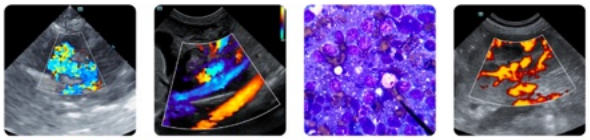


PATIENT

Outlaw Josie Wales Ruggaber

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Neutered male

AGE

12 years

WEIGHT

10.3 kg

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Patrick Hennigan

HOSPITAL NAME

Mattydale AH

REFERRING VET

Dr. Revelle

INVOICE

71220

DATE

2/6/26

PRESENTING CLINICAL SIGNS

- Presented 1/30/26 for PU/PD, increased appetite, panting of 1 month duration, historically obese, chronic skin issues, down 10 oz in 1 month.
- 2/2/26 ALT 236, ALP 363, GGT 21, BUN 42, Phosphorus 6.3, Potassium 5.9, Na/K 26, Cholesterol 540, Triglycerides 1490, PrecisionPSL 415, WBC 22.9, Platelet count 740, Neutrophils 16259, Lymphocytes 5038, Monocytes 1145

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

The left kidney is normal in shape and size, measuring 4.87×2.08 cm, with a cortical thickness of 0.29 cm in the sagittal plane. The right kidney is normal in shape and size, measuring 5.25×2.49 cm. Cortical thickness could not be reliably measured. In both kidneys, the renal cortex is mildly hyperechoic relative to the liver parenchyma. Multiple small cortical cysts measuring approximately 2–3 mm are identified bilaterally. Corticomedullary ratio and corticomedullary definition are preserved. No pyelectasia, nephroliths, or hydronephrosis are observed. Renal Doppler evaluation appears within normal limits.

Adrenal Glands

Both adrenal glands appear subjectively enlarged and rounded. The left adrenal gland measures 1.01 cm at the cranial pole and 0.94 cm at the caudal pole. The right adrenal gland measures 0.89 cm at the cranial pole and 0.91 cm at the caudal pole.

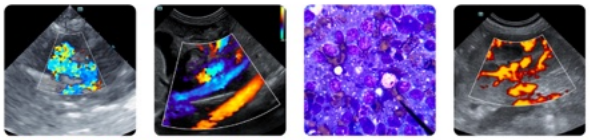
Spleen

Splenic thickness is 1.04 cm. The splenic parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.

Liver

The liver is subjectively increased in size, with sharp edges and a regular contour. The hepatic parenchyma appears uniform and isoechoic relative to the falciform fat. Multiple small hypoechoic foci measuring less than 0.5 cm are identified. No hepatic lymphadenopathy is observed.

The gallbladder is markedly distended and contains organized echogenic sediment. Intramural proliferative changes are noted, consistent with mucinous gland hyperplasia. The overall appearance raises concern for an early or developing gallbladder mucocele (type I–II). 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 2.73 mm. The pylorus measures 6.09 mm and contains fluid.

The duodenum measures 2.74 mm. The jejunum measures 3.51 mm, with preserved wall layering. No ultrasonographic evidence of inflammation, ileus, or foreign material is identified.

The colon measures 0.78 mm.

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 are not visualized. The surrounding mesentery appears unremarkable. The iliac trifurcation is normal.

ULTRASONOGRAPHIC FINDINGS

- Bilaterally enlarged and rounded adrenal glands.
- Hepatomegaly.
- Markedly distended gallbladder with mucinous hyperplasia and organized sediment.
- Mild bilateral renal cortical hyperechogenicity with small cortical cysts.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Both adrenal glands are bilaterally enlarged and subjectively rounded, with measurements exceeding expected limits for a dog of this size. The enlargement is relatively symmetrical, without evidence of focal mass lesions, mineralization, or vascular invasion. This adrenal morphology is most consistent with pituitary-dependent adrenal hyperplasia. In the appropriate clinical and biochemical context, these findings are highly supportive of hyperadrenocorticism.

The liver changes are most consistent with vacuolar hepatopathy secondary to chronic cortisol excess, rather than primary hepatic disease. The small hypoechoic hepatic foci are nonspecific and may represent benign changes such as focal fatty variation or nodular hyperplasia in this context.

The gallbladder demonstrates marked distension with organized sediment and intramural changes compatible with mucinous hyperplasia, raising concern for an early-stage gallbladder mucocele. This finding is commonly associated with hyperadrenocorticism and dyslipidemia and is clinically significant despite the absence of biliary obstruction at this time.

Renal cortical hyperechogenicity with multiple small cortical cysts is compatible with chronic or age-related renal changes, without evidence of obstructive uropathy or acute renal disease.

Recommendations

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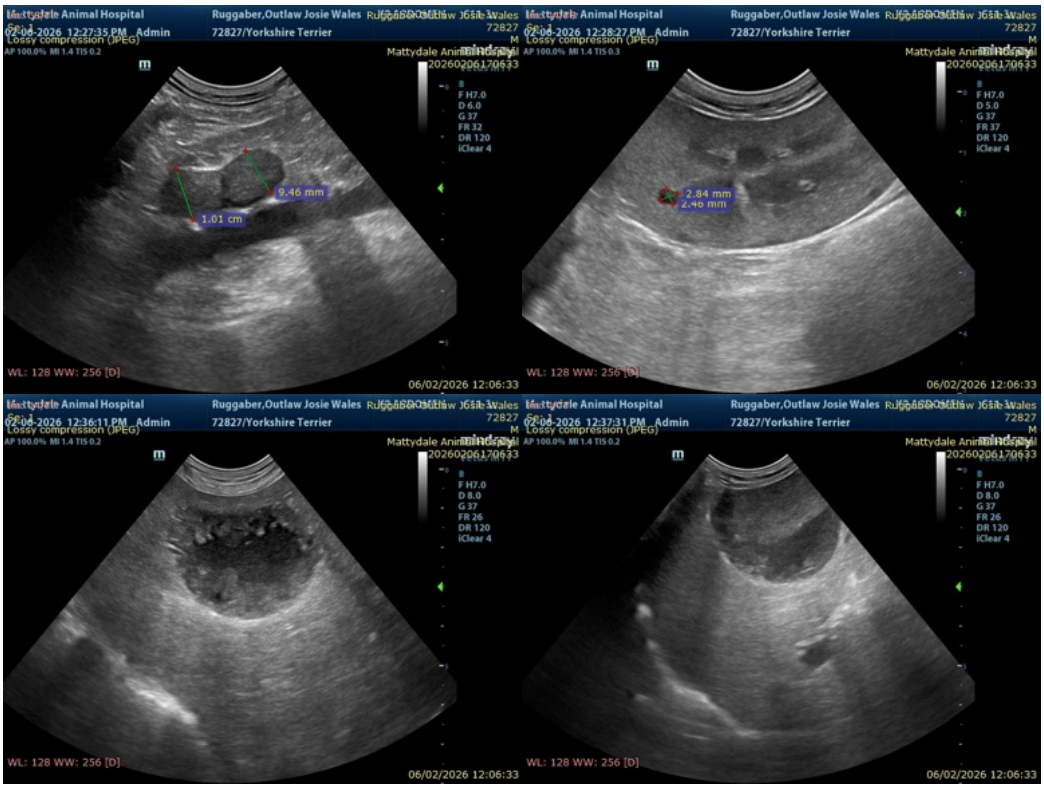
- Definitive endocrine testing for hyperadrenocorticism is strongly recommended (ACTH stimulation test or low-dose dexamethasone suppression test), guided by the attending clinician.
- Close monitoring of the gallbladder is advised, given concern for early mucocele formation.
- Management of dyslipidemia is recommended, as it likely contributes to hepatobiliary and pancreatic enzyme abnormalities.
- Correlation with pancreatic lipase elevation is advised; however, in the absence of ultrasonographic evidence of pancreatitis, clinical monitoring and supportive management may be appropriate.



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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