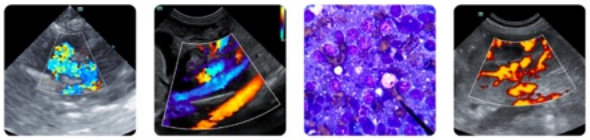


PATIENT

Sunshine Kutilek

SPECIES

Canine

BREED

Yorkshire Terrier Mix

SEX

Spayed female

AGE

11 years

WEIGHT

11.98 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Dr. Celia Galanti, DVM

HOSPITAL NAME

Craig Road AH

REFERRING VET

Dr. Celia Galanti, DVM

INVOICE

73833

DATE

3/25/26

PRESENTING CLINICAL SIGNS

- Clinically doing well. Noticed ALP elevation on recent wellness bloodwork.
- Sunshine's blood work showed increased ALP at 1,115 U/L (previously in hundreds) and mild increase in total proteins, likely secondary to inflammation. CBC was unremarkable. Urinalysis revealed normal urine-specific gravity and 2+ proteinuria; blood pressure previously normal. Possible causes of proteinuria include stress or hypothermia. Abdominal ultrasound recommended to evaluate liver and biliary tract. Option to initiate Ursodiol and recheck ALP in 4 weeks discussed; if ALP increases, proceed with ultrasound. Client elected for ultrasound, with fasting instructions provided. No abnormalities in eating, drinking, urination, or defecation.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is normally distended, with a thin and smooth wall. The urine is anechoic. 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 4.80×2.06 cm, with a cortical thickness of 0.42 cm in the sagittal plane. The right kidney is normal in shape and size.

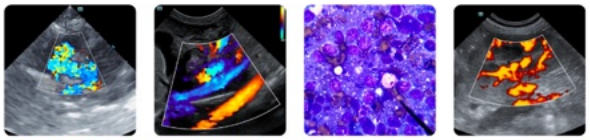
In both kidneys, the cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio and definition are preserved. A few small hyperechoic foci with mild distal acoustic shadowing are present, consistent with mild nephrolithiasis or mineralization. No pyelectasia or hydronephrosis is identified.

Adrenal Glands

Both adrenal glands show normal shape and echogenicity. Dorsoventral diameters in the sagittal plane (maximum of two measurements): the left adrenal gland measures 0.46 cm cranially and 0.50 cm caudally; the right adrenal gland measures 0.49 cm cranially and 0.51 cm caudally.

Spleen

Splenic thickness is 1.71 cm. The parenchyma is homogeneous with normal echogenicity. Multiple small, well-defined hyperechoic nodules are present, the largest measuring 0.46×0.80 cm, consistent with benign changes such as myelolipomas (Gamna-Gandy–type bodies). The splenic capsule is smooth and regular.



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Liver

The liver is subjectively enlarged, with rounded margins and a regular contour. The parenchyma is homogeneous and isoechoic relative to falciform fat, with a normal echotexture. No hepatic lymphadenopathy is identified.

The gallbladder is normally distended. The wall shows changes consistent with mucosal (cystic mucinous) hyperplasia. A small amount of biliary sludge is present. No dilation of the cystic duct or common bile duct is identified.

Gastrointestinal

The stomach is empty and folded, with a wall thickness of 2.05 mm and preserved layering. The pylorus measures 3.72 mm.

The duodenum measures 2.69 mm and the jejunum 2.74 mm, both with normal wall layering. No evidence of inflammation, ileus, or intraluminal foreign material is identified.

The colon measures 0.83 mm and contains formed feces in the descending segment.

Pancreas

The pancreas measures 6.96 mm in thickness. The parenchyma is isoechoic relative to surrounding mesenteric fat. No sonographic evidence of inflammation or focal lesions is identified.

Free Abdomen

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

PRIMARY FINDINGS

- Hepatomegaly with homogeneous parenchyma.
- Gallbladder mucosal hyperplasia with mild biliary sludge.

SECONDARY FINDINGS

- Mild renal mineralization/nephrolithiasis.
- Incidental splenic nodules (compatible with myelolipomas).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The main finding is hepatomegaly with a homogeneous parenchymal pattern, accompanied by gallbladder mucosal hyperplasia and mild biliary sludge. In the context of a marked isolated ALP

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elevation in a clinically asymptomatic dog, this pattern is most consistent with a metabolic or endocrine hepatopathy, particularly vacuolar hepatopathy. Gallbladder wall changes are compatible with chronic biliary stasis and mucosal hyperplasia, which can contribute to cholestatic enzyme elevation but are often secondary rather than primary.

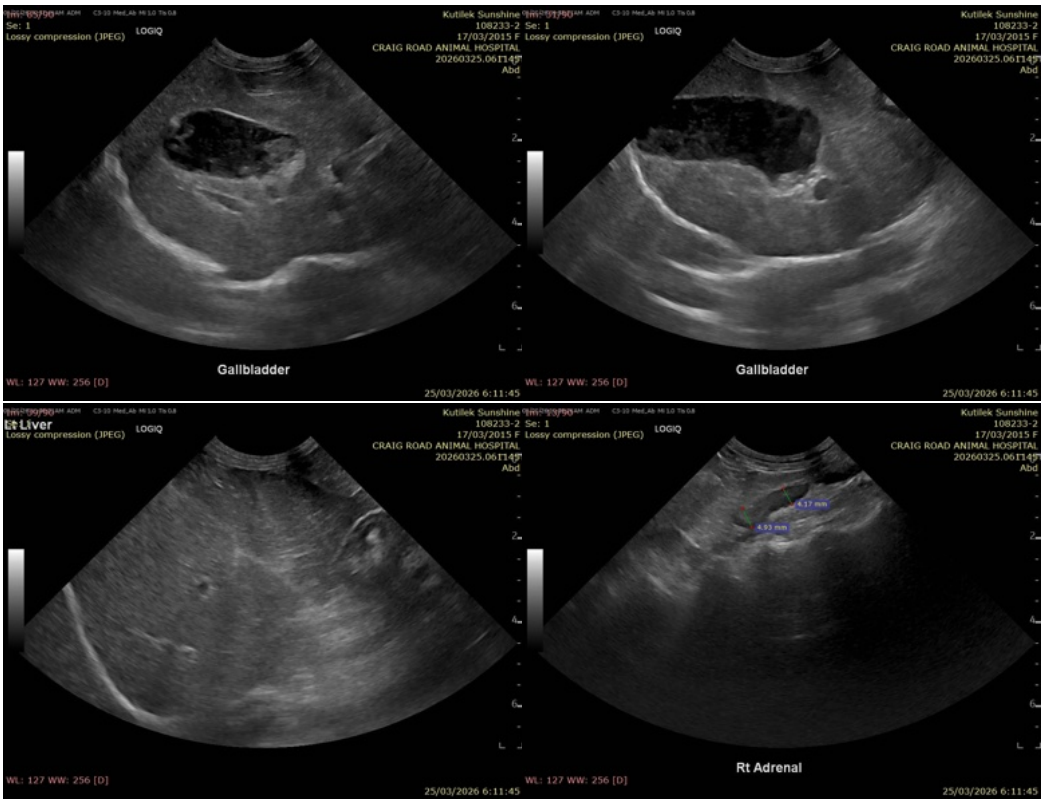
The adrenal glands are within normal size limits (generally <0.7 cm in small dogs), which does not support hyperadrenocorticism based on imaging alone; however, ultrasound cannot exclude functional disease.

Incidental findings include mild renal mineralization and benign-appearing splenic nodules, both of which are common in older dogs and unlikely to be clinically significant.

Recommendations

- Consider initiating hepatoprotective therapy, with or without ursodeoxycholic acid depending on clinician preference
- Monitor liver enzymes (ALP/ALT) 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.



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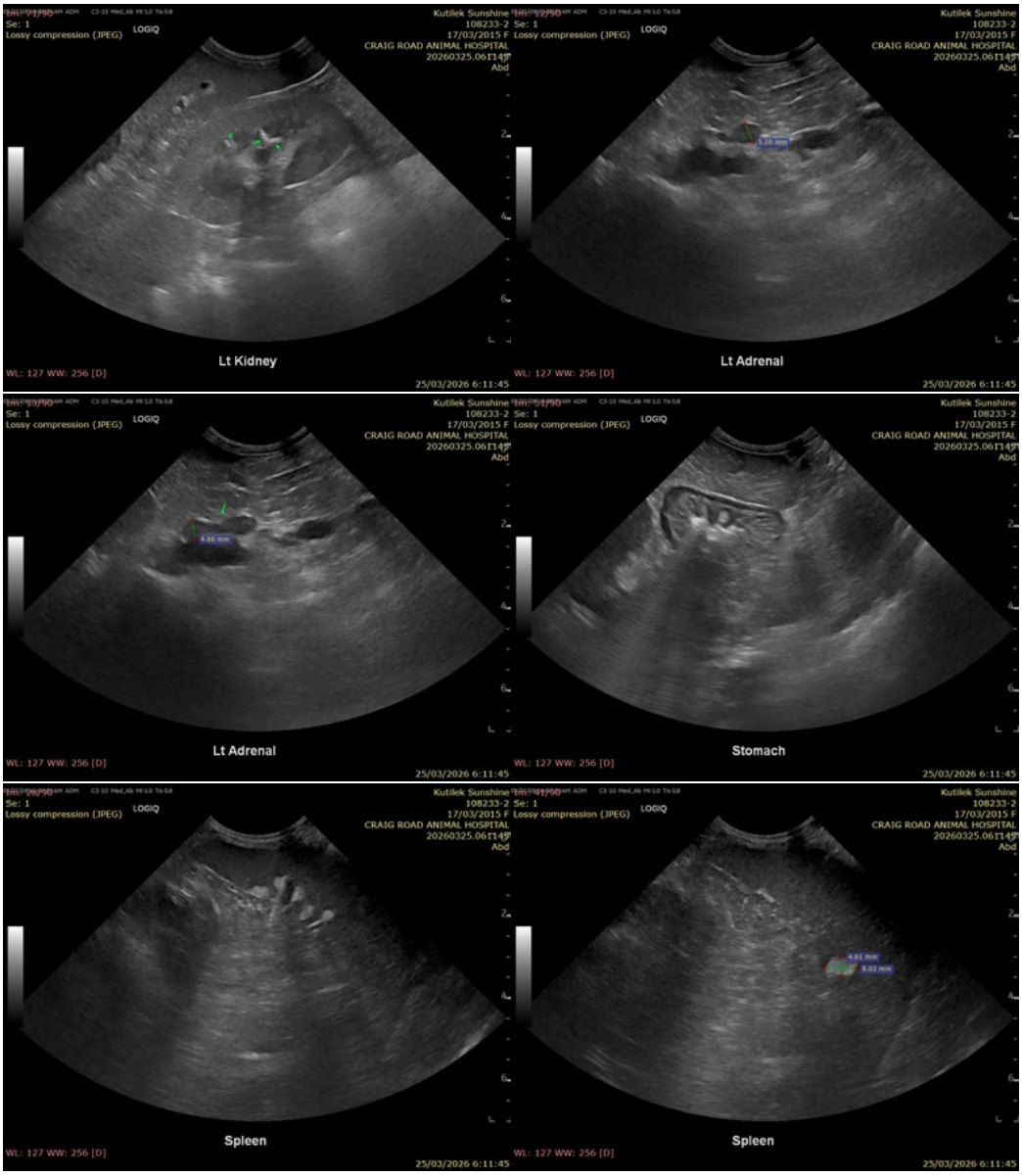

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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