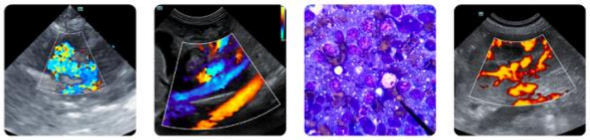


PATIENT

Rusty Norwood

SPECIES

Canine

BREED

Coonhound Mix

SEX

Neutered Male

AGE

9 Years

WEIGHT

80 pounds

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Dr. Mayra Sanchez

HOSPITAL NAME

Sunset Animal Hospital

REFERRING VET

Dr. Mayra Sanchez

INVOICE

14215

DATE

03/10/26

PRESENTING CLINICAL SIGNS

- Patient presented for annual wellness visit - PE showed pendulous abdomen and owner reported increased panting
- Blood work showed elevated liver enzyme elevation

PE: BCS 7/9; pendulous abdomen CBC/chem: ALP 473 Fecal: NPS

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder lumen is poorly distended, and the wall of the urinary bladder appears subjectively thickened; however, due to the marked lack of luminal distension, the bladder wall cannot be reliably evaluated. The small amount of urine present is anechoic.

The left kidney is normal in shape and size: 6.52×3.68 cm, and the thickness of the cortex is 0.73 cm in the sagittal plane. The cortex is isoechoic compared to the liver parenchyma. A small cortical cyst measuring 3.04×3.98 mm is present. The corticomedullary ratio is normal and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths, or hydronephrosis.

The right kidney is normal in shape and size: 6.99×4.01 cm, and the thickness of the cortex is 0.80 cm in the sagittal plane. The cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths, or hydronephrosis.

Adrenal Glands

No images or video clips of the adrenal glands were provided for evaluation.

Spleen

Splenic thickness is 1.68 cm. The parenchyma demonstrates normal echogenicity and a fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.

Liver

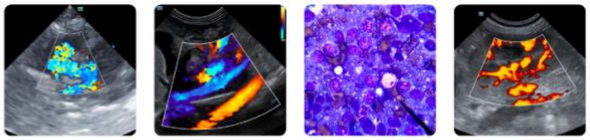
The liver is subjectively mildly enlarged, with a regular contour. The liver parenchyma appears uniform and isoechoic compared to the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is observed.

The gallbladder lumen is normally distended. The wall is thin and the contents are primarily anechoic. No dilation of the cystic duct or common bile duct is observed.

Gastrointestinal

The stomach is empty and folded, with mural thickness (2.88 mm) and preserved wall layering. The pylorus measures 5.48 mm.

Duodenum: 2.85 mm
Jejunum: 2.55–3.30 mm, with normal wall layering.



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No signs of inflammation, ileus, or foreign material are identified.

Colon: 0.94 mm, with formed feces present in the descending segment.

Pancreas

The evaluated pancreatic regions do not show evidence of overt inflammation or neoplastic disease.

Free Abdomen

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

PRIMARY FINDINGS

- Mild subjective hepatomegaly

SECONDARY FINDINGS

- Small incidental left renal cortical cyst (3.04×3.98 mm)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver appears mildly enlarged but maintains normal echogenicity and echotexture. The ultrasonographic appearance does not support vacuolar hepatopathy. However, early or mild stages of steroid hepatopathy may not produce detectable ultrasonographic changes and therefore cannot be completely excluded in the appropriate clinical context. Other causes of increased ALP, including drug induction or mild cholestasis, cannot be excluded based on ultrasonographic findings alone.

Adrenal size and morphology cannot be assessed in this study.

Both kidneys are within normal limits in size and architecture, with preserved corticomedullary distinction. A small left renal cortical cyst is noted and represents a common incidental finding in older dogs, unlikely to be clinically significant.

Recommendations

• Correlation with the patient's clinical signs and laboratory findings is recommended.
• Given the combination of increased ALP, pendulous abdomen, and increased panting, endocrine testing for hyperadrenocorticism may be considered at the discretion of the attending clinician.

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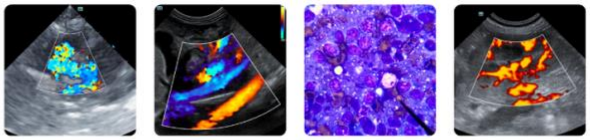

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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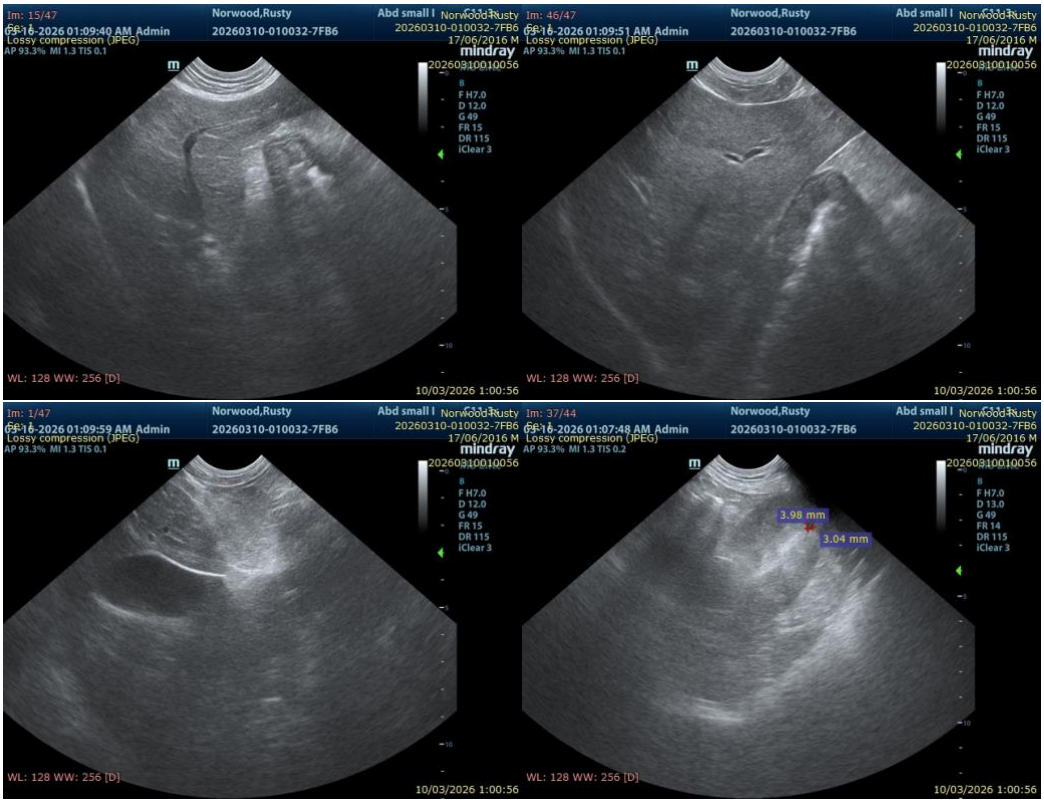

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

info@SonoPath.com