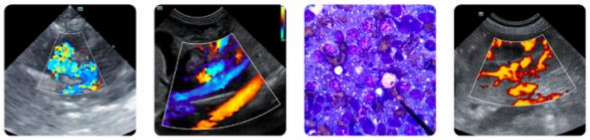




**PATIENT**

Bingo Donze

**SPECIES**

Canine

**BREED**

Cocker Spaniel Mix

**SEX**

Neutered Male

**AGE**

7 Years 10 Months

**WEIGHT**

10.1 kg

**INTERPRETED BY**

Alicia Angosto Guerrero, DMV, PgDip, MSc.

**IMAGING PERFORMED BY**

Dallas Reynolds LVT

**HOSPITAL NAME**

Lone Mountain Animal Hospital

**REFERRING VET**

Dr. Emilie Dours

**INVOICE**

16467

**DATE**

05/22/26

## PRESENTING CLINICAL SIGNS

Continued increasing ALP even after Denamarin. FNA of liver sent out today. P asymptomatic.

Abnormal PE/Chem/CBC/UA Results: ALP 336 (8/2025), ALP 266 (9/2025), ALP 635 (5/2026)

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

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

The left kidney is normal in shape and size, measuring 5.07×2.63 cm, with a cortical thickness of 0.40 cm in the sagittal plane.

The right kidney is normal in shape and size, measuring 5.20×2.76 cm, with a cortical thickness of 0.42 cm in the sagittal plane.

Renal cortical echogenicity is overall within normal limits relative to the hepatic parenchyma. A small cortical cyst measuring 3.89×2.28 mm is identified. Mild hyperechogenicity of the outer medulla is present bilaterally. The corticomedullary ratio is normal, and corticomedullary definition is preserved. No evidence of pyelectasia, nephrolithiasis, ureteral dilation, or hydronephrosis is identified. Color Doppler interrogation demonstrates a normal vascular pattern.

### *Prostate*

The prostate measures 1.69×1.49 cm and is homogeneous and mildly hypoechoic, compatible with expected prostatic atrophy secondary to orchiectomy.

### *Adrenal Glands*

Both adrenal glands demonstrate mildly globoid morphology with otherwise normal echogenicity. Dorsoventral diameters measured in the sagittal plane are as follows: the left adrenal gland measures 0.51 cm at the cranial pole and 0.72 cm at the caudal pole; the right adrenal gland measures 0.70 cm at the cranial pole and 0.74 cm at the caudal pole.

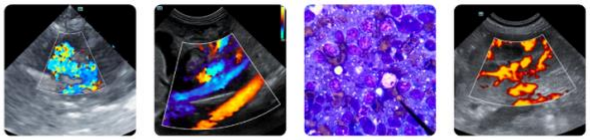
### *Spleen*

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.

### *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 tract*

The stomach is empty and folded. Gastric wall thickness measures 2.90 mm, with preserved wall layering. The pyloric wall measures 4.12 mm.

The duodenal wall measures 3.82 mm, the jejunal wall measures 3.57 mm, and the ileal wall measures 2.03 mm. Normal intestinal wall layering is preserved throughout the evaluated gastrointestinal tract. The ileocecocolic junction measures 2.40 mm and appears within normal limits.

No sonographic evidence of gastrointestinal obstruction, focal mural mass lesion, inflammatory corrugation, ileus, or foreign material is identified.

The colon measures 0.90–1.60 mm in wall thickness and contains formed fecal material within the descending colon.

### *Pancreas*

The pancreas measures approximately 0.95 cm in thickness. The pancreatic parenchyma is isoechoic relative to the adjacent mesenteric fat. No surrounding mesenteric fat hyperechogenicity or sonographic evidence of active pancreatitis is identified.

### *Free Abdomen*

No sonographic evidence of abdominal effusion or peritonitis is identified. The cranial mesenteric lymph nodes measure approximately 4.22 mm in thickness and maintain normal shape and echogenicity. The medial iliac lymph node measures approximately 0.4×0.9 cm and also maintains normal morphology and echogenicity. The iliac trifurcation region appears normal.

## PRIMARY FINDINGS

- Mild bilateral adrenal gland globoid morphology/borderline enlargement

## SECONDARY FINDINGS

- Subtle bilateral outer medullary hyperechogenicity.
- Small renal cortical cyst.
- Mild biliary sludge.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Mild bilateral adrenal gland enlargement/globoid morphology is present, with measurements remaining only mildly increased for patient size. In the context of progressive ALP elevation, these findings may raise consideration for adrenal hyperplasia or early pituitary-dependent hyperadrenocorticism; however, the adrenal changes are relatively subtle and nonspecific ultrasonographically, and ultrasound alone cannot assess adrenal functional status. Correlation with endocrine testing and overall clinicopathologic findings is recommended, particularly if compatible clinical signs develop or biochemical abnormalities continue to progress.

Mild biliary sludge is present and is considered a low-grade/incidental finding in the absence of gallbladder wall abnormalities or biliary ductal dilation.

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The mild bilateral outer medullary hyperechogenicity is a common incidental finding in dogs. Together with the small renal cortical cyst, these findings do not currently suggest clinically significant renal disease.

Overall, the examination most strongly supports mild chronic metabolic/reactive hepatobiliary change rather than overt structural hepatic disease. Given the progressive ALP elevation, endocrine/metabolic hepatopathy remains an important differential consideration despite the relatively mild ultrasonographic abnormalities.

Recommendations

- Correlation with the pending hepatic cytology results, as cytology may help further characterize the underlying cause of the progressive ALP elevation despite the relatively mild ultrasonographic abnormalities.
- Correlation with a complete serum biochemistry profile, bilirubin, cholesterol, triglycerides, and urinalysis is recommended if not already performed.
- Given the mild bilateral adrenal enlargement/globoid morphology and progressive cholestatic enzyme elevation, endocrine testing for hyperadrenocorticism may be clinically reasonable, particularly if compatible clinical signs or additional biochemical abnormalities are present.
- Continued hepatoprotective therapy reasonable pending cytologic and laboratory correlation.

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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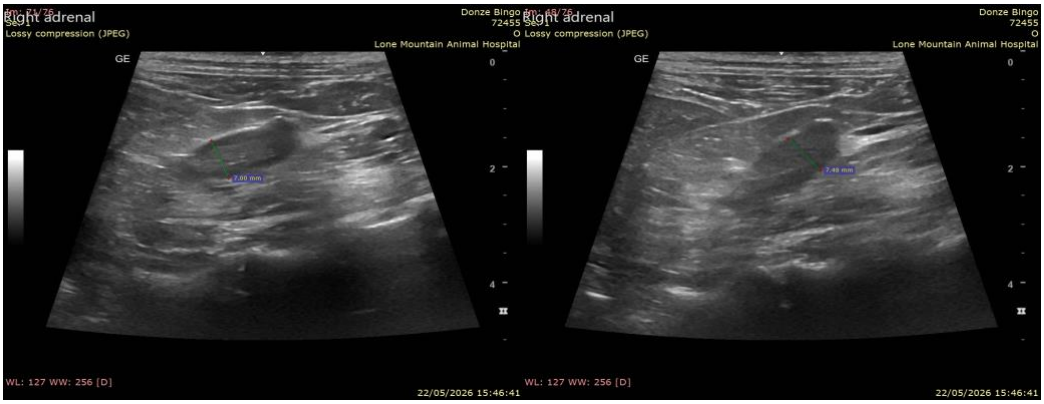

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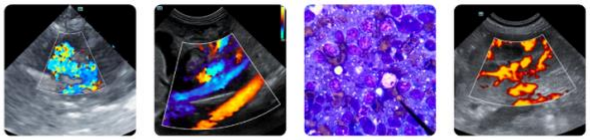

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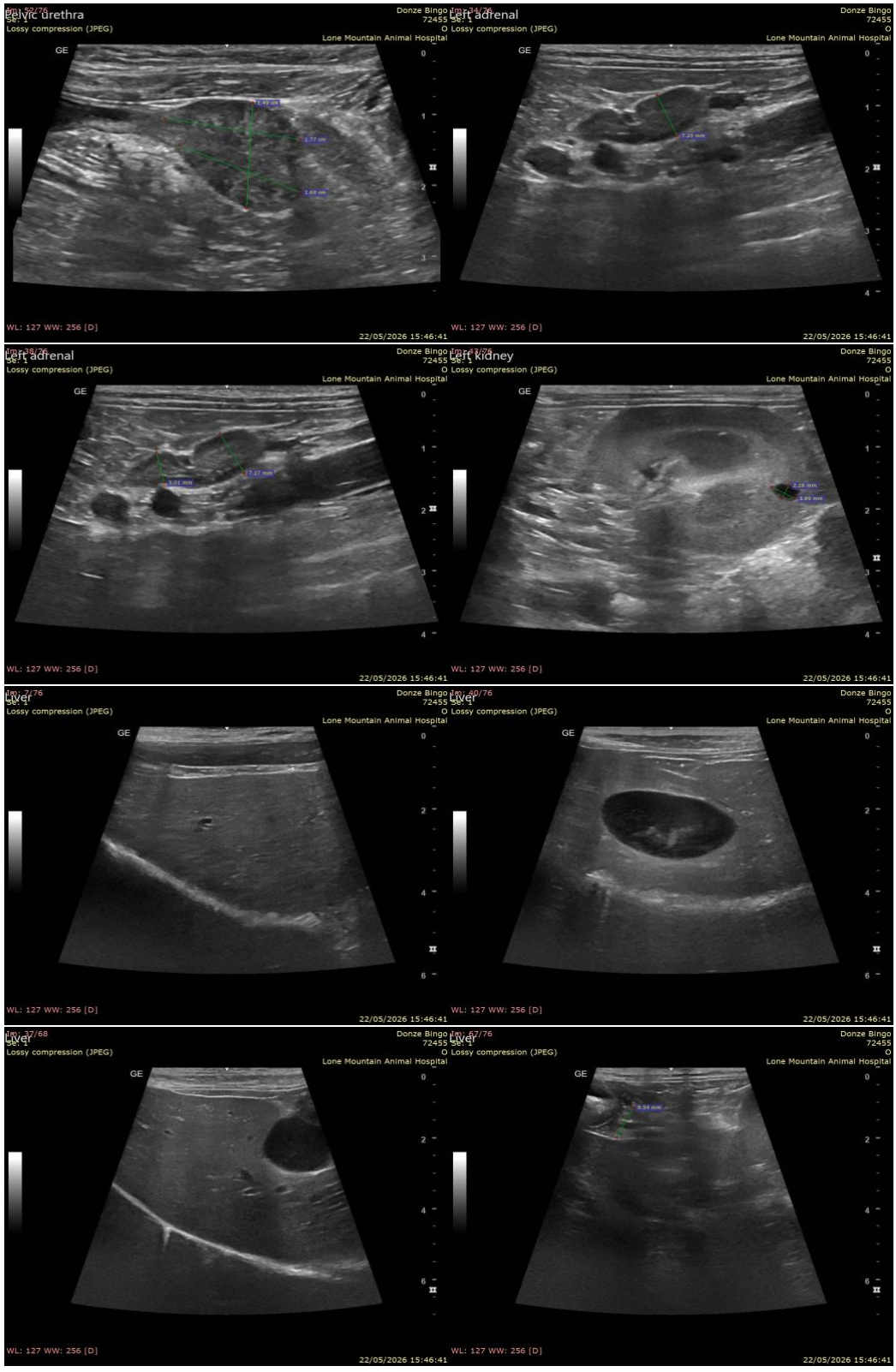

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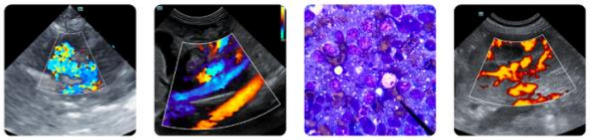

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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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

info@SonoPath.com