



PATIENT

Leo Mulgado

SPECIES

Canine

BREED

Poodle Mix

SEX

Neutered male

AGE

6 years

WEIGHT

21.2 lbs

INTERPRETED BY

Dr. Alicia Angosto
Guerrero

IMAGING PERFORMED BY

Janel Schietzelt, DVM

HOSPITAL NAME

Dreaming Summit AH

REFERRING VET

Dr. Janel Schietzelt

INVOICE

71360

DATE

2/6/26

PRESENTING CLINICAL SIGNS

- Abdominal distension and PU/PD
- Elevated ALP on senior labs (1,038)
- Grade 2-3/4 periodontal disease
- Obese (BCS 8/9)
- Had cervical swelling injury 2 months prior that fully resolved
- Leukocytosis (suspect secondary to cervical injury/swelling- resolved) -ALKP 1,038 -Low-dose dex suppression test (LDDS) not consistent with Cushing's disease -Hyperglobulinemia (4.5), total proteins elevated (8.9) -Urinalysis was recommended- declined by owner

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is normally distended. The urinary bladder wall appears thin and smooth. The urine is anechoic. The bladder neck and proximal urethra are unremarkable. No uroliths or ultrasonographic evidence of inflammatory or neoplastic changes are identified.

The left kidney is normal in shape and size, measuring 4.70×2.49 cm, with a cortical thickness of 0.46 cm in the sagittal plane. The right kidney is normal in shape and size, measuring 4.84×2.57 cm, with a cortical thickness of 0.36 cm in the sagittal plane. The renal cortices appear normal in echogenicity. Corticomedullary ratio and corticomedullary definition are preserved bilaterally. No pyelectasia, nephroliths, or hydronephrosis are observed.

Adrenal Glands

The left adrenal gland is partially visualized in an oblique plane, measuring 0.42 cm dorsoventrally; this measurement may be underestimated due to suboptimal imaging plane. No sagittal views allowing full adrenal assessment are available. The right adrenal gland is not recorded in the available images and cannot be evaluated.

Spleen

Splenic thickness is 1.72 cm. The splenic parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular. Splenic vasculature appears normal.

Liver

The liver is subjectively enlarged. The hepatic parenchyma appears diffusely hyperechoic relative to the falciform fat, with a fine and homogeneous echotexture. No hepatic lymphadenopathy is observed.

The gallbladder lumen is normally distended. The gallbladder wall is thin. A moderate amount of biliary sludge is present. No dilation of the cystic duct or common bile duct is identified.



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Gastrointestinal

The stomach is empty and folded, with preserved wall layering and a mural thickness of 2.77 mm. The duodenum measures 2.78 mm.

The jejunum measures 2.69 mm, with preserved wall layering. No ultrasonographic evidence of gastrointestinal inflammation, ileus, obstructive pattern, or foreign material is identified.

The colon measures 0.99 mm and contains formed feces in the descending segment.

Pancreas

The evaluated portions of the pancreas do not show ultrasonographic evidence of overt inflammation.

Peritoneal Cavity

No abdominal effusion or ultrasonographic evidence of peritonitis is observed. Abdominal lymph nodes appear unremarkable. The iliac trifurcation is normal.

ULTRASONOGRAPHIC FINDINGS

- Diffuse hepatomegaly with increased hepatic echogenicity.
- Moderate biliary sludge.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This abdominal ultrasound demonstrates diffuse hepatomegaly with increased hepatic echogenicity, a pattern most consistent with diffuse hepatocellular vacuolar change.

The gallbladder contains a moderate amount of biliary sludge without evidence of biliary obstruction or gallbladder wall pathology, a common secondary finding in dogs with hepatobiliary or metabolic disease.

Adrenal assessment was limited due to incomplete visualization. The portion of adrenal tissue that was identified appears within normal limits; however, the available images do not allow for a comprehensive evaluation of adrenal morphology. In the context of a negative low-dose dexamethasone suppression test, these hepatic changes are less likely to be secondary to hyperadrenocorticism at this time and may instead reflect non-endocrine causes of vacuolar hepatopathy, including obesity-related metabolic changes.

Recommendations

- Regardless of the underlying etiology, the degree of hepatic change warrants supportive hepatoprotective therapy, as was proposed in the clinical notes.
- In dogs with persistent or progressive clinical signs, repeat testing within 1–3 months or ACTH stimulation testing may be considered, as recommended by current diagnostic guidelines.



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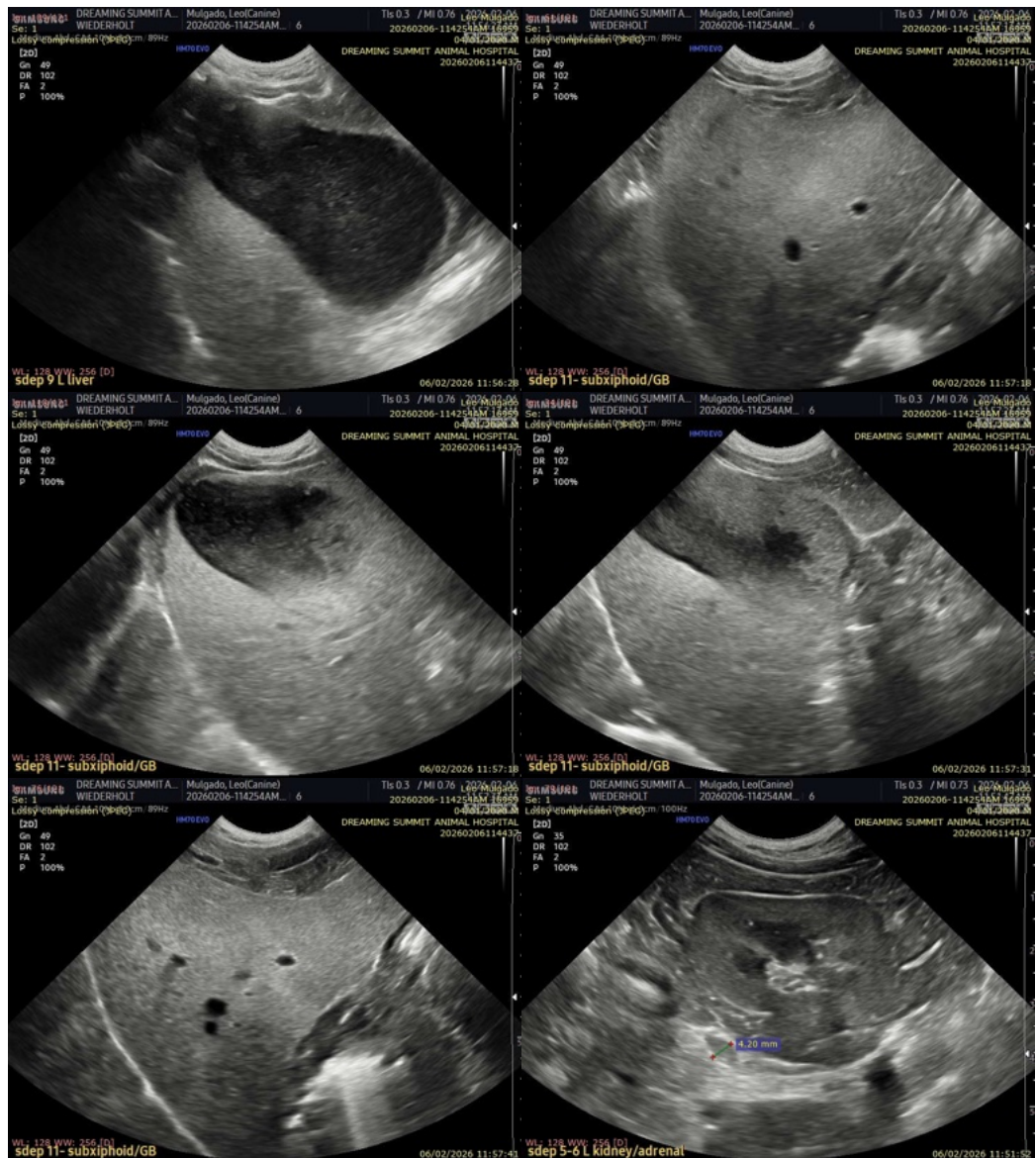
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- Given the clinical context, follow-up ultrasonographic assessment with targeted evaluation of both adrenal glands may be considered. In some patients, particularly those with obesity or increased abdominal fat, complete adrenal visualization can be technically challenging and may require optimized positioning and deeper transducer pressure.
- Dietary and weight management should be considered, as obesity-related metabolic hepatopathy is a plausible contributor to the current findings.



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.



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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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