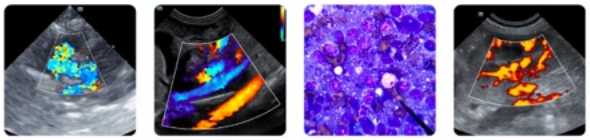


PATIENT

Dashing Hurkot

SPECIES

Canine

BREED

Dachshund

SEX

Spayed female

AGE

13 years

WEIGHT

8.9 kg

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Dr. Louise Corbeil

HOSPITAL NAME

Cochrane AC

REFERRING VET

Dr. Corbeil

INVOICE

74854

DATE

4/27/26

PRESENTING CLINICAL SIGNS

History: Presented for abd ultrasound for possible Cushings - elevated ALP, 'grey zone' LDDST. Increased drinking, urinating, and appetite
Abnormal PE/Chem/CBC/UA Results: 04/14/2026: Lymphocytes 0.87 x10^9/L rr 1.05 - 5.1 Alkaline Phosphatase (ALP) > 2000 U/L (normal 23-212 U/L) ALT 402 U/L rr 10- 125 Cholesterol 10.41 mmol/L rr 2.84- 8.26 Total T4 22 nmol/L rr 13- 51 - normal Cortisol - Resting 38 nmol/L rr 28- 120 Cortisol - 4 hr Post Dex 41 nmol/L Cortisol - 8 hr Post Dex 53 nmol/L

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly underdistended. The wall measures 1.82 mm and appears smooth; due to underdistension, this measurement may be mildly overestimated. The urine is anechoic. The bladder neck and proximal urethra appear normal. There are no calculi and no ultrasonographic evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size, measuring 4.93×2.69 cm, with a cortical thickness of 0.45 cm in the sagittal plane.

The right kidney is normal in shape and size, measuring 4.51×2.49 cm, with a cortical thickness of 0.42 cm in the sagittal plane.

In both kidneys, the cortex is isoechoic relative to the liver 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

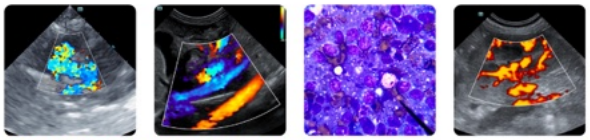
Dorsoventral diameters measured in the sagittal plane: The left adrenal gland measures 0.93 cm at the cranial pole and 0.86 cm at the caudal pole. The right adrenal gland measures 0.78 cm at the cranial pole and 0.88 cm at the caudal pole.

Spleen

Splenic thickness is 1.42 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture with a small myelolipoma like lesion 0.5x0.63 cm. The splenic capsule is smooth and regular.

Liver

The liver is subjectively increased in size, with rounded margins and a regular contour. The hepatic parenchyma is homogeneous and isoechoic relative to the falciform fat, with a fine echotexture and mild attenuation of the ultrasound beam. No hepatic lymphadenopathy is identified.



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The gallbladder is normally distended. The wall shows changes consistent with mucosal glandular hyperplasia, and there is 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 mural thickness of 2.78 mm and preserved wall layering. The pylorus measures 5.8 mm. Duodenum: 3.97–4.09 mm. Jejunum: 3.14–3.29 mm, with normal wall layering. No ultrasonographic evidence of inflammation, ileus, or foreign material is identified. Colon: 0.77 cm, 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 is normal.

PRIMARY FINDINGS

- Bilateral adrenal enlargement.
- Hepatomegaly with mild parenchymal attenuation.
- Gallbladder mucosal glandular hyperplasia with mild sludge.

SECONDARY FINDINGS

- Small splenic nodule (incidental)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most significant finding is bilateral adrenal enlargement. In a dog of this size, adrenal dorsoventral thickness is typically expected to be <0.6–0.7 cm. The glands remain bilaterally enlarged, symmetric, and maintain normal shape and echogenicity, which, when considered in the context of the complete clinical picture and biochemical findings, supports pituitary-dependent hyperadrenocorticism.

The liver is enlarged with rounded margins and mild parenchymal attenuation, a pattern consistent with steroid hepatopathy, which correlates well with the marked elevation in ALP, hypercholesterolemia, and increased ALT. These changes are highly characteristic of chronic endogenous glucocorticoid exposure.

The gallbladder demonstrates mucosal glandular hyperplasia with mild sludge. This is a common and expected finding in dogs with hyperadrenocorticism and reflects altered bile composition and gallbladder motility. There is no evidence of biliary obstruction or mucocele formation at this time.

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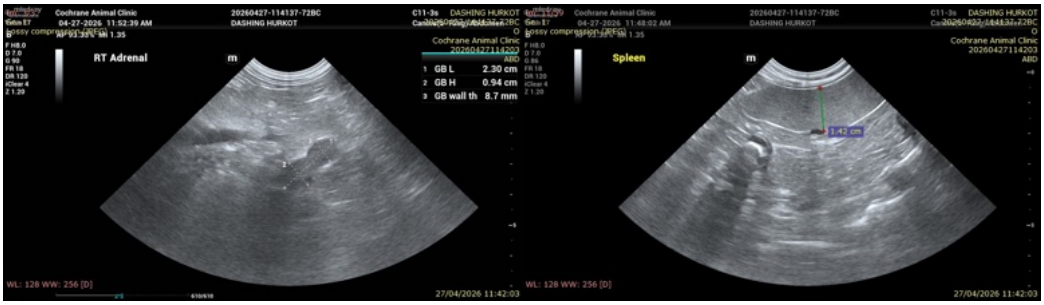
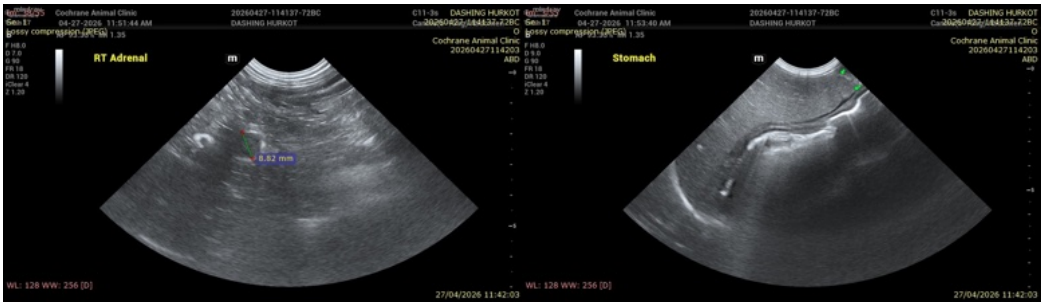
The small splenic nodule is most consistent with an incidental benign lesion (myelolipoma), particularly given its small size and typical appearance.

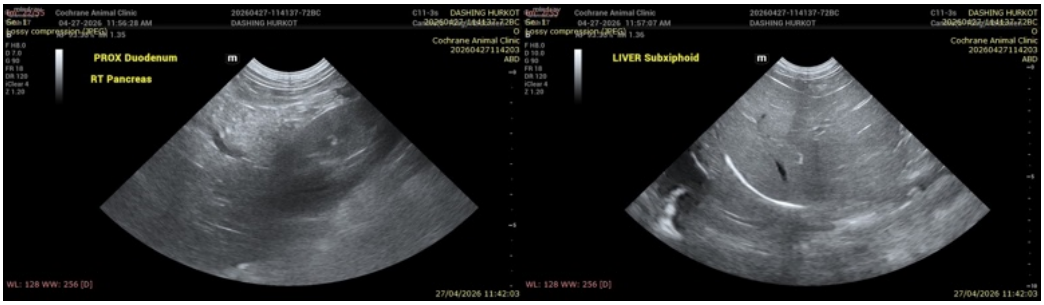
Recommendations

- Findings support proceeding with definitive diagnosis and management of hyperadrenocorticism, if not already established:
  - Consider repeat or alternative endocrine testing (if confirmation is still required).
- If treatment is initiated, establish a plan for monitoring (clinical response + cortisol testing).
- Monitor gallbladder changes over time, as dogs with HAC are at increased risk for mucocele development.

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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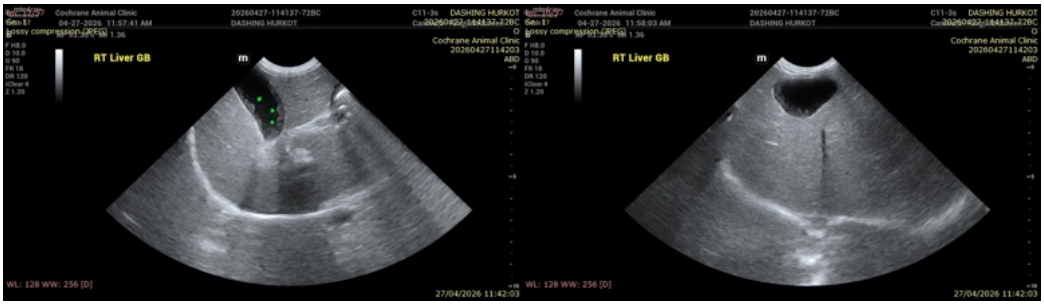

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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