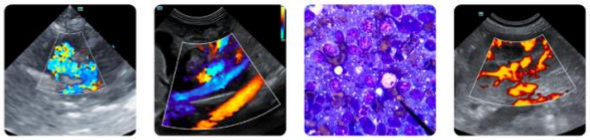




**PATIENT**

Emma Palomino

**SPECIES**

Canine

**BREED**

Labradoodle

**SEX**

Spayed Female

**AGE**

9 Years

**WEIGHT**

49.9

**INTERPRETED BY**

Alicia Angosto Guerrero, DMV, PgDip, MSc.

**IMAGING PERFORMED BY**

Cristian Diaz

**HOSPITAL NAME**

St. Georges Veterinary Hospital

**REFERRING VET**

Dr. Vivian Ng

**INVOICE**

16461

**DATE**

05/22/26

## PRESENTING CLINICAL SIGNS

Patient History: Slowing down on walks x2 weeks; prefers to return home quickly. Decreased appetite, leaving food, sometimes skipping meals (new for patient). Increased water intake x3 weeks. Pica: eating grass and soil x3 weeks. No coughing, sneezing, vomiting, or diarrhea. No change in urination or defecation patterns; no urinary accidents. No lameness; gait slow but not painful or limping. Occasional mild abdominal discomfort/gas. History of elevated liver values; on Denamarin daily. Fatty mass on lateral chest, ~1 inch, subcutaneous, stable in size. Possible small cutaneous mass on shoulder (not palpable today). No known chicken allergy: on gastrointestinal diet, treats unchanged. Current medications: Denamarin daily

Abnormal PE/Chem/CBC/UA Results: ALP 733 (496) PSL 180, T4 0.9 low normal

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

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

The left kidney is normal in shape and size, measuring 5.78×3.05 cm, with cortical thickness measuring 0.70 cm in the sagittal plane. Complete longitudinal measurement of the right kidney could not be confidently obtained due to technical imaging limitations; however, the visualized portions appear overall within normal limits sonographically.

In both kidneys, the renal cortex is isoechoic relative to the liver parenchyma. The corticomedullary ratio and corticomedullary definition are preserved. No pyelectasia, nephrolithiasis, or hydronephrosis is identified.

### *Adrenal Glands*

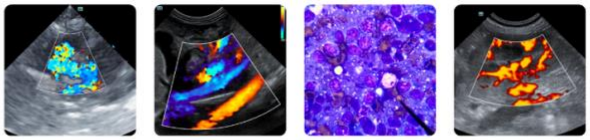
Despite careful review of the submitted adrenal region video clips and additional time dedicated to evaluation of the adrenal regions, complete ultrasonographic adrenal assessment remains limited. Visualization was further hindered by prominent acoustic shadowing generated by adjacent fecal material within the colon. However, on detailed reevaluation of the available images, a possible portion of the left adrenal gland caudal pole may be partially visualized, measuring approximately 0.61 cm in dorsoventral thickness. This measurement is considered within upper-normal to borderline limits for a dog of this size. The remaining portions of both adrenal glands could not be confidently identified or fully characterized on the current examination.

### *Spleen*

Splenic thickness is 1.94 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.





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The gallbladder lumen is normally distended. The wall is thin and smooth. A moderate amount of dependent biliary sludge is present within the gallbladder lumen. No convincing dilation of the cystic duct or common bile duct is identified.

### *Gastrointestinal tract*

The stomach is empty and folded, with wall thickness measuring 2.42 mm and preserved wall layering.

The pylorus measures 6.11 mm. The duodenum measures 3.87 mm. The jejunum measures approximately 2.25–2.30 mm in thickness with preserved wall layering. No focal intestinal wall thickening, obstructive pattern, plication, ileus, inflammatory change, or foreign material is identified ultrasonographically.

The colon measures approximately 1.17 mm and contains formed fecal material within the descending colon.

### *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

- Moderate biliary sludge.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The current abdominal ultrasonographic examination is overall relatively unremarkable. Moderate biliary sludge is present but remains nonspecific and is commonly identified incidentally in middle-aged to older dogs. No convincing ultrasonographic evidence of biliary obstruction, significant hepatopathy, pancreatitis, gastrointestinal obstructive disease, or abdominal neoplasia is identified at this time.

No overt ultrasonographic evidence of advanced hepatobiliary or abdominal changes classically associated with hyperadrenocorticism is identified on the current examination. However, incomplete adrenal evaluation limits full ultrasonographic assessment for endocrine disease.

Importantly, a relatively unremarkable abdominal ultrasound examination does not exclude clinically relevant hepatopathy or endocrine disease. In dogs with persistent ALP elevation, increased thirst, and nonspecific gastrointestinal signs, disorders such as early or mild vacuolar hepatopathy, steroid-induced hepatocellular change, hyperadrenocorticism-spectrum disease, metabolic hepatopathy, or low-grade chronic hepatobiliary dysfunction may still be present despite limited or absent ultrasonographic abnormalities, particularly in earlier stages of disease.

The mild clinical signs, elevated ALP activity, increased thirst, and low-normal T4 may still warrant further endocrine investigation depending on overall clinical suspicion and progression.

Recommendations

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- Correlation with endocrine testing for hyperadrenocorticism still clinically reasonable.
- Given the moderate biliary sludge/mineralized sediment identified ultrasonographically, consideration could be given to empiric hepatobiliary support (such as ursodeoxycholic acid therapy) if clinically appropriate.
- Serial monitoring of liver enzyme activity and clinical progression 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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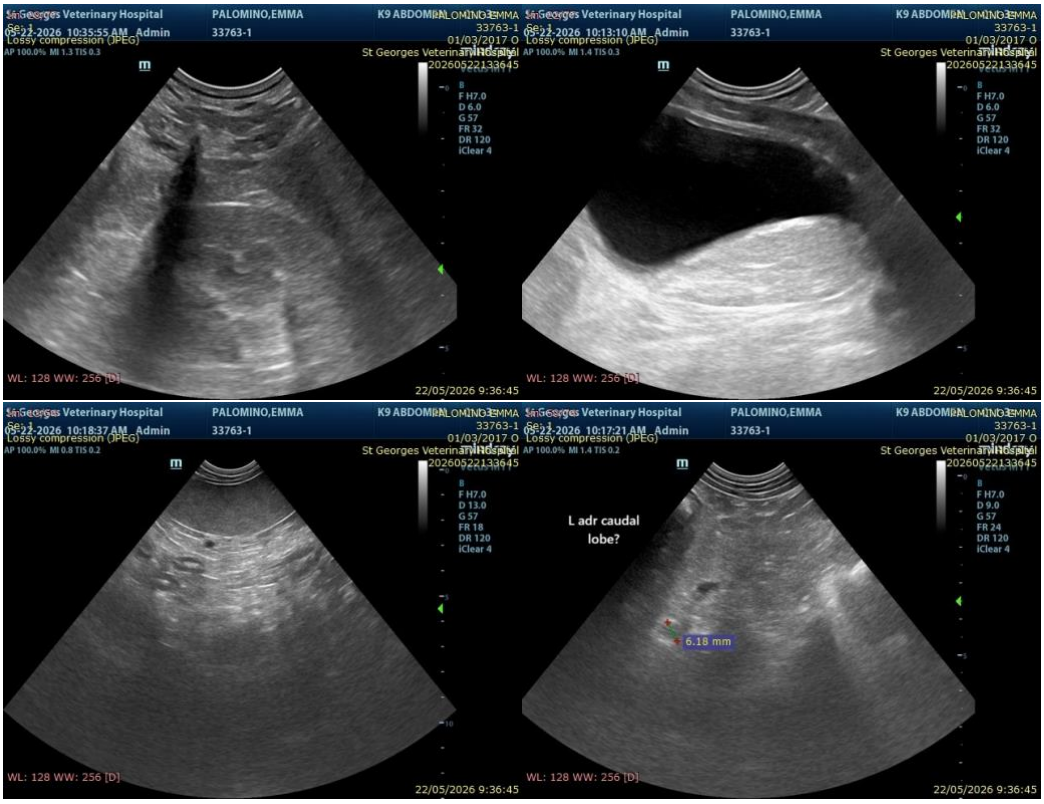


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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