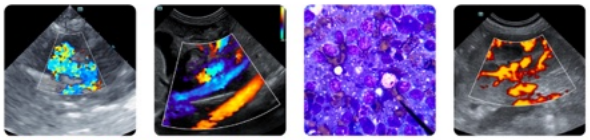


PATIENT

Harry Currie

SPECIES

Canine

BREED

Longhair Dachshund

SEX

Neutered male

AGE

11 years

WEIGHT

21 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Dr. Brooke Cory

HOSPITAL NAME

Cold Lake VC

REFERRING VET

Dr. Loewen

INVOICE

73753

DATE

3/24/26

PRESENTING CLINICAL SIGNS

- Firm distended abdomen
- Seems extreme considering weight and size

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder lumen is moderately distended, and the wall of the urinary bladder appears thin and smooth. The urine is anechoic. Normal appearance of the bladder neck and proximal urethra. There are no calculi and no evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size: 4.60×2.37 cm, and the thickness of the cortex is 0.45 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, nephrolithiasis, or hydronephrosis. Doppler color shows a normal vascular pattern.

The right kidney is normal in shape and size: 4.80×2.90 cm, and the thickness of the cortex is 0.50 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, nephrolithiasis, or hydronephrosis. Doppler color shows a normal vascular pattern.

Adrenal Glands

Both adrenal glands show normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane (maximum of three measurements):

Left adrenal gland: 0.61 cm (cranial pole) and 0.67 cm (caudal pole).

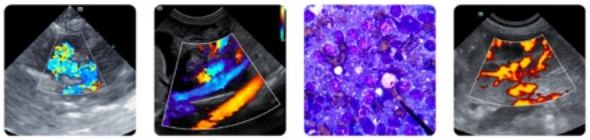
Right adrenal gland: 0.70 cm (cranial pole) and 0.54 cm (caudal pole).

Spleen

Splenic thickness is 1.67 cm. The 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 increased in size, with rounded edges and a regular contour. The parenchyma is uniform and isoechoic compared to the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is observed.



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

Gastrointestinal

The stomach is empty and folded, with mural thickness (2.33 mm) and preserved wall layering. The pylorus measures 3.02 mm.

Duodenum: 2.15 mm. Jejunum: 2.8 mm, with normal wall layering. No signs of inflammation, ileus, or foreign material are identified.

Colon: 1.2 cm, with formed feces in the descending segment.

Pancreas

The evaluated pancreatic regions show no evidence of overt inflammation or neoplastic disease. segment.

Free Abdomen

No sonographic evidence of abdominal effusion, peritonitis, or lymphadenomegaly is identified. The iliac trifurcation is normal.

PRIMARY FINDINGS

- Hepatomegaly with rounded margins.
- Adrenal glands at upper limits of normal to mildly enlarged bilaterally.

SECONDARY FINDINGS

- Mild biliary sludge.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is diffuse hepatomegaly with rounded margins and homogeneous parenchyma. Although no increase in parenchymal echogenicity or acoustic attenuation is identified, endocrine or metabolic hepatopathy (including vacuolar change) may still be considered in the appropriate clinical context, due to the markedly elevated ALP and abdominal distension.

Both adrenal glands are within the upper limits of normal to mildly enlarged (up to 0.70 cm). In a small-breed dog, adrenal thickness approaching or exceeding ~0.6–0.7 cm is considered borderline to mildly increased, and bilateral involvement supports the possibility of pituitary-dependent hyperadrenocorticism. However, adrenal size alone is not diagnostic, and functional testing is required.

No evidence of abdominal effusion, mass lesions, or gastrointestinal disease is identified to explain the

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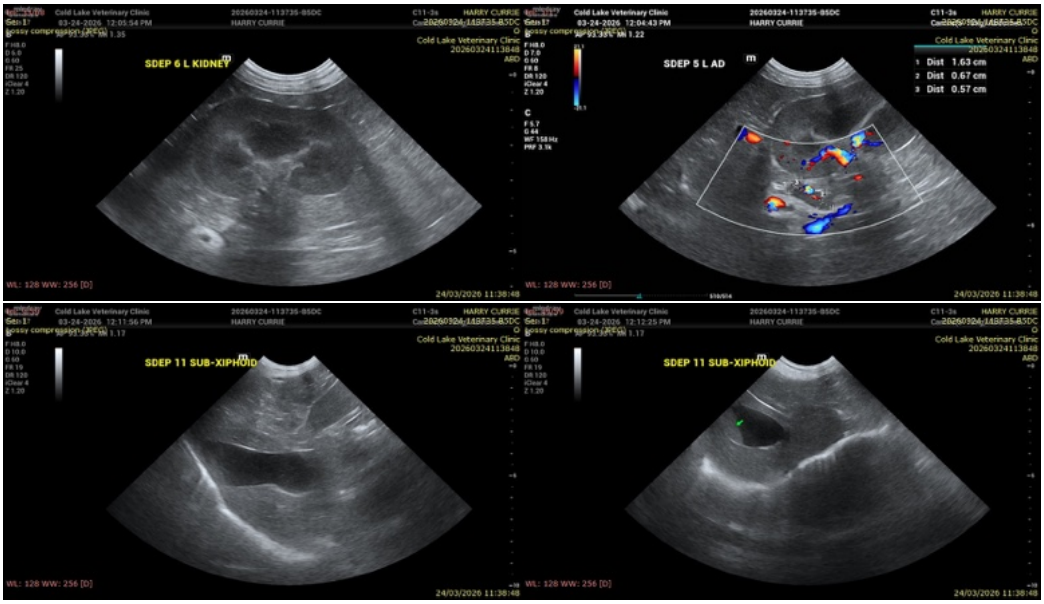
marked abdominal distension, further supporting a metabolic/endocrine cause rather than structural disease.

Recommendations

- Endocrine testing.
- Correlation with clinical signs (Polyuria/polydipsia, panting, muscle wasting, abdominal distension).
- Monitoring hepatobiliary changes:
    - Liver enzymes follow-up.
    - Consider hepatoprotective support if clinically indicated.

Final diagnostic and therapeutic decisions should be made by the attending veterinarian, who can best integrate these findings with the patient's clinical status.



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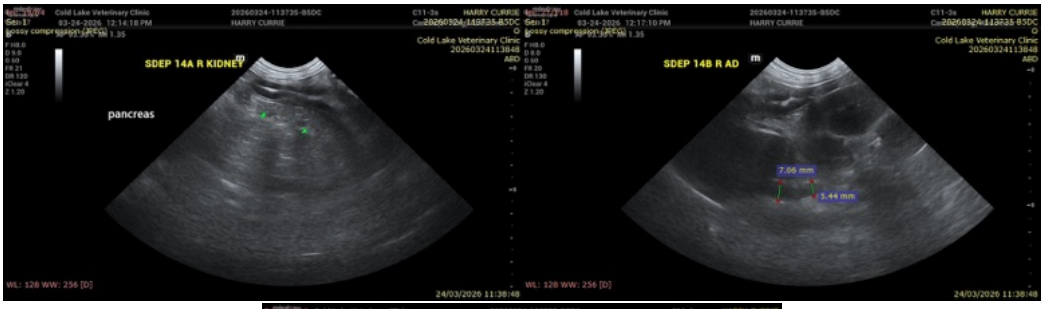

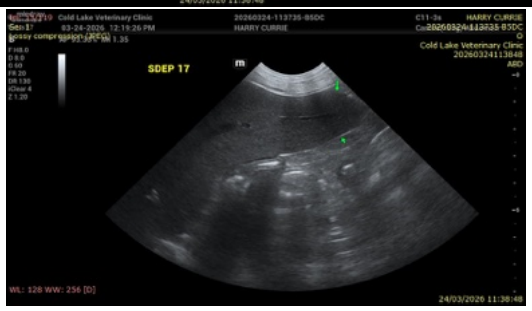

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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