

## PATIENT

Wednesday Johnson

## SPECIES

Canine

## BREED

Terrier Mix

## SEX

Spayed female

## AGE

11 years

## WEIGHT

15.84 lbs

## INTERPRETED BY

Alicia Angosto  
Guerrero, DMV,  
PgDip, MSc.

## IMAGING PERFORMED BY

Matt

## HOSPITAL NAME

TLC AH

## REFERRING VET

Dr. Garcia

## INVOICE

73912

## DATE

3/30/26

## PRESENTING CLINICAL SIGNS

- History of elevated liver enzymes and concerned for Cushing's disease ( p has been panting); p is currently on Denamarin, senior bloodwork is pending

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The bladder lumen is normally 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: 3.15x2.08 cm, and the thickness of the cortex is 0.44 cm, in the sagittal plane. The cortical is isoechoic compared to liver parenchyma. The corticomedullary ratio is normal and the corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths or hydronephrosis.

The right kidney is normal in shape and size: 4.04x2.24 cm, and the thickness of the cortex is 0.50 cm, in the sagittal plane. The cortical is isoechoic compared to liver parenchyma. The corticomedullary ratio is normal and the corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths or hydronephrosis.

### *Adrenal Glands*

Both adrenal glands show normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane: The left adrenal gland measures 0.52 cm at the cranial pole and 0.48 cm at the caudal pole. The right adrenal gland measures 0.56 cm at the cranial pole and 0.52 cm at the caudal pole.

### *Spleen*

Splenic thickness is 1.18 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.

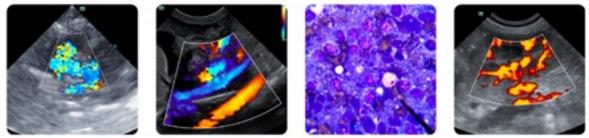
### *Liver*

The liver is subjectively mildly increased in size, with rounded margins and a regular contour. The parenchyma is uniform and isoechoic relative to the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is observed.

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

### *Gastrointestinal*

The stomach is empty and folded, with gas content, a wall thickness of 2.55 mm, and preserved layering.



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Pylorus: 3.15 mm. Duodenum: 2.17 mm. Jejunum: 3.29 mm. Wall layering is preserved throughout. No evidence of inflammation, ileus, or foreign material is identified.

Colon: Transverse 1.25 mm, descending 1.18 mm, with formed feces throughout.

### **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

- Mild hepatomegaly with rounded margins
- Adrenal glands in the limits of normal size

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The adrenal glands are within expected reference ranges for a dog of this size, with preserved shape and symmetry. These findings do not support adrenal-dependent hyperadrenocorticism; however, pituitary-dependent disease cannot be completely excluded. Ultrasonography does not assess adrenal function.

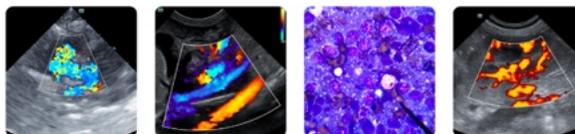
The liver is mildly enlarged with rounded margins but otherwise normal echotexture and no focal lesions. In the context of elevated liver enzymes and suspected hyperadrenocorticism, this pattern is most consistent with early or mild vacuolar hepatopathy or enzyme induction, although it remains nonspecific and should be correlated with pending biochemical results.

Overall, the findings are mild and nonspecific, and while they may be compatible with early hyperadrenocorticism, they are not diagnostic, and further endocrine testing is required for confirmation

### Recommendations

- Proceed with endocrine testing to evaluate hyperadrenocorticism.
- Correlate with pending serum biochemistry, particularly liver enzyme activity.
- Continue hepatoprotective therapy as clinically indicated, recognizing that enzyme elevation may be related to endocrine disease rather than primary hepatic pathology.

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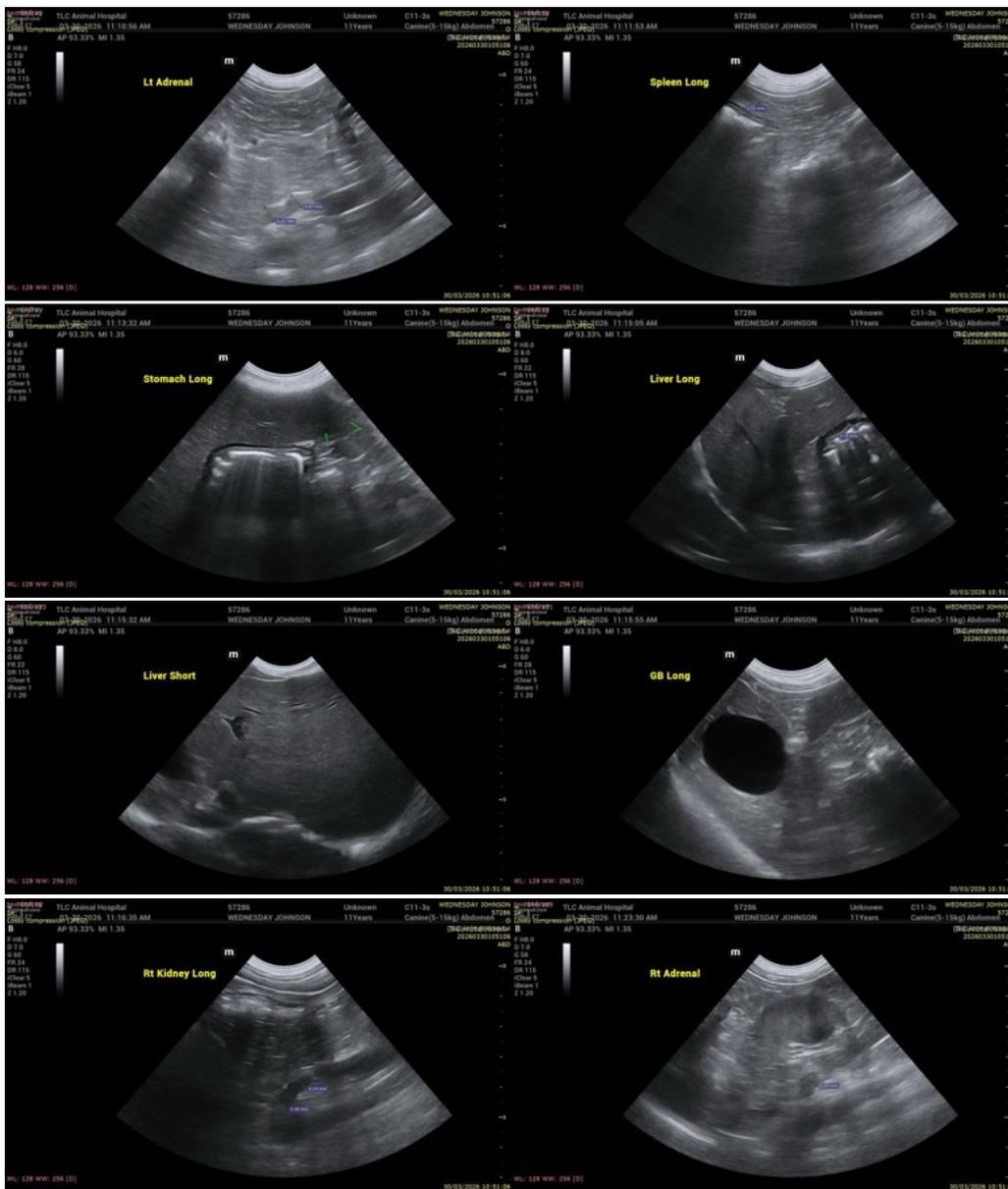
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)