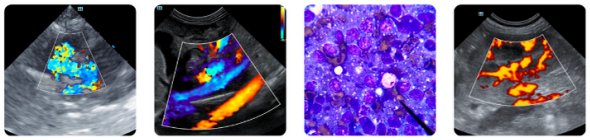


PATIENT

Buddy Covais

SPECIES

Canine

BREED

Maltese

SEX

MN

AGE

10.5 years

WEIGHT

13.8

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Dr. Stranzl

HOSPITAL NAME

Dakota Veterinary Center

REFERRING VET

Dr. Stranzl

INVOICE

11685

DATE

4/10/2026

PRESENTING CLINICAL SIGNS

PU/PD, licking prepuce; panting, shaking; eating habits changed from twice a day to once a day, slight weight loss.

Abnormal PE/Chem/CBC/UA Results: Urinalysis WNL; on 3/5/26, ALP 336, cPL 566 (Hx always elevated)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended, with a thin and smooth wall. The urine is predominantly anechoic with scant suspended echoes. The bladder neck and proximal urethra have a normal ultrasonographic appearance. No uroliths are identified, and there is no evidence of inflammatory or neoplastic change.

Both kidneys are normal in shape and size. The left kidney measures 4.35×2.38 cm with a cortical thickness of 0.42 cm, and the right kidney measures 4.29×2.22 cm with a cortical thickness of 0.39 cm (sagittal plane). The renal cortex is isoechoic relative to the hepatic parenchyma. The corticomedullary ratio is within normal limits and corticomedullary definition is preserved. No pyelectasia, nephrolithiasis, or hydronephrosis is identified.

Adrenal Glands

Both adrenal glands show globose shape and normal echogenicity. Dorsoventral diameters measured in the sagittal plane: The left adrenal gland measures 0.61 cm at the cranial pole and 0.72 cm at the caudal pole. The right adrenal gland measures 0.71 cm at the cranial pole and 0.66 cm at the caudal pole.

Spleen

Splenic thickness is 0.91 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.

Liver

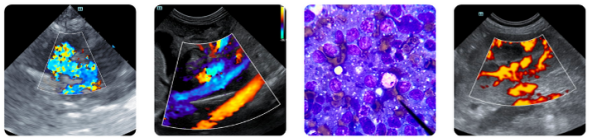
The liver is subjectively normal in size, with sharp edges and a regular contour. The liver parenchyma looks uniform and isoechoic compared to the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is observed.

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

Gastrointestinal

The stomach is mildly distended with residual ingesta, with mural thickness ranging from 2.36–2.67 mm and preserved layering.

The pylorus measures 4.56 mm.
The duodenum measures 2.89 mm, and the jejunum 2.75 mm, both within normal limits with



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preserved wall layering.
The ileocecal junction is not visualized.

No evidence of obstruction, ileus, mural thickening, or foreign material is identified.

The colon measures 0.96 mm and contains a small amount of fecal material.

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

- Bilateral adrenal enlargement with rounded morphology.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The primary abnormality in this study is bilateral adrenal enlargement with globose morphology, with measurements exceeding expected reference ranges for a dog of this size (>0.6 cm).
This pattern is most consistent with adrenal hyperplasia, which is commonly associated with pituitary-dependent hyperadrenocorticism (Cushing's disease). The bilateral and relatively symmetrical nature of the enlargement makes an adrenal tumor less likely.
No ultrasonographic evidence of significant hepatocellular or biliary disease is identified, despite the reported elevation in ALP. Elevated ALP activity may reflect enzyme induction associated with hyperadrenocorticism, rather than primary hepatocellular disease, and may occur in the absence of overt structural hepatic changes.

The pancreas is unremarkable on ultrasound; however, given the history of persistently elevated cPL, chronic or intermittent pancreatitis cannot be excluded, as ultrasonographic sensitivity for mild or chronic pancreatic disease may be limited.

The remainder of the abdominal study is unremarkable.

Recommendations

- Endocrine testing is recommended to confirm hyperadrenocorticism.
- Correlation with clinical signs is essential, as ultrasound findings alone are not diagnostic.
- Monitoring and management of pancreatic disease may be considered, given the history of elevated cPL, although no active pancreatitis is identified ultrasonographically.
- Serial biochemical monitoring (ALP, liver enzymes) is recommended as part of disease follow-up.

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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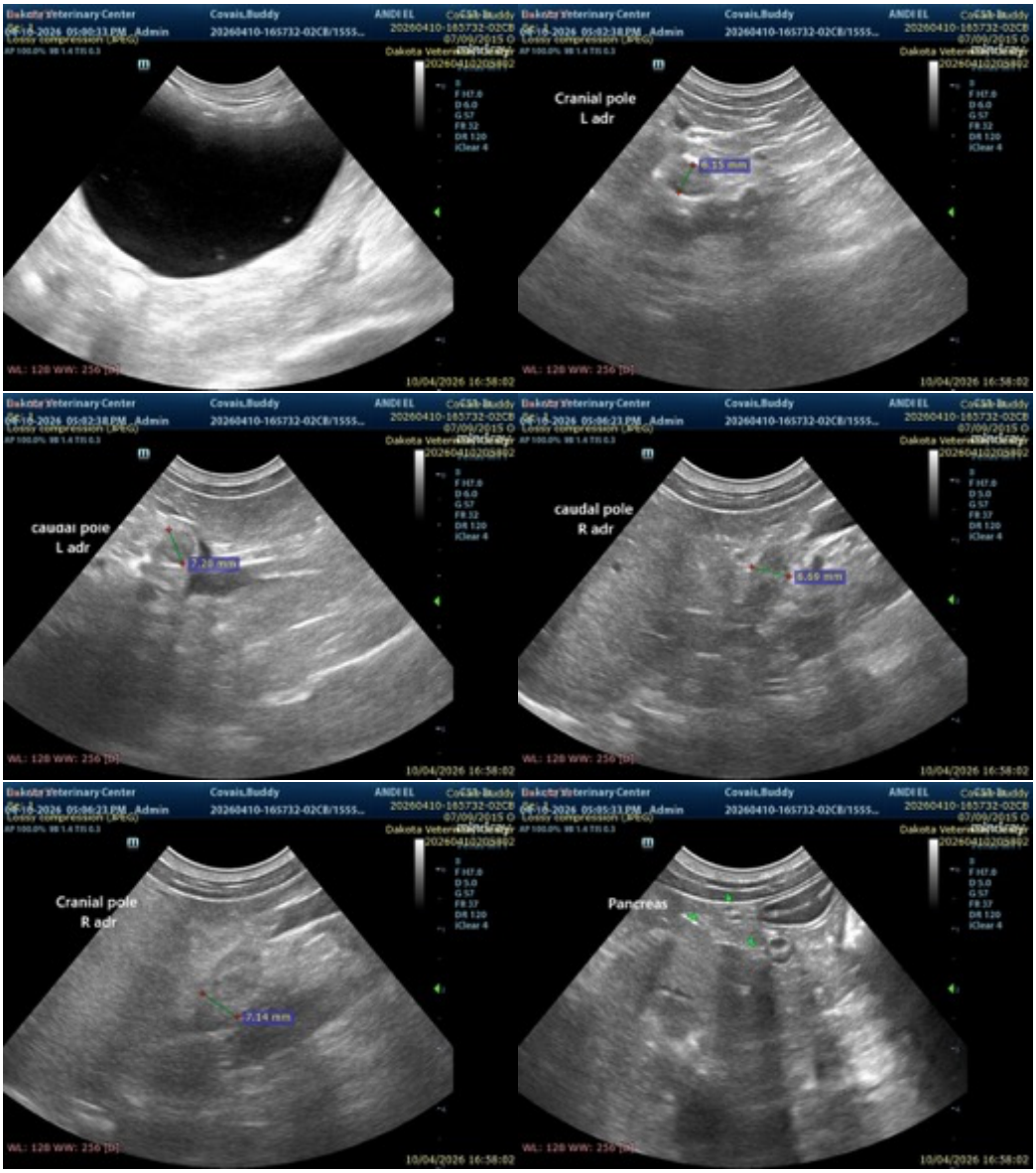

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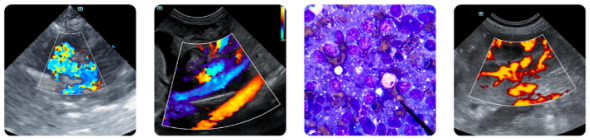

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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