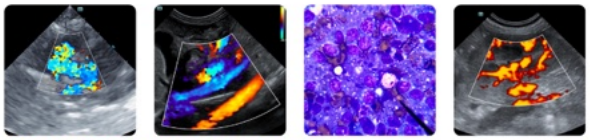


PATIENT

Sara Fleisch

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Spayed female

AGE

8 years

WEIGHT

13.54 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Mayra Sanchez

HOSPITAL NAME

Sunset AH

REFERRING VET

Dr. Sanchez

INVOICE

71371

DATE

2/6/26

PRESENTING CLINICAL SIGNS

- Recent onset of PU/PD
- No v/d/c/s
- Hx of chronic allergic skin disease; on low dose of Apoquel
- PE: pot bellied appearance; palpable organomegaly; severe dental calculus Chem: ALP 1273, ALT 229 UA: specific gravity 1.008, trace protein, trace RBC, rare cocci ACTH stim test: pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is normally distended. The urinary bladder wall is thin and smooth. Urine is anechoic. The bladder neck and proximal urethra have a normal ultrasonographic appearance. No uroliths are identified. There is no ultrasonographic evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size, measuring 3.96×2.72 cm in the sagittal plane. Cortical thickness measures 0.46 cm.

The right kidney is normal in shape and size, measuring 4.20×2.28 cm in the sagittal plane. Cortical thickness measures 0.51 cm.

In both kidneys, the renal cortex has normal echogenicity. The corticomedullary ratio and corticomedullary definition are preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

Adrenal Glands

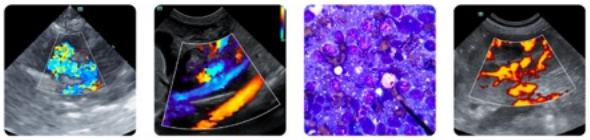
Dorsoventral diameters measured in the sagittal plane: The left adrenal gland measures 0.49 cm at the cranial pole and 0.58 cm at the caudal pole (max. diameter of 3 measurements). The right adrenal gland could not be visualized on the provided images and video clips despite a detailed examination.

Spleen

Splenic thickness measures 0.86 cm. The splenic parenchyma has normal echogenicity and a fine, homogeneous echotexture. No focal splenic lesions are identified. The splenic capsule is smooth and regular.

Liver

The liver is subjectively enlarged. The hepatic parenchyma is uniform and hyperechoic relative to the falciform fat, with a preserved echotexture. Multiple small hypoechoic foci are present, measuring a few millimeters in diameter, with the largest measuring 3.7×6.2 mm. No hepatic lymphadenopathy is observed.



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The gallbladder lumen is normally distended. The gallbladder wall is thin. The gallbladder contents include a mild to moderate amount of biliary sludge. No dilation of the cystic duct or common bile duct is identified.

Gastrointestinal

The stomach contains a small amount of ingesta. Gastric wall thickness measures 1.87 mm, with preserved wall layering.

The duodenum measures 2.84 mm in wall thickness. The jejunum measures between 1.72 and 1.93 mm, with normal wall layering.

No ultrasonographic evidence of mural inflammation, ileus, or foreign material is identified.
The colon measures 0.67 mm in wall thickness and contains formed feces within the descending colon.

Pancreas

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

Peritoneal Cavity

No abdominal effusion or signs of peritonitis are observed. Abdominal lymph nodes are not visualized; the surrounding regions appear unremarkable. The iliac trifurcation is normal.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS

- Hepatomegaly with diffuse increased hepatic echogenicity.
- Multiple small hypoechoic hepatic foci, largest measuring 3.7×6.2 mm
- Mild to moderate biliary sludge.

SECONDARY FINDINGS

- Left adrenal gland measurements at the upper end of normal limits for body size.
- Non-visualization of the right adrenal gland.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The diffuse hyperechoic hepatic parenchyma with preserved echotexture supports hepatocellular vacuolar change. The small hypoechoic hepatic foci are most consistent with benign regenerative nodules or focal areas of altered perfusion, which are commonly observed in dogs with chronic endocrine hepatopathy.

The left adrenal gland measurements are at the expected reference ranges for a small-breed dog. However, unilateral adrenal measurements alone are not diagnostic. The pending ACTH stimulation test will therefore be definitive for diagnostic confirmation and classification.

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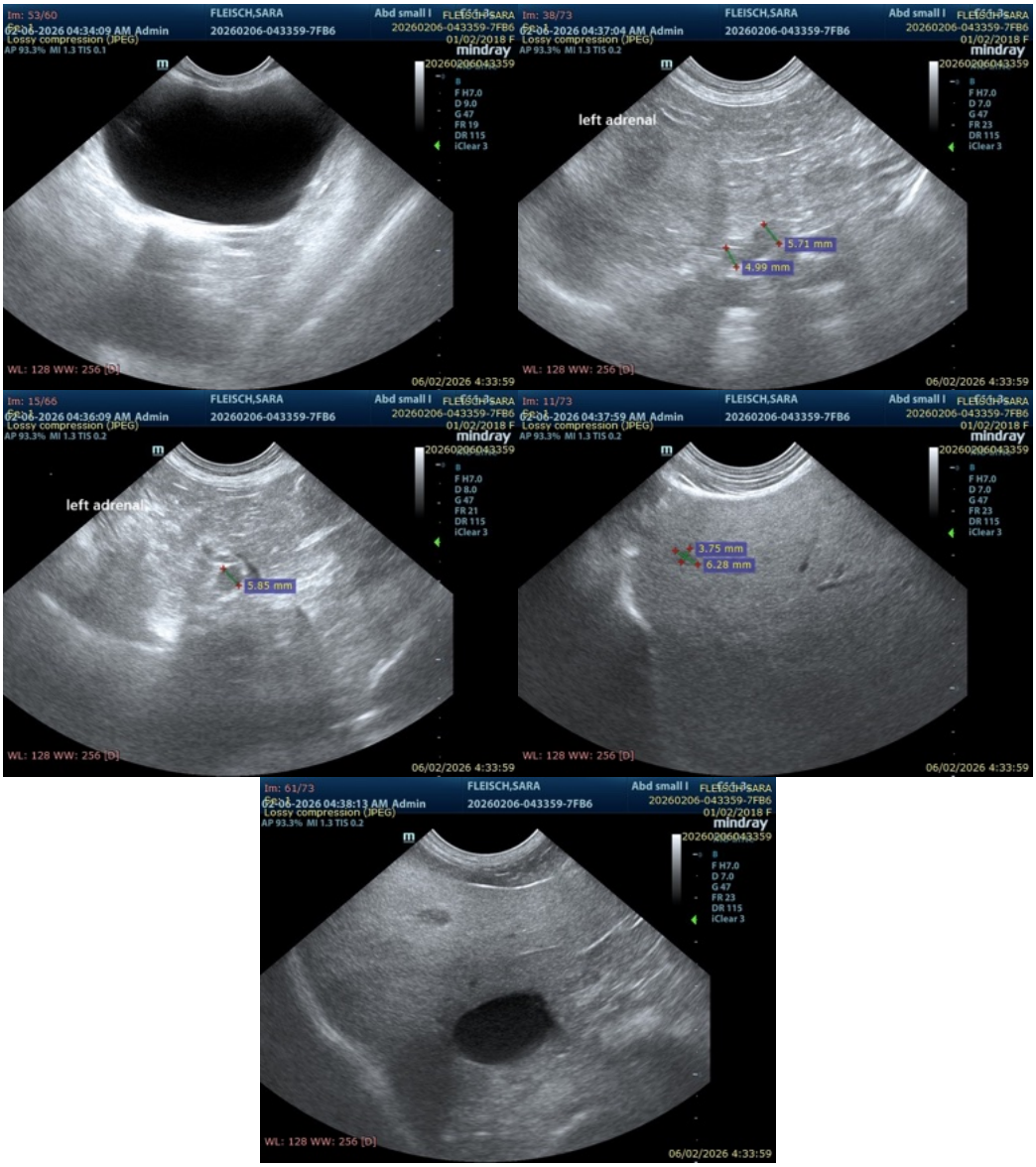
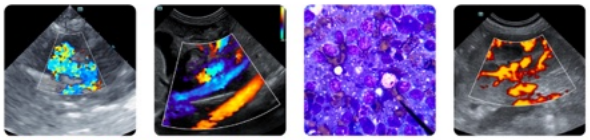
Recommendations

- Interpret ACTH stimulation test results once available to confirm or exclude hyperadrenocorticism and to guide further endocrine workup.
- Monitor hepatic enzyme activity and clinical signs; hepatoprotective therapy may be considered as supportive management, with the understanding that identifying and treating the underlying endocrine disorder remains essential.



The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology



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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