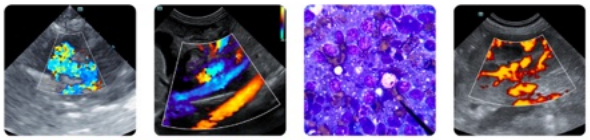


PATIENT

Mattie Young

SPECIES

Canine

BREED

Terrier Mix

SEX

Spayed Female

AGE

13 years

WEIGHT

26.7 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Brittany Biegel

HOSPITAL NAME

Bayside Animal Medical Center

REFERRING VET

Dr. Oliver

INVOICE

71415

DATE

2/9/26

PRESENTING CLINICAL SIGNS

- Elevated liver enzymes (BW attached); bloody D+
- Fasted for US scan
- No sedation

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.

Left kidney:
Normal shape and size, measuring 4.30×2.89 cm in the sagittal plane. Cortical thickness measures 0.56 cm.

Right kidney:
Normal shape and size, measuring 5.94×2.86 cm in the sagittal plane. Cortical thickness measures 0.46 cm.

In both kidneys, the renal cortex has normal echogenicity relative to the liver. The corticomedullary ratio and corticomedullary definition are preserved. Multiple punctate hyperechoic interfaces are identified within the central renal sinus/medullary regions bilaterally, without distal acoustic shadowing. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

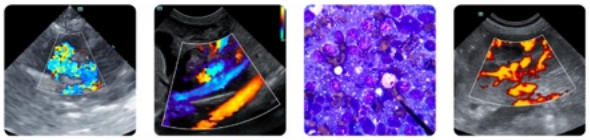
Adrenal Glands

Dorsoventral diameters measured in the sagittal plane at the level of maximum thickness (maximum values from three measurements):

- Left adrenal gland: 0.70 cm (cranial pole) and 0.86 cm (caudal pole).
- Right adrenal gland: 0.94 cm (cranial pole) and 0.68 cm (caudal pole).

Spleen

Splenic thickness measures 1.95 cm. The splenic parenchyma demonstrates normal echogenicity and fine homogeneous echotexture. Several small, well-defined hyperechoic nodules consistent with myelolipomas are present, the largest measuring 0.45×0.61 cm. Additionally, multiple pinpoint hyperechoic foci consistent with splenic mineralization are identified. 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 heterogeneous, with numerous hypoechoic nodules measuring less than 1 cm diffusely distributed throughout the hepatic lobes. Occasional small cystic structures are observed, as well as a single hyperechoic nodule measuring 0.74 cm.

The gallbladder lumen is normally distended. The gallbladder wall is thin, and the contents are predominantly anechoic with a very small amount of biliary sludge. No dilation of the cystic duct or common bile duct is identified.

Gastrointestinal

The stomach is empty and folded. Gastric wall thickness measures 2.94 mm, with preserved wall layering. The pylorus measures 4.21 mm.
The duodenum measures 2.23 mm in wall thickness. The jejunum measures 0.51 mm, with preserved wall layering. No ultrasonographic evidence of inflammation, ileus, or foreign material is identified.
The colon measures 0.10 mm in wall thickness and is largely empty, with few formed feces in the descending segment.

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

- Bilateral adrenal enlargement.
- Diffuse hepatic heterogeneity with multiple small hypoechoic nodules, small cysts, and a solitary hyperechoic nodule.

SECONDARY FINDINGS

- Splenic myelolipomas and splenic mineralization
- Bilateral punctate renal medullary hyperechoic interfaces (mineralization).

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This abdominal ultrasound reveals multisystemic changes that are internally consistent with a chronic endocrine or steroid-induced process.

The liver demonstrates diffuse parenchymal heterogeneity with numerous small hypoechoic nodules, along with occasional cystic structures and a solitary hyperechoic nodule. In the context of marked cholestatic enzyme elevation, hypercholesterolemia, and preserved biliary architecture, this hepatic appearance is most consistent with nodular hyperplasia and steroid-associated hepatopathy.

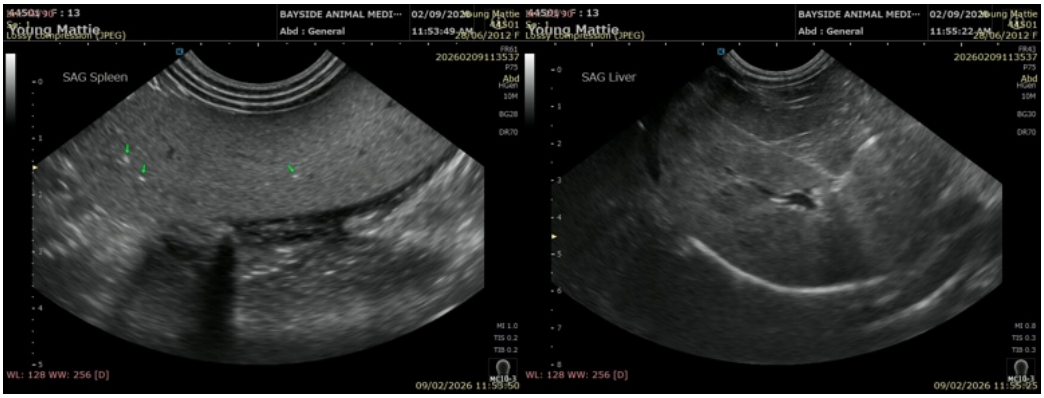
Both adrenal glands are enlarged, exceeding expected reference values for a dog of this size, a pattern most consistent with bilateral adrenal hyperplasia. When integrated with the biochemical profile and the diffuse hepatic changes, these findings are most suggestive of pituitary-dependent hyperadrenocorticism.

Small splenic myelolipomas are identified and are considered incidental findings. In contrast, the presence of splenic mineralization is more specifically associated with chronic steroid exposure or hyperadrenocorticism.

Renal architecture is preserved; however, the presence of punctate hyperechoic interfaces within the renal medullary regions bilaterally is compatible with renal mineralization, which may be incidental or associated with chronic metabolic or endocrine disease. No evidence of obstructive uropathy or acute renal pathology is present.

Recommendations

- Definitive endocrine testing (low-dose dexamethasone suppression test or ACTH stimulation test) is recommended to confirm or exclude hyperadrenocorticism.
- Hepatic support and monitoring may be considered, with follow-up liver enzyme assessment based on clinical evolution.
- If bloody diarrhea persists, pursue medical gastrointestinal management and fecal diagnostics, as no structural intestinal disease is identified ultrasonographically.
- Repeat imaging is not indicated at this time unless new clinical signs or laboratory deterioration develop.



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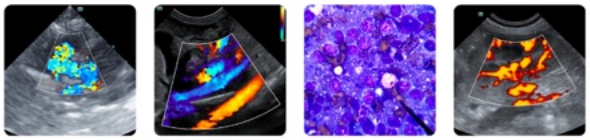

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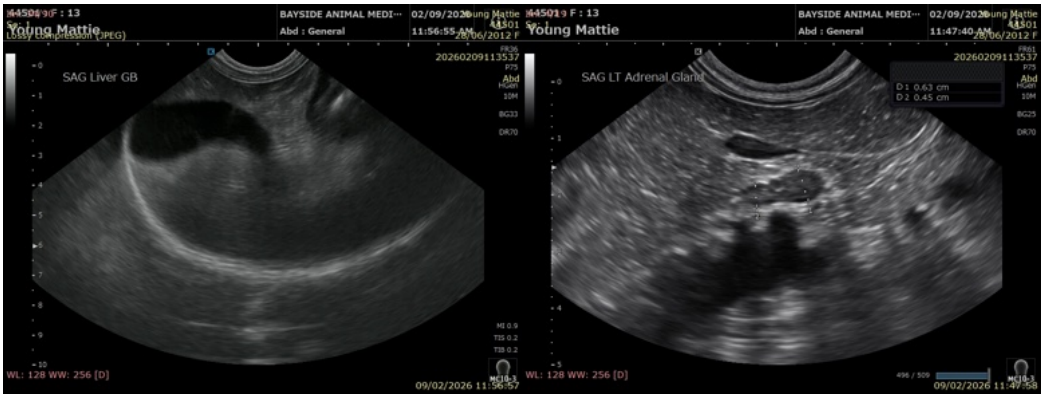

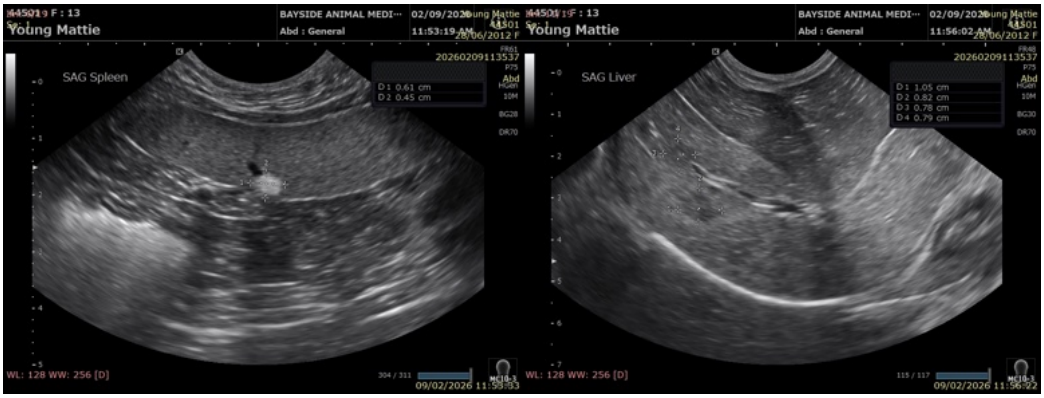

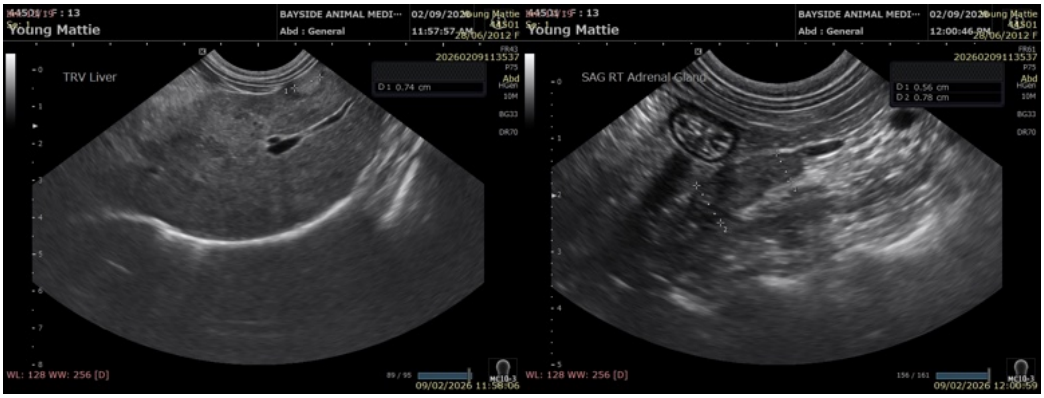

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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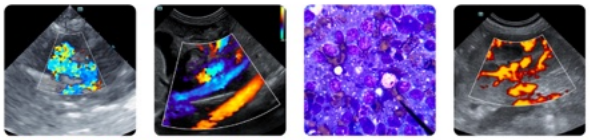

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MV Esp Ultrasound in Domestic and Wild Animals

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