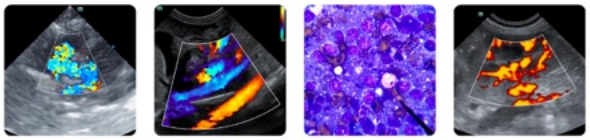


PATIENT

Oscar Romero

SPECIES

Canine

BREED

Boston Terrier

SEX

Intact male

AGE

8 years

WEIGHT

24.7 lb

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Mayra Sanchez

HOSPITAL NAME

Sunset AH

REFERRING VET

Dr. Sanchez

INVOICE

73793

DATE

3/24/26

PRESENTING CLINICAL SIGNS

- Presented for hind limb paresis and ataxia
- Abdomen appears distended/pot-bellied appearance
- Blood work showed elevated liver enzymes
- PE: Hindlimb paresis/IVDD; hepatomegaly; corneal scarring; dental disease; heart murmur 3/6; allergic dermatitis CBC: Neu 12.2 Chem: ALT 238, ALP 182, Phos 6.7 Radiographs: marked hepatomegaly, spondylosis deformans, vertebral malformations ACTH stim test: pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is normally distended. The wall appears thin and smooth. The urine is predominantly turbid with abundant suspended echoes. The bladder neck and proximal urethra appear normal. No calculi or sonographic evidence of inflammatory or neoplastic changes are identified.

The left kidney is normal in shape and size, measuring 5.08×2.97 cm. Cortical thickness is 0.53 cm in the sagittal plane. The cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio and definition are preserved. No evidence of pyelectasia, nephrolithiasis, or hydronephrosis is identified.

The right kidney is normal in shape and size, measuring 5.01×3.24 cm. Cortical thickness was not measured in the sagittal plane. The cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio and definition are preserved. No evidence of pyelectasia, nephrolithiasis, or hydronephrosis is identified.

Prostate

The prostate measures 2.32×1.53 cm. It is homogeneous and hypoechoic, compatible with prostatic atrophy.

Adrenal Glands

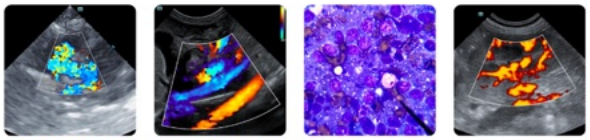
Dorsoventral diameters measured in the sagittal plane: The left adrenal gland measures 0.90 cm at the cranial pole and 1.04 cm at the caudal pole. The right adrenal gland measures 0.78 cm at the cranial pole and 1.07 cm at the caudal pole.

Spleen

Splenic thickness is 0.89 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.

Liver

The liver is subjectively enlarged, with sharp margins and regular contour. The parenchyma is heterogeneous, with a relatively large hyperechoic region within one lobe that does not have the



PATIENT

Oscar Romero

SPECIES

Canine

BREED

Boston Terrier

SEX

Intact male

AGE

8 years

WEIGHT

24.7 lb

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Mayra Sanchez

HOSPITAL NAME

Sunset AH

REFERRING VET

Dr. Sanchez

INVOICE

73793

DATE

3/24/26

appearance of a discrete mass, but rather represents a regional change in echogenicity. No hepatic lymphadenopathy is identified.

The gallbladder is normally distended. The wall is thin. The contents are predominantly 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 a wall thickness of 3.68 mm and preserved layering. The pylorus measures 6.05 mm.

The duodenum measures 3.34 mm. The jejunum measures 3.27 mm. Wall layering is preserved.

No evidence of inflammation, ileus, or intraluminal foreign material is identified.

The colon measures 1.52 mm and contains formed feces in the descending segment.

Pancreas

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

Free Abdomen

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

PRIMARY FINDINGS

- Hepatomegaly. Heterogeneous hepatic parenchyma with regional hyperechoic change.
- Bilaterally enlarged adrenal glands.

SECONDARY FINDINGS

- Urinary sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Hepatomegaly with heterogeneous parenchyma and a regional, non–mass-like hyperechoic change is most consistent with diffuse or regional hepatopathy, with vacuolar hepatopathy (steroid hepatopathy) being a primary consideration given the clinical context (pot-bellied appearance, elevated liver enzymes). However, the regional nature of the change introduces some variability, and less likely differentials such as focal fatty change or other diffuse hepatopathies cannot be completely excluded. Both adrenal glands are enlarged with preserved shape and symmetry. This pattern is compatible with adrenal hyperplasia, which may be seen with pituitary-dependent hyperadrenocorticism, although this

PATIENT

Oscar Romero

SPECIES

Canine

BREED

Boston Terrier

SEX

Intact male

AGE

8 years

WEIGHT

24.7 lb

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Mayra Sanchez

HOSPITAL NAME

Sunset AH

REFERRING VET

Dr. Sanchez

INVOICE

73793

DATE

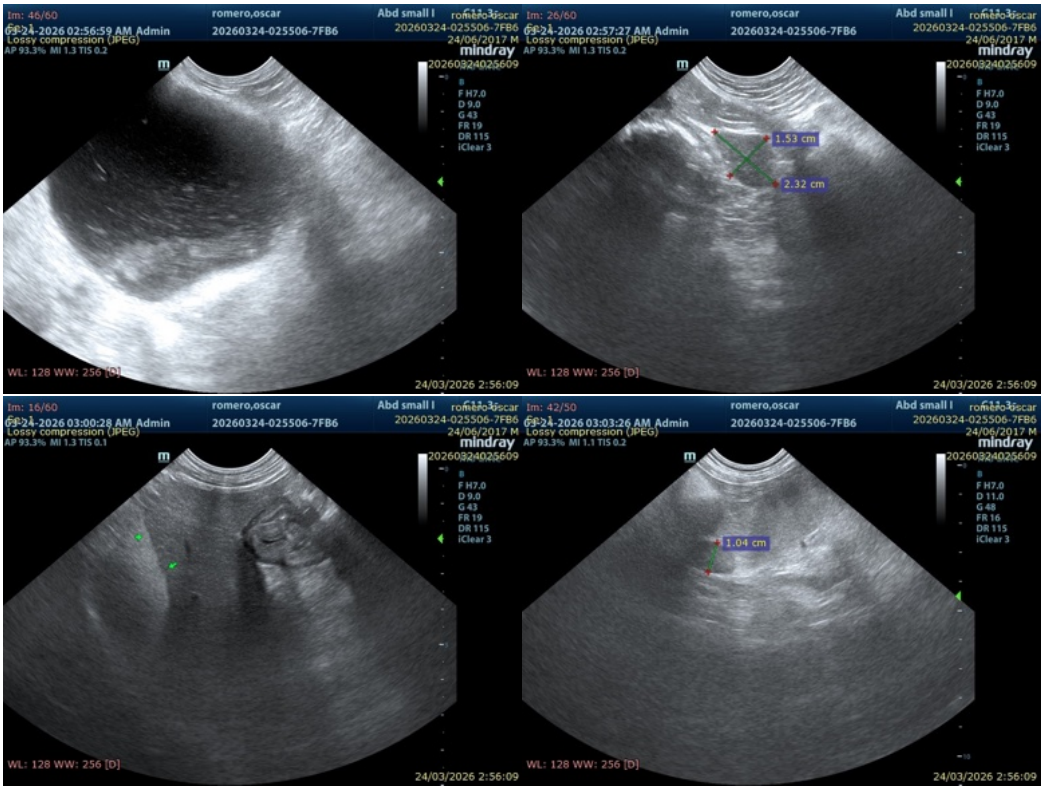
3/24/26

is not diagnostic and must be interpreted in conjunction with endocrine testing.
No ultrasonographic evidence of adrenal mass, biliary obstruction, or metastatic disease is identified.
Overall, findings are most compatible with steroid hepatopathy with suspected hyperadrenocorticism (likely pituitary-dependent), pending confirmation with endocrine testing.

Recommendations

- Correlate with ACTH stimulation test (pending).
- Consider urinalysis ± culture to further evaluate urinary sediment.
- Monitor liver parameters.
- Ultrasonographic re-evaluation of the hepatic parenchyma is recommended to monitor the hyperechoic region for any changes in size, contour, or definition over time.

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



PATIENT

Oscar Romero

SPECIES

Canine

BREED

Boston Terrier

SEX

Intact male

AGE

8 years

WEIGHT

24.7 lb

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Mayra Sanchez

HOSPITAL NAME

Sunset AH

REFERRING VET

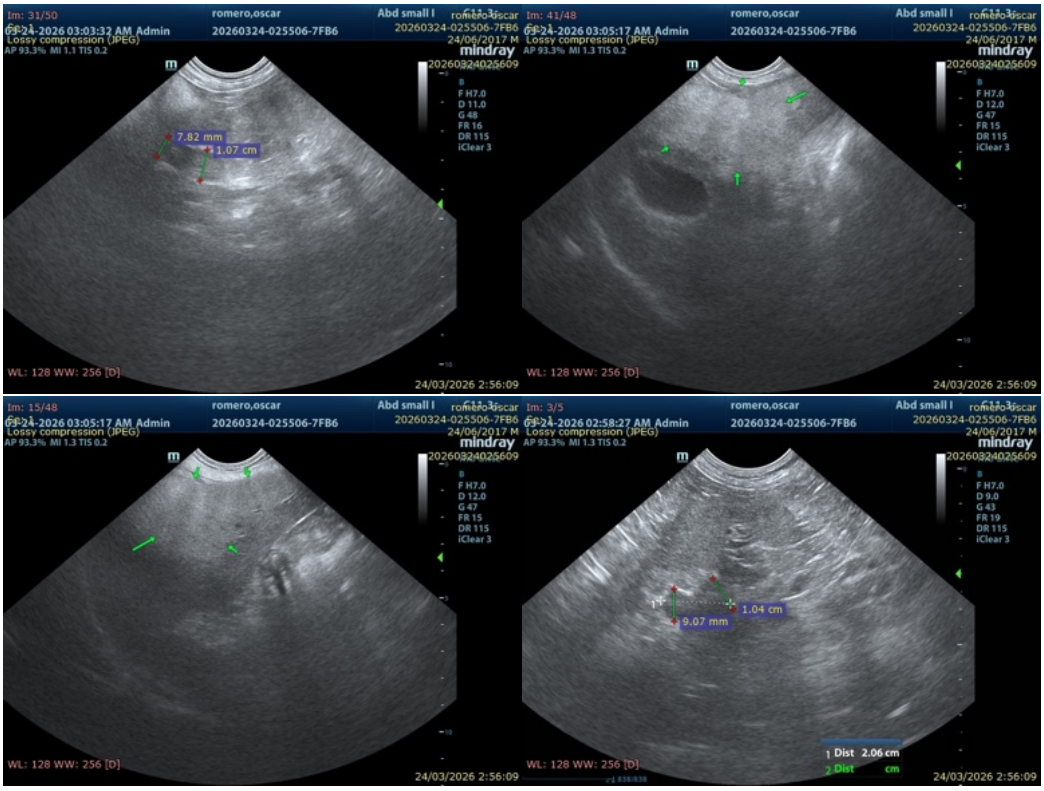
Dr. Sanchez

INVOICE

73793

DATE

3/24/26



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