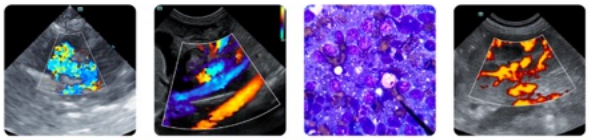


PATIENT

Blue Bespucci

SPECIES

Canine

BREED

Vizsla

SEX

Neutered male

AGE

11 years

WEIGHT

91 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Rebekah Keller

HOSPITAL NAME

Flanders VC

REFERRING VET

Dr. Gasparro

INVOICE

75555

DATE

5/14/26

PRESENTING CLINICAL SIGNS

History: Elevated ALP
E/D/B/U norm, no c/s/v/d
ALP 2457 Platelets 546 Glob 4.0

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

The left kidney is normal in shape and size: 7.25×3.37 cm, and the thickness of the cortex is 0.65 cm in the sagittal plane. The right kidney is normal in shape and size: 8.08×3.51 cm, and the thickness of the cortex is 0.70 cm in the sagittal plane. Both kidneys demonstrate cortical echogenicity similar to the hepatic parenchyma. The corticomedullary ratio and corticomedullary definition are preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler demonstrates a normal vascular pattern.

Adrenal Glands

Both adrenal glands show normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane: The left adrenal gland measures 0.74 cm at the cranial pole and 0.86 cm at the caudal pole. The right adrenal gland measures 0.98 cm at the cranial pole and 0.84 cm at the caudal pole.

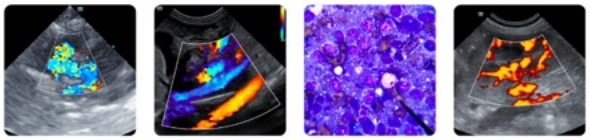
Spleen

Splenic thickness is 2.52 cm. The splenic parenchyma contains multiple well-defined homogeneous hyperechoic nodules of variable size, compatible with benign myelolipoma-like lesions/nodular change. The splenic capsule is smooth and regular. Splenic vasculature appears normal.

Liver

The liver is subjectively enlarged, with rounded margins and a regular contour. The hepatic parenchyma is homogeneous but it shows one subtle poorly marginated hypoechoic focal parenchymal region measuring approximately 2.21×2.44 cm is identified. This finding is nonspecific and may represent focal nodular hyperplastic/regenerative change, focal parenchymal heterogeneity, or less likely an infiltrative lesion. No hepatic lymphadenopathy is observed.

The gallbladder lumen is normally distended. The wall is thin, and the contents are anechoic. No dilation of the cystic duct or common bile duct is identified.



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Gastrointestinal

The stomach is empty and folded, with preserved wall layering and mural thickness measuring 2.22 mm.

The pylorus measures 6.18 mm. The duodenum measures 4.12 mm. The jejunum measures 3.72–4.60 mm, with preserved wall layering throughout the evaluated intestinal tract.

No ultrasonographic evidence of focal gastrointestinal inflammation, mechanical ileus, foreign material, or obstructive disease is identified.

The colon measures approximately 1.90 mm in thickness and is mildly underfilled.

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 a subtle poorly marginated hypoechoic hepatic parenchymal focus
- Mild adrenal enlargement

SECONDARY FINDINGS

- Multiple benign-appearing hyperechoic splenic nodules/myelolipoma-like lesions

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

In dogs of this size, adrenal dorsoventral thickness is generally expected to remain below approximately 0.75–0.80 cm, although mild variation exists between studies and body sizes. The left adrenal gland measures 0.74 cm at the cranial pole and 0.86 cm at the caudal pole, while the right adrenal gland measures 0.98 cm at the cranial pole and 0.84 cm at the caudal pole. Both adrenal glands therefore appear mildly enlarged, with the right adrenal gland slightly more prominent. Importantly, adrenal shape, echogenicity, and architecture remain preserved bilaterally, without evidence of a discrete adrenal mass or invasive features. Overall, this pattern is considered more supportive of bilateral adrenal hyperplasia within the spectrum of pituitary-dependent hyperadrenocorticism rather than adrenal-dependent neoplastic disease.

Hepatic findings are supportive of chronic endocrine/steroid-associated hepatopathy, including vacuolar hepatopathy and possible hyperadrenocorticism.

The subtle poorly marginated hypoechoic hepatic focus is nonspecific and does not currently demonstrate strongly aggressive ultrasonographic characteristics. Differential considerations include

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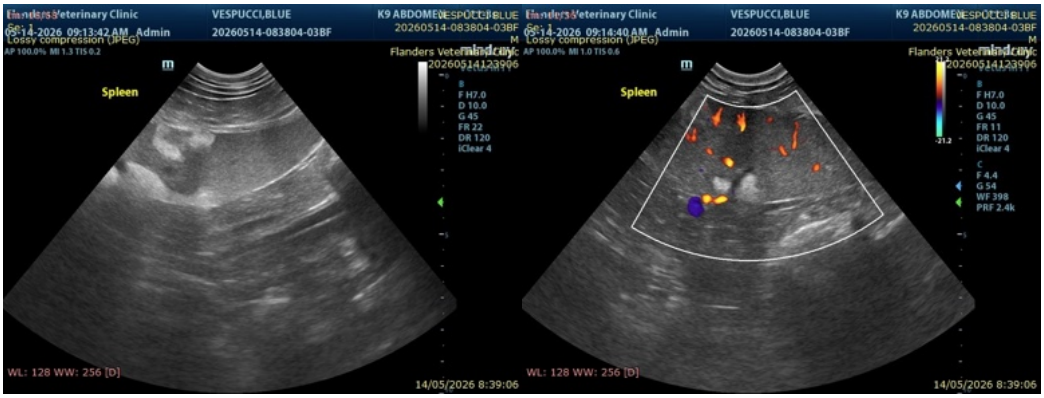
focal nodular hyperplasia/regenerative change, focal vacuolar heterogeneity, or less likely infiltrative/neoplastic disease. In the absence of additional aggressive hepatic features, abdominal lymphadenopathy, or evidence of metastatic disease, this finding is considered of lower immediate concern relative to the diffuse hepatobiliary/endocrine pattern.

The splenic nodules demonstrate a benign ultrasonographic appearance and are most compatible with nodular hyperplasia/myelolipoma-like change, which is commonly encountered in older dogs and may also be associated with chronic steroid influence.

Recommendations

- Endocrine testing for hyperadrenocorticism (such as ACTH stimulation testing or low-dose dexamethasone suppression testing) is recommended given the marked ALP elevation, right adrenal enlargement, hepatomegaly, and overall steroid hepatopathy pattern.
- Medical hepatobiliary support (such as SAMe/silybin) may be considered at the discretion of the attending veterinarian.
- Serial monitoring of liver enzymes and abdominal ultrasound is recommended.
- The subtle hepatic parenchymal focus may be monitored sonographically for stability. Fine needle aspiration could be considered if the lesion enlarges, biochemical abnormalities progress substantially, or endocrine testing does not adequately explain the hepatobiliary changes.
- Correlation with cholesterol, triglycerides, urine specific gravity, UPC ratio, blood pressure, and clinical signs associated with hyperadrenocorticism is recommended.

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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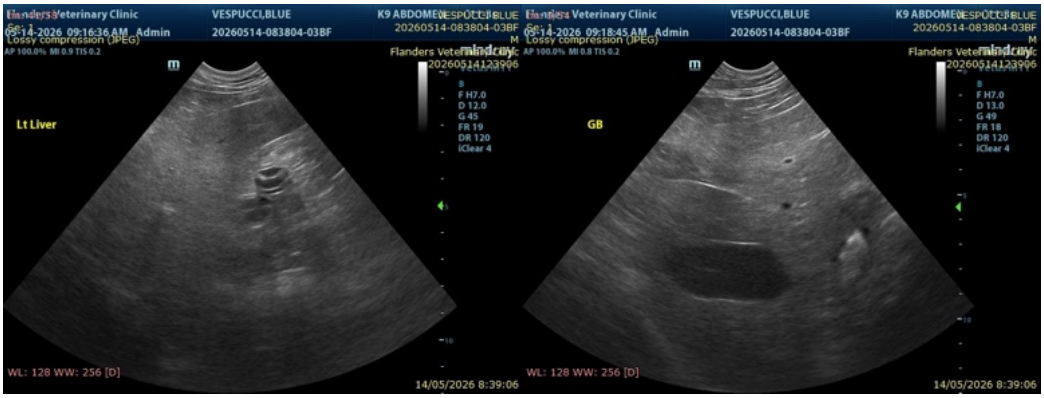

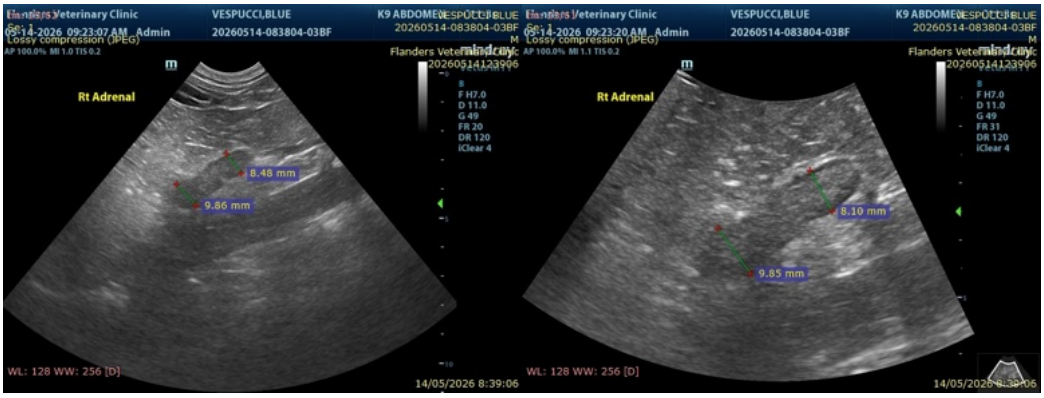

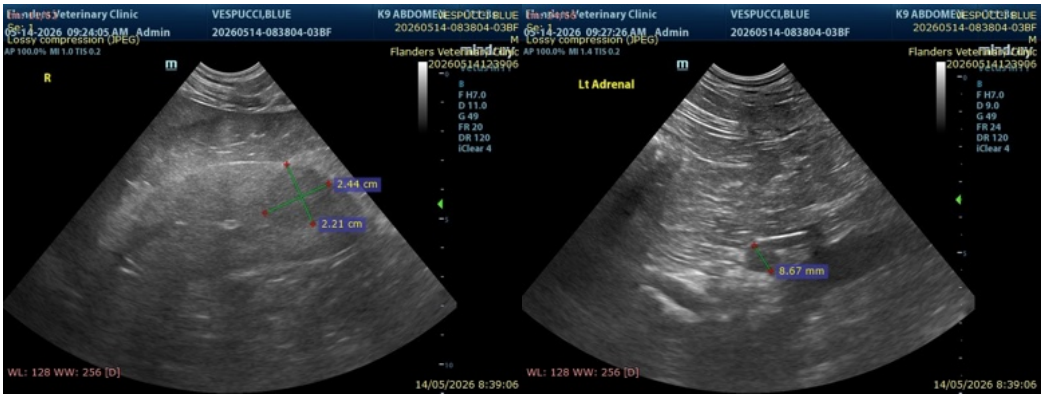

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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