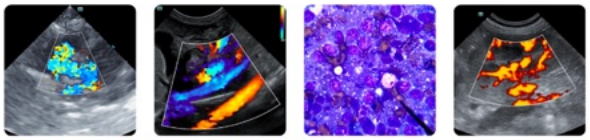


PATIENT

Coco Connelly

SPECIES

Canine

BREED

Chihuahua

SEX

Spayed female

AGE

9 years

WEIGHT

18.8 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Joan Kula Gramazio

HOSPITAL NAME

Narrowsburg Veterinary

REFERRING VET

Dr. Joan Kula Gramazio

INVOICE

75054

DATE

4/30/26

PRESENTING CLINICAL SIGNS

History: Elevation of ALT and ALP. Patient is doing well otherwise with no other issues
Abnormal PE/Chem/CBC/UA Results: ALT (SGPT) 292 12 - 118 IU/L ALK PHOS 776 5 - 131 IU/L

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is normally distended, with a thin and smooth wall. 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 4.19×2.34 cm, with a cortical thickness of 0.53 cm in the sagittal plane. The right kidney could not be reliably measured in the provided images; however, where visualized, renal architecture appears preserved. 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

The left adrenal gland was not visualized due to acoustic shadowing from the adjacent colon. The right adrenal gland measures 0.45 cm at the cranial pole and 0.47 cm at the caudal pole (maximum values from three measurements), which is within normal limits for a dog of this size.

Spleen

Splenic thickness is 1.22 cm. The parenchyma is overall homogeneous, with a very small hypoechoic focus measuring 0.4×0.5 cm. The splenic capsule is smooth and regular.

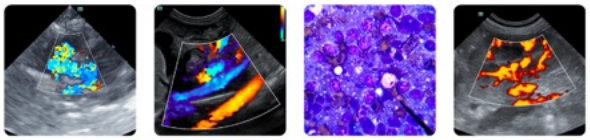
Liver

The liver is subjectively enlarged, with rounded margins and a regular contour. The hepatic parenchyma is overall homogeneous and isoechoic relative to the falciform fat, with several small hypoechoic foci measuring <1 cm. No hepatic lymphadenopathy is identified.

The gallbladder is moderately distended, with a thin wall. There is abundant biliary sludge with a mild early striated pattern. No dilation of the cystic duct or common bile duct is observed.

Gastrointestinal

The stomach is empty and folded, with a mural thickness of 1.96 mm and preserved wall layering. The pylorus measures 5.55 mm. Duodenum: 4.89 mm. Jejunum: 3.62–3.68 mm, with normal wall layering.



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No ultrasonographic evidence of inflammation, ileus, or foreign material is identified. Colon measures approximately 0.97 mm and contains abundant formed feces.

Pancreas

The evaluated pancreatic regions 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

- Hepatomegaly with rounded margins
- Multiple small hypoechoic hepatic foci (<1 cm)
- Abundant biliary sludge with early striated pattern

SECONDARY FINDINGS

- Small hypoechoic splenic focus (likely incidental)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The predominant findings are hepatomegaly with a homogeneous parenchymal appearance, accompanied by abundant biliary sludge with an early striated pattern, and a few small, nonspecific hypoechoic hepatic foci. In the context of elevated ALT and markedly increased ALP, this pattern is most consistent with a vacuolar hepatopathy, which may be associated with endocrine disease (particularly hyperadrenocorticism) or chronic metabolic/stress-related hepatocellular changes. The homogeneous echotexture and lack of large or aggressive focal lesions make primary hepatic neoplasia less likely.

The small hypoechoic hepatic foci are nonspecific and, in a dog of this age, are most commonly associated with nodular hyperplasia or benign regenerative changes, although early or subtle infiltrative processes cannot be completely excluded.

The gallbladder findings—abundant sludge with early striation—suggest biliary stasis with early mucocele formation. While not yet diagnostic for a mature mucocele, this represents a clinically relevant finding, particularly in dogs with elevated ALP and suspected endocrinopathy, as progression is possible.

The right adrenal gland is within normal size limits which does not support overt adrenal enlargement. However, the left adrenal gland was not visualized, which limits complete endocrine assessment. Given this limitation, hyperadrenocorticism cannot be excluded based on ultrasound alone.

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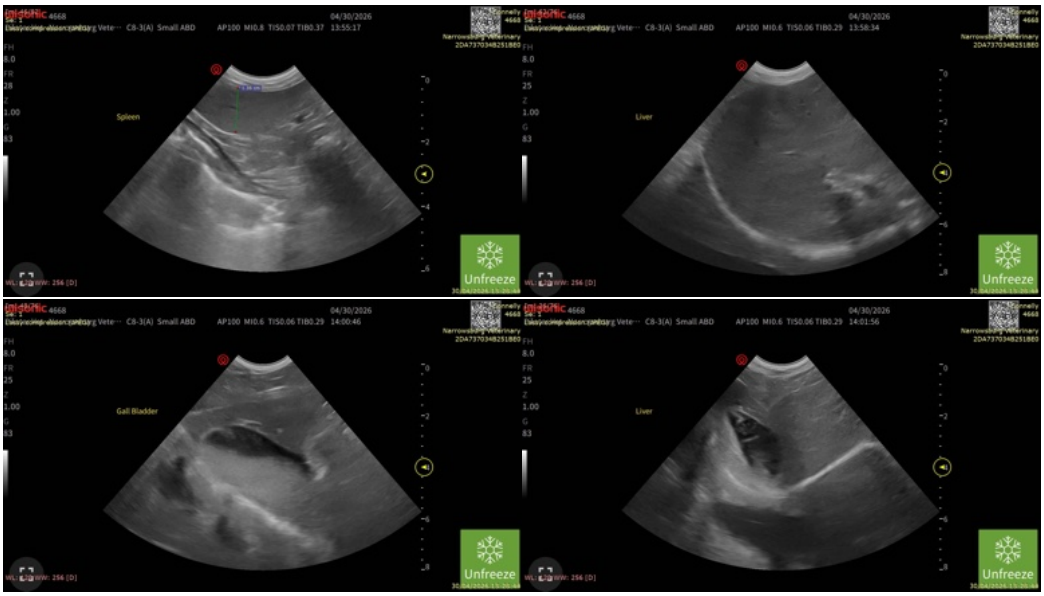
The small splenic hypoechoic focus is likely incidental and of low clinical significance.

Overall, the findings are most consistent with a metabolic/endocrine hepatobiliary process with early gallbladder involvement.

Recommendations

- Consider endocrine testing if clinically indicated, given the pattern of enzyme elevation and hepatobiliary changes.
- Consider medical management for biliary stasis (hepatobiliary support).
- Monitor gallbladder closely, as early mucocele changes may progress; follow-up ultrasound is recommended.
- Trend liver enzymes over time to assess progression or response.

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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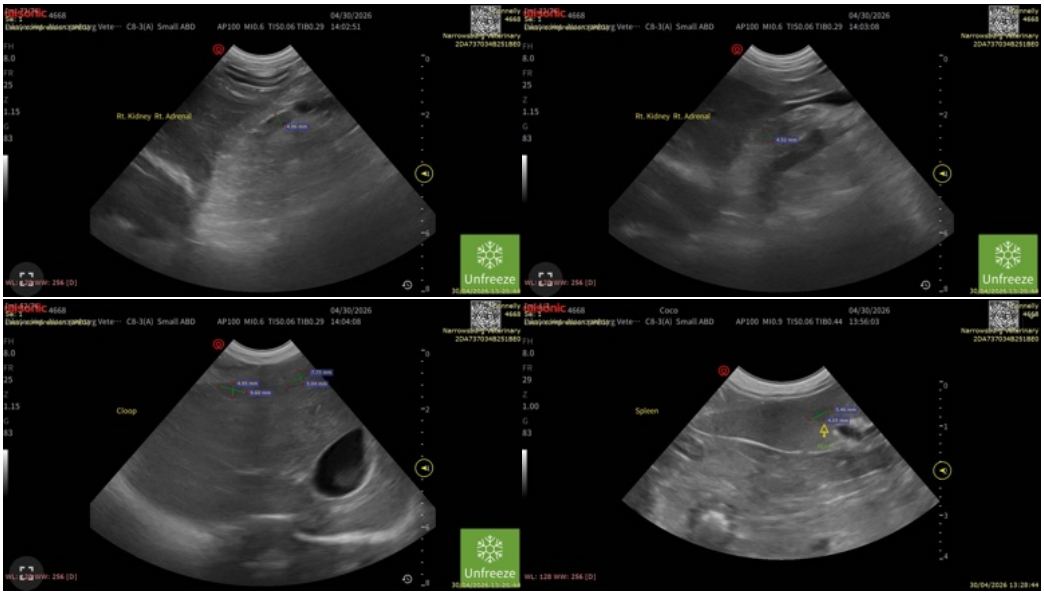

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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