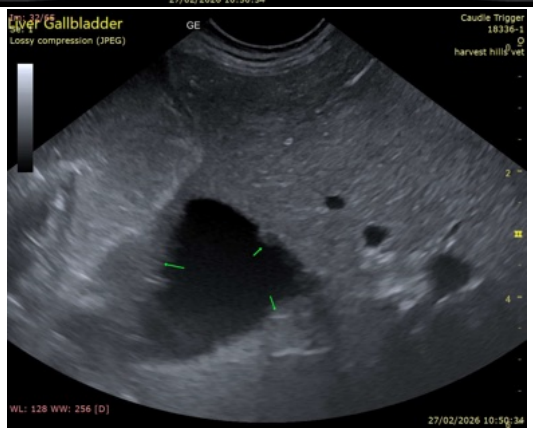

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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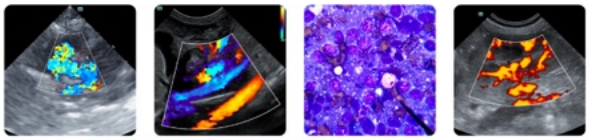

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Educational Teleconsultation Services™

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