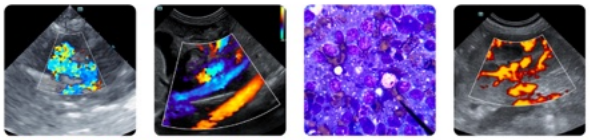

PATIENT

Goose Sese

SPECIES

Canine

BREED

Mix

SEX

Neutered male

AGE

7 years

WEIGHT

44 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Elda Kwong DVM

HOSPITAL NAME

Petvacx AH

REFERRING VET

Dr. Wiley

INVOICE

74024

DATE

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PRESENTING CLINICAL SIGNS

- Rising ALKP on annual and pre dental bloodwork. No concerning clinical signs. Ultrasound performed at dental COHAT, lumpectomy

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is markedly distended. The bladder wall is thin, smooth, and regular. The luminal contents are anechoic. Normal appearance of the bladder neck and proximal urethra. No evidence of urolithiasis or inflammatory or proliferative changes is identified.

The left kidney is normal in shape and size, measuring 6.05×2.91 cm in the sagittal plane. Cortical thickness is 0.47 cm. The cortex is isoechoic compared to the hepatic parenchyma. The corticomedullary ratio is within normal limits, and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler demonstrates a normal vascular pattern.

The right kidney is normal in shape and size, measuring 5.72×2.89 cm in the sagittal plane. Cortical thickness is 0.43 cm. The cortex is isoechoic compared to the hepatic parenchyma. The corticomedullary ratio is within normal limits, and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler demonstrates a normal vascular pattern.

Adrenal Glands

Dorsoventral diameters measured in the sagittal plane: the left adrenal gland measures 0.41 cm at the cranial pole and 0.40 cm at the caudal pole. The right adrenal gland measures 0.58 cm at the cranial pole and 0.41 cm at the caudal pole. Both adrenal glands are normal in size and morphology.

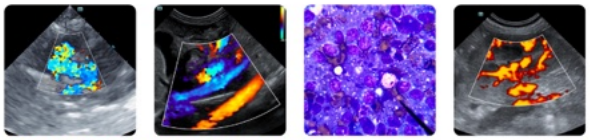
Spleen

Splenic thickness is 1.71 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 normal in size, with sharp edges and a regular contour. The liver parenchyma looks uniform and isoechoic compared to the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is observed.

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



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Gastrointestinal

The stomach is moderately distended with ingesta, with wall thickness ranging from 1.72–2.71 mm and preserved layering.

The pylorus measures 4.71 mm. Duodenum: 2.82 mm. Jejunum: 2.70 mm, with preserved wall layering. The ileocecal junction was not visualized.

Colon: 0.93 mm, containing 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

- Mild biliary sludge.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This is an unremarkable abdominal ultrasound study in an asymptomatic dog with isolated elevation of alkaline phosphatase.

No structural abnormalities are identified in the liver or biliary system. The hepatic parenchyma is homogeneous, with normal size and contour, and there is no evidence of biliary obstruction, mass lesions, or architectural distortion. The presence of a small amount of biliary sludge is a common incidental finding and is not considered clinically significant in this context.

Adrenal gland size is within accepted reference ranges (generally <0.7 cm dorsoventral thickness), with normal morphology, making imaging evidence of hyperadrenocorticism unlikely at this stage.

Given the absence of ultrasonographic abnormalities, the elevated ALP is most consistent with a non-structural hepatopathy, such as vacuolar hepatopathy or steroid-induced enzyme elevation, which may occur in clinically normal dogs and often does not produce detectable imaging changes.

Recommendations

- Periodic re-evaluation of ALP and liver enzymes.
- Further testing for hyperadrenocorticism may be considered if ALP continues to rise or clinical signs develop.

Final diagnostic and therapeutic decisions should be made by the attending veterinarian, who can best

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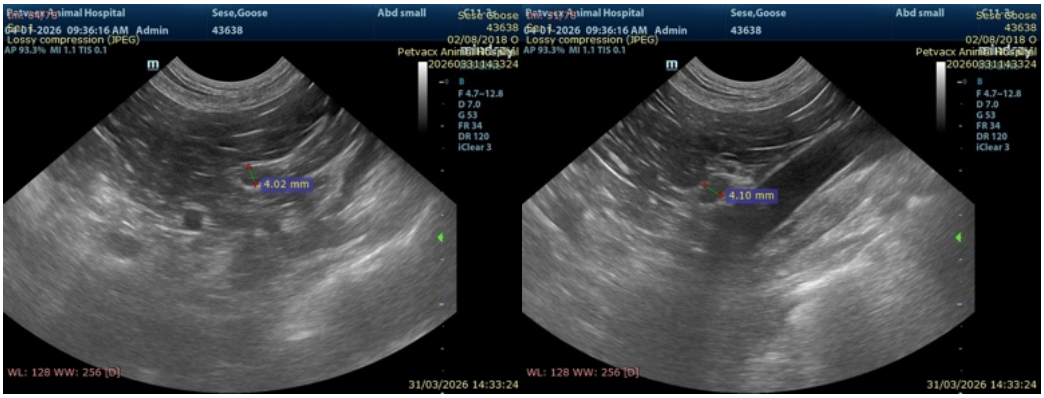
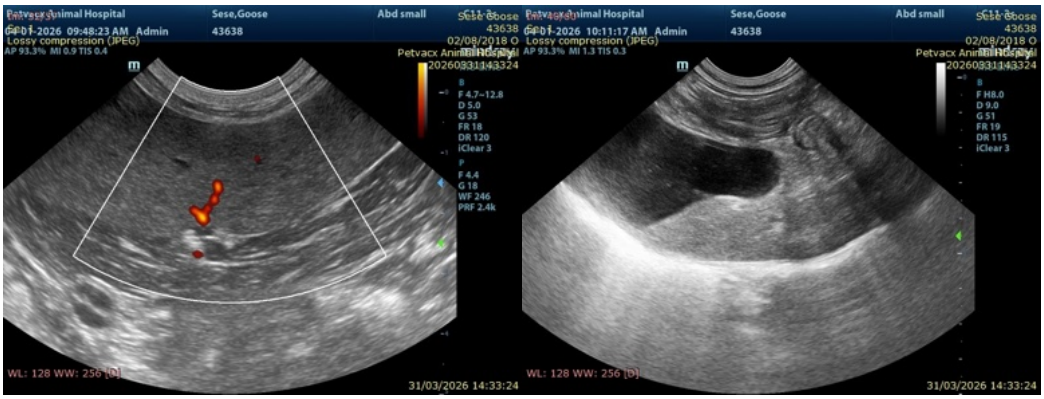
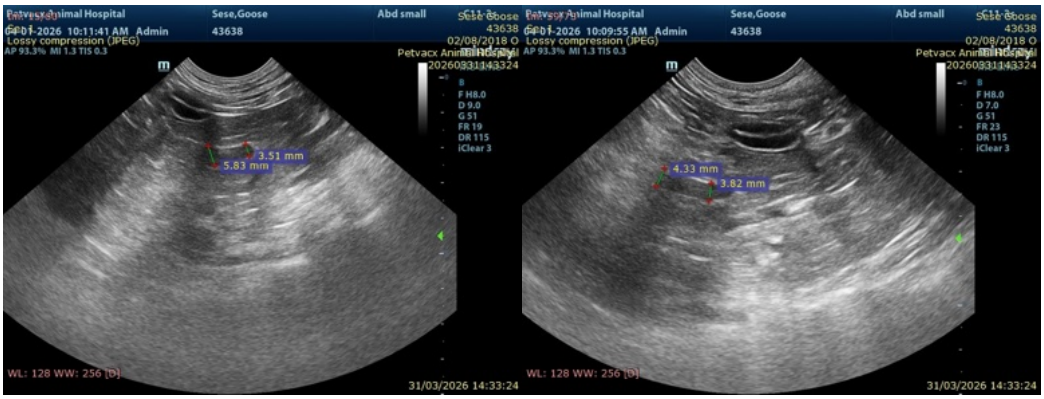
integrate these findings with the patient's clinical status.







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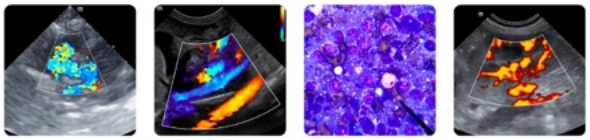

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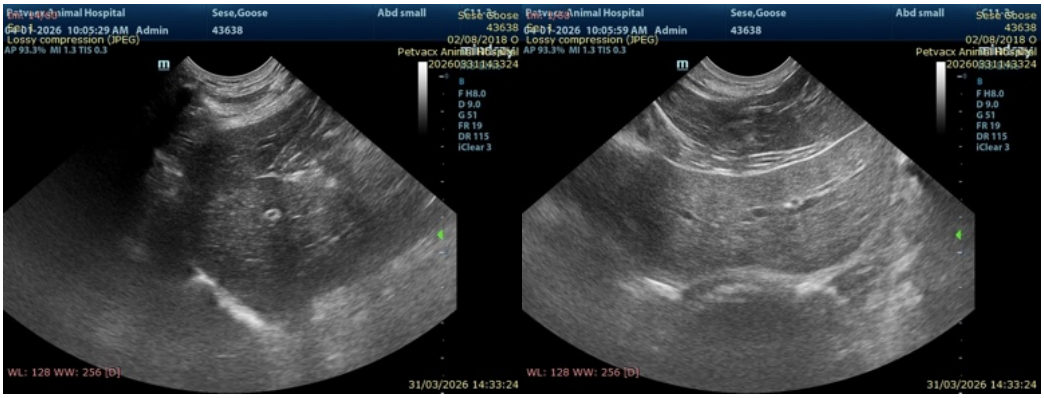

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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