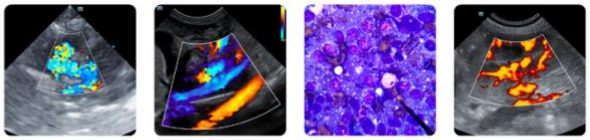


PATIENT

Tearsa Zieler

SPECIES

Canine

BREED

Terrier Mix

SEX

Spayed Female

AGE

10 Years

WEIGHT

21.24

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Dr. Cameron Johnson DVM

HOSPITAL NAME

Criag Road Animal Hospital

REFERRING VET

Dr. Cameron Johnson DVM

INVOICE

15120

DATE

04/14/26

PRESENTING CLINICAL SIGNS

Progressively increasing liver enzymes.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is normally distended, and the wall appears thin and smooth. The urine is anechoic. Normal appearance of the bladder neck and proximal urethra. There are no calculi or evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size (4.95×2.65 cm), with a cortical thickness of 0.41 cm in the sagittal plane.

The right kidney is normal in shape and size (5.16×2.96 cm).

Both kidneys: The cortical shows normal echogenicity. The corticomedullary ratio is normal, and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths, or hydronephrosis. Cortical thickness was not provided.

Adrenal Glands

Both adrenal glands are mildly enlarged and have a rounded (“globose”) shape. Dorsoventral diameters measured in the sagittal plane: the left adrenal gland measures 0.81 cm at the cranial pole and 0.98 cm at the caudal pole; the right adrenal gland measures 0.81 cm at the cranial pole and 0.67 cm at the caudal pole. In dogs, adrenal thickness >0.75 cm is considered enlarged, supporting adrenomegaly.

Spleen

Splenic thickness is 1.15 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 increased in size, with rounded edges and a regular contour, consistent with hepatomegaly. Hepatic parenchyma is homogeneous and isoechoic relative to the spleen, with a fine echotexture. No hepatic lymphadenopathy is observed.

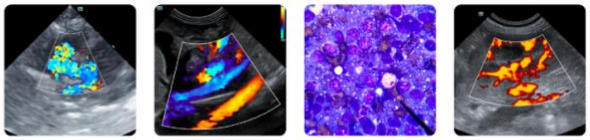
The gallbladder is moderately distended, with a thin wall and predominantly anechoic contents, containing a small amount of biliary sludge. No dilation of the cystic duct or common bile duct is observed.

Gastrointestinal

The stomach is empty and folded, with a small amount of fluid and gas. Mural thickness is 3.04 mm with preserved wall layering, within normal limits.

Duodenum: 2.80 mm (within normal limits).
Jejunum: 2.21–2.39 mm (within normal limits), with preserved wall layering.
No ultrasonographic evidence of inflammation, ileus, or foreign material is identified.

Colon: 1.16–1.22 mm, within normal limits, with formed feces in the descending segment.



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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 is normal.

PRIMARY FINDINGS

- Bilateral adrenomegaly with rounded morphology.
- Hepatomegaly with parenchyma isoechoic relative to the spleen.

SECONDARY FINDINGS

- Mild biliary sludge.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Hepatic findings are consistent with vacuolar hepatopathy, which explains the marked and progressive ALP elevation and the subsequent increase in GGT. This steroid-associated hepatopathy is most likely secondary to hyperadrenocorticism.
In dogs, adrenal enlargement of this degree (up to 0.98 cm) exceeds accepted reference ranges and, when bilateral and relatively symmetric, supports a functional (pituitary-dependent) process rather than a unilateral adrenal neoplasm.
Overall, this represents a coherent endocrine–hepatobiliary pattern, with imaging and laboratory findings together strongly supporting hyperadrenocorticism with secondary hepatic changes rather than primary hepatobiliary disease.

Recommendations

- Low-dose dexamethasone suppression test or ACTH stimulation test to confirm hyperadrenocorticism.
- Evaluate for systemic effects of Cushing's (hypertension, proteinuria).
- Consider hepatoprotective therapy (SAMe, silybin), although identifying and treating the underlying cause remains most important.
- Serial liver enzymes.

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