



## PATIENT

Winston Wisse

## SPECIES

Canine

## BREED

Beagle Mix

## SEX

Neutered male

## AGE

7 years

## WEIGHT

17.3 kg

## INTERPRETED BY

Alicia Angosto  
Guerrero, DMV,  
PgDip, MSc.

## IMAGING PERFORMED BY

Ryan Bergner, LVT

## HOSPITAL NAME

Waterville VC

## REFERRING VET

Dr. Culbertson

## INVOICE

74312

## DATE

4/8/26

## PRESENTING CLINICAL SIGNS

History: Presented for a recheck of previously elevated liver enzymes. The owner reports a history of a mildly elevated ALP value since 2019. Owner has tracked his water intake in the past due to concerns for Cushing's disease and reports it is within a normal range. Abnormal PE/Chem/CBC/UA Results: ALP 339 on 3/12/26, was 268 in November Doing a low dose dex test today.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder is markedly underdistended. The wall appears thickened (5.3 mm) and mildly irregular; however, wall thickness may be overestimated due to underdistension. The urine is anechoic. The bladder neck and proximal urethra have a normal appearance. No calculi are identified.

The left kidney is normal in shape and size (5.63×2.93 cm), with a cortical thickness of 0.40 cm in the sagittal plane. The cortex is isoechoic compared 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.

The right kidney is normal in shape and size (5.40×3.19 cm), with a cortical thickness of 0.44 cm in the sagittal plane. The cortex is isoechoic compared 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 is partially visualized and measures 0.44 cm. The right adrenal gland is partially visualized and measures 0.40 cm. These measurements are within normal limits for a dog of this size, although complete evaluation is limited.

### Spleen

Splenic thickness is 1.75 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular. Splenic vasculature appears normal.

### 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 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 empty and folded, containing a minimal amount of fluid and gas. The gastric wall measures 2.87 mm, with preserved layering. The pylorus measures 5.96 mm. The duodenum measures 3.28 mm. The jejunum measures 2.18 mm, with preserved wall layering. No ultrasonographic evidence of ileus, obstruction, or foreign material is identified. The colon measures 1.23 mm and contains formed feces in the descending segment. The evaluated pancreatic regions show no ultrasonographic evidence of inflammation or neoplasia. There is no sonographic evidence of abdominal effusion, peritonitis, or lymphadenomegaly. The iliac trifurcation appears unremarkable.

## Pancreas

The evaluated pancreatic areas do not show evidence of overt inflammation.

## Free Abdomen

No sonographic evidence of abdominal effusion, peritonitis, or lymphadenomegaly is identified. The iliac trifurcation appears normal.

## PRIMARY FINDINGS

- Apparent urinary bladder wall thickening (likely artifactual due to underdistension).
- Small amount of biliary sludge.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver is structurally normal, with no focal or diffuse abnormalities identified. No ultrasonographic changes are present to explain the chronic elevation in ALP activity. This is a common finding in cases of isolated ALP elevation and is frequently associated with steroid-induced hepatopathy or endocrine influences, including hyperadrenocorticism, even in the absence of overt structural changes.

Both adrenal glands are within normal size limits, although only partially visualized, which limits complete evaluation. No ultrasonographic evidence of adrenal enlargement or mass is identified in the images provided to support hyperadrenocorticism. However, hyperadrenocorticism cannot be excluded based on ultrasound alone, particularly in early or mild cases.

Overall, there is no evidence of clinically significant hepatobiliary, pancreatic, or gastrointestinal disease on this study.

## Recommendations

- Correlation with results of the low-dose dexamethasone suppression test is recommended.
- Continued monitoring of liver enzyme activity is advised.
- Empirical hepatoprotective therapy may be considered, although its benefit in mild or isolated ALP elevation is variable.
- If clinical signs develop or laboratory abnormalities progress, further evaluation may be



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warranted.

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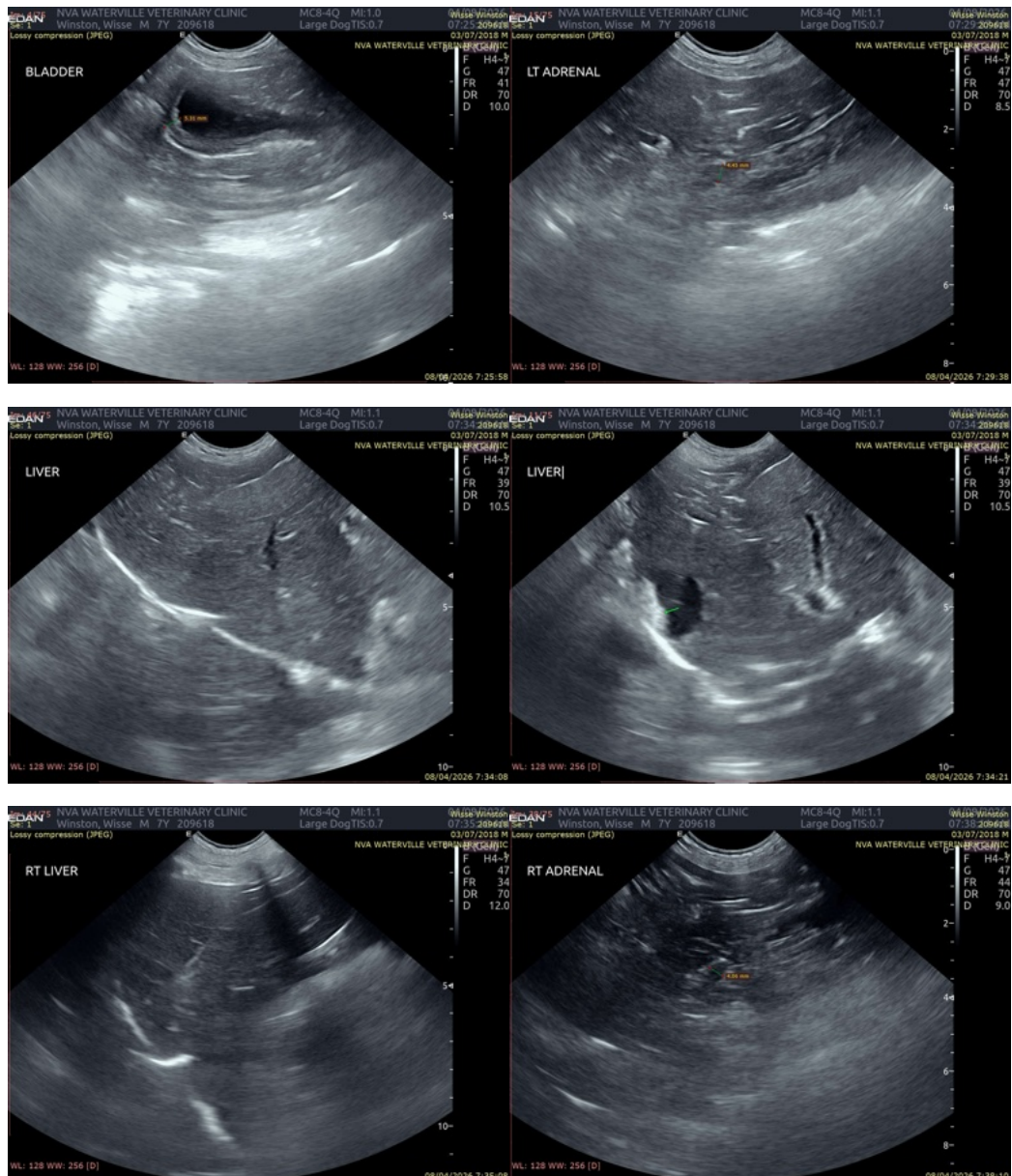
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



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can be of any further assistance please contact me.

**Alicia Angosto Guerrero, DMV, PgDip, MSc.**

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