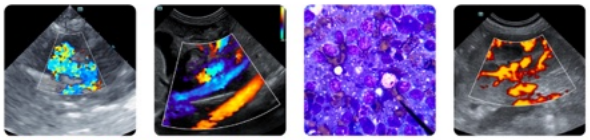


PATIENT

Molly Dupell

SPECIES

Canine

BREED

Boxer Mix

SEX

Spayed female

AGE

12 years

WEIGHT

24.4 kg

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Patrick Hennigan DVM

HOSPITAL NAME

Mattydale AH

REFERRING VET

Dr. Leshkivich

INVOICE

73865

DATE

3/26/26

PRESENTING CLINICAL SIGNS

- Increased liver values. E/ D ok
- on Denamarin 425mg PO SID
- 12/11/25 ALT 226 1/15/26 ALT 177, ALP 250, Na 150 3/17/26 ALT 129, ALP 306, K 6.5

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 have a normal appearance. No calculi or evidence of inflammatory or neoplastic changes are identified.

The left kidney is normal in shape and size: 5.95×3.16 cm, with a cortical thickness of 0.55 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. Color Doppler demonstrates a normal vascular pattern.

The right kidney is normal in shape and size: 6.37×3.26 cm, with a cortical thickness of 0.55 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. Color Doppler demonstrates a normal vascular pattern.

Adrenal Glands

Dorsoventral diameters measured in the sagittal plane: the left adrenal gland measures 0.73 cm at the cranial pole and 1.26 cm at the caudal pole.

The right adrenal gland is suboptimally visualized. Although no mass is identified in the expected region, it cannot be confidently visualized or measured.

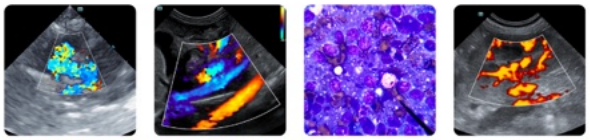
Spleen

Splenic thickness is 2.12 cm. The parenchyma demonstrates normal echogenicity and a fine homogeneous echotexture, with a few small myelolipomas. The splenic capsule is smooth and regular.

Liver

The liver is subjectively normal in size, with sharp edges and a regular contour. The parenchyma is isoechoic compared to the falciform fat, with a mildly coarse echotexture and a few small hypoechoic areas measuring less than 1 cm. No hepatic lymphadenopathy is identified.

The gallbladder is normally distended. The wall appears mildly thickened with features suggestive of mucinous gland hyperplasia. The lumen contains a moderate amount of biliary sludge. No dilation of the cystic duct or common bile duct is observed.



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Gastrointestinal

The stomach is empty and folded, with a mural thickness of 1.77 mm and preserved wall layering. The pylorus measures 3.92 mm. The duodenum measures 3.98 mm and the jejunum 3.66 mm, both with normal wall layering. No signs of inflammation, ileus, or foreign material are identified. The colon measures 1.27 mm, with minimal luminal content.

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

- Mildly coarse hepatic echotexture with small (<1 cm) hypoechoic foci.
- Gallbladder changes consistent with mucinous gland hyperplasia and moderate biliary sludge.
- Left adrenal gland enlarged (up to 1.26 cm caudal pole).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver demonstrates a mildly coarse echotexture with small hypoechoic foci. In the context of chronically increased liver enzymes, these findings most likely represent benign nodular change (nodular hyperplasia) within a background of chronic hepatopathy (such as vacuolar or reactive hepatopathy). These changes are mild and there is no evidence of focal mass lesions or advanced structural disease.
Gallbladder wall changes and sludge are most consistent with mucinous gland hyperplasia and biliary stasis, which are common in older dogs and can be associated with increased ALP. No ultrasonographic features of gallbladder mucocele or biliary obstruction are identified.

The left adrenal gland is enlarged, with a caudal pole measurement of 1.26 cm, exceeding typical reference values (<0.7 cm). This represents true adrenal enlargement. However, interpretation is limited by the inability to visualize the right adrenal gland. Unilateral enlargement may be seen with adrenal-dependent disease or asymmetric hyperplasia, but bilateral comparison is not available in this case. Correlation with clinical findings and endocrine testing is required.

Recommendations

- Continue medical management as appropriate.
- Given the enlarged left adrenal gland, correlation with clinical signs and consideration of endocrine testing is recommended.
- Gallbladder monitoring: Follow-up ultrasound is recommended to monitor for progression

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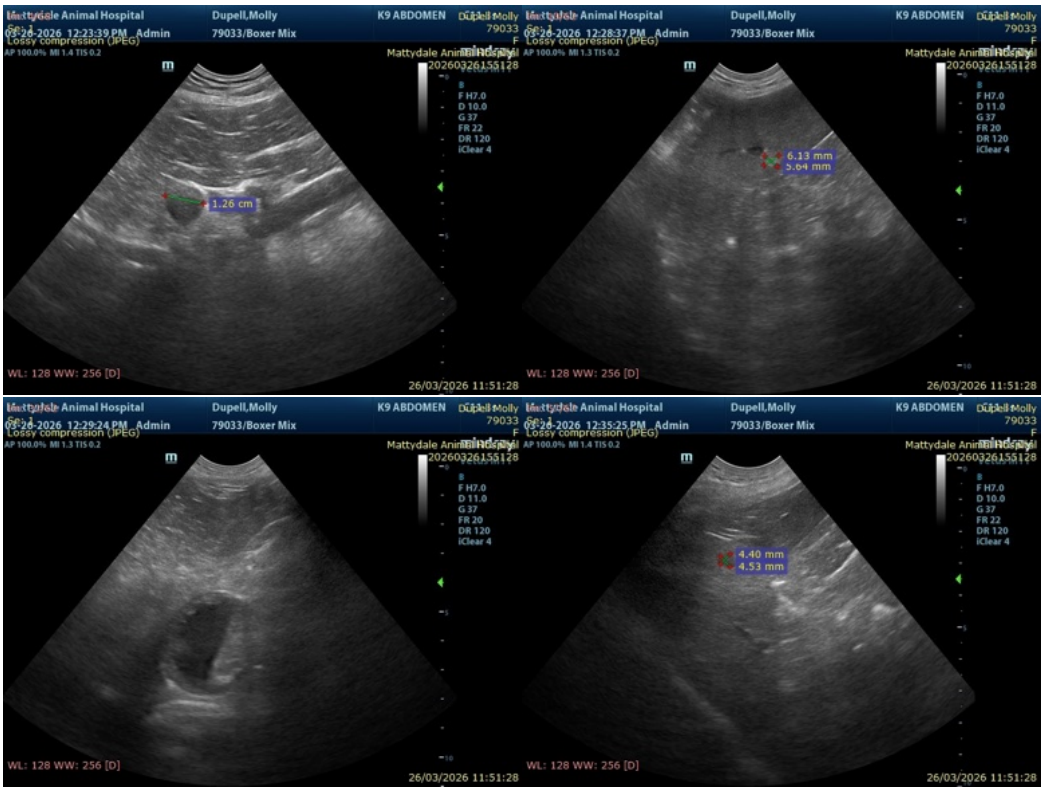
toward mucocele formation.

- Electrolyte correlation: Hyperkalemia (K 6.5) should be confirmed and clinically investigated, as it is not explained by the imaging findings.

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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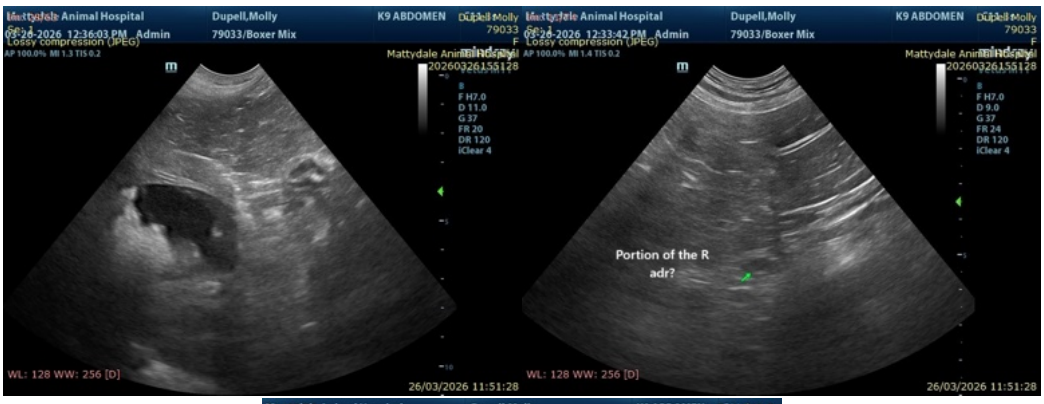

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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