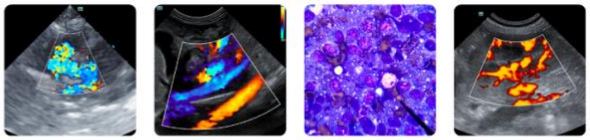


PATIENT

Zoey Morford

SPECIES

Canine

BREED

Beagle

SEX

Spayed Female

AGE

9 Years

WEIGHT

10.36 kg

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Patrick Hennigan, DVM

HOSPITAL NAME

Mattydale Animal Hospital

REFERRING VET

Patrick Hennigan, DVM

INVOICE

16826

DATE

06/19/26

PRESENTING CLINICAL SIGNS

Patient has been on prednisolone chronically for beagle pain syndrome. Presented in March 2026 for mass removal and dental. Pre-op bloods revealed elevated ALP. Patient does drink a lot but is on prednisolone. Recheck of blood work June 10th showed a about same increase of ALP. Owners opted for AUS to r/o any other causes vs just a steroid hepatopathy.

Abnormal PE/Chem/CBC/UA Results: March ALP (483), June ALP (464)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is incompletely distended. The urinary bladder wall appears mildly thickened and slightly irregular, measuring up to 3.49 mm. Given the degree of bladder under distension, wall thickness may be overestimated. The urine is anechoic. The trigone and proximal urethra have a normal ultrasonographic appearance. No calculi are identified, and there is no evidence of inflammatory or neoplastic disease.

The left kidney is normal in shape and size, measuring 5.64x3.13 cm, with a cortical thickness of 0.44 cm in the sagittal plane.

The right kidney is normal in shape and size, measuring 5.50x2.93 cm, with a cortical thickness of 0.49 cm in the sagittal plane.

Both kidneys demonstrate normal cortical echogenicity. The corticomedullary ratio and corticomedullary definition are preserved. No evidence of pyelectasia, nephrolithiasis, or hydronephrosis is identified. Color Doppler interrogation 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 0.53 cm at the cranial pole and 0.52 cm at the caudal pole. The right adrenal gland measures 0.48 cm at the cranial pole and 0.53 cm at the caudal pole.

Spleen

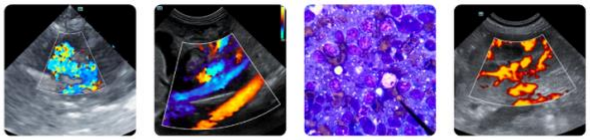
Splenic thickness is 1.27 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.

Liver

The liver is enlarged, with rounded margins and a regular contour. The hepatic parenchyma is homogeneous and of normal echogenicity with a fine echotexture. No focal hepatic lesions or hepatic lymphadenopathy are identified.

The gallbladder is markedly distended. The wall measures up to 1.82 mm in thickness. The lumen contains a moderate amount of organized biliary material with multifocal hypoechoic to anechoic mucoid-appearing regions. These findings are suspicious for gallbladder mucosal hyperplasia and very early mucocele formation. No dilation of the cystic duct or common bile duct is identified.

Gastrointestinal tract



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The stomach is empty and folded. Gastric wall thickness measures 3.37 mm, with normal wall layering preserved.

The pyloric wall measures 5.23 mm.

The duodenal wall measures 3.86 mm.

The jejunal wall measures 3.19 mm, with normal wall layering preserved.

No evidence of gastrointestinal inflammation, obstructive ileus, or foreign material is identified.

The transverse colon measures 1.42 mm and contains a small amount of luminal content. The descending colon measures 2.43 mm and is largely empty. Colonic wall layering is preserved.

Pancreas

The pancreas is normal in size. The pancreatic parenchyma is predominantly isoechoic relative to the adjacent omental fat. Mild scattered hyperechoic pancreatic striations are present and may represent minimal fatty infiltration. No evidence of active pancreatitis or peripancreatic fat inflammation is identified.

Free Abdomen

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

PRIMARY FINDINGS

- Hepatomegaly.
- Marked gallbladder distension containing organized biliary material with internal mucoid-appearing regions.

SECONDARY FINDINGS

- Mild apparent urinary bladder wall thickening in an under distended bladder.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The overall ultrasonographic findings are most consistent with chronic glucocorticoid-associated hepatobiliary change. Hepatomegaly, persistent ALP elevation, marked gallbladder distension, organized biliary material, and suspected gallbladder mucosal hyperplasia can all occur secondary to chronic exogenous corticosteroid administration.
Although a classic mature gallbladder mucocele pattern is not identified, the gallbladder changes raise concern for early mucocele development and warrant continued monitoring, particularly given the breed predisposition and ongoing glucocorticoid exposure.

Despite the history of chronic glucocorticoid administration, the adrenal glands maintain a normal size and ultrasonographic appearance.

Recommendations

- Continued monitoring of serum liver enzyme activities and gallbladder sludge is

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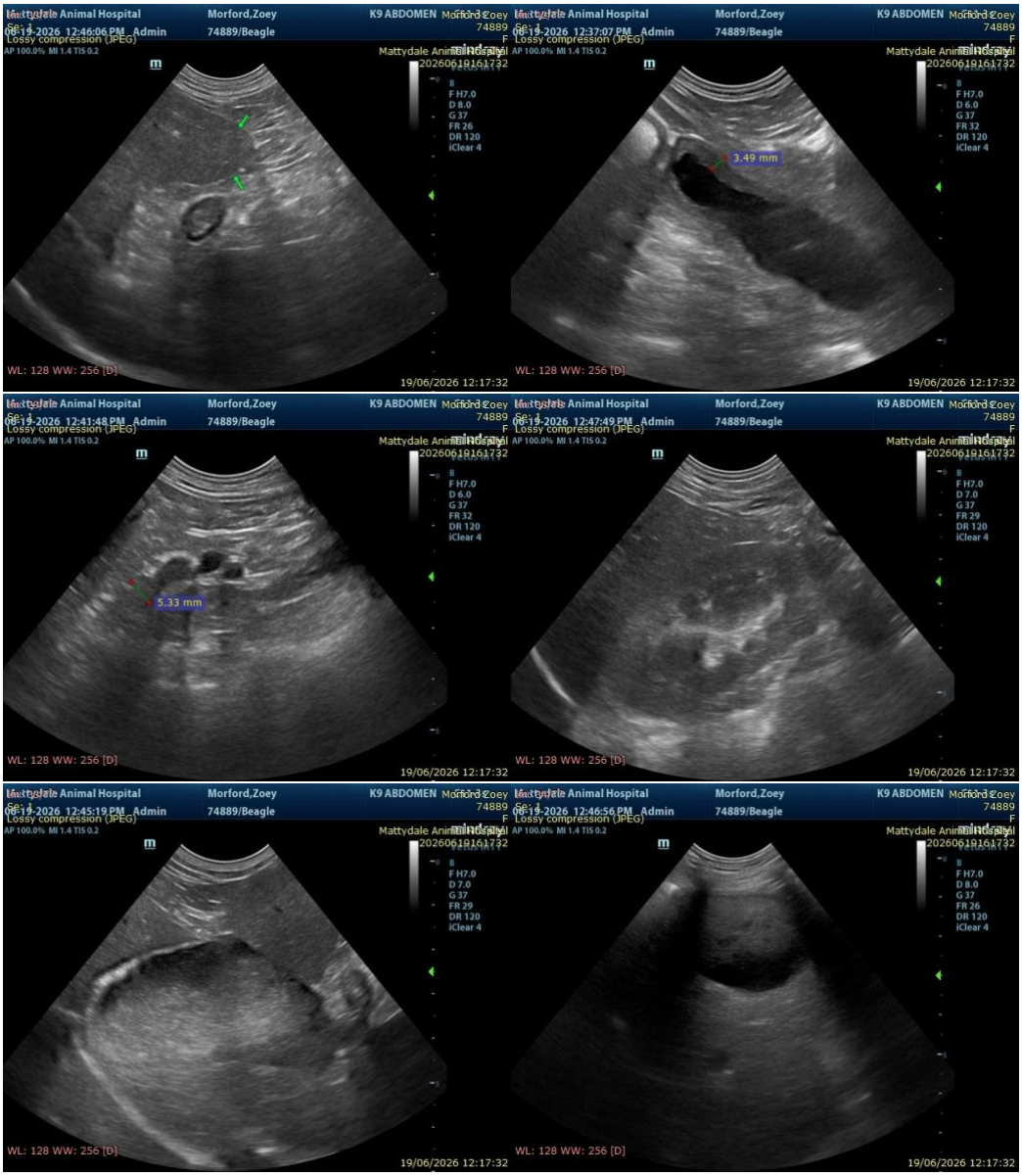
recommended.

- Medical management with ursodeoxycholic acid may be considered, provided there is no clinical concern for extrahepatic biliary obstruction.

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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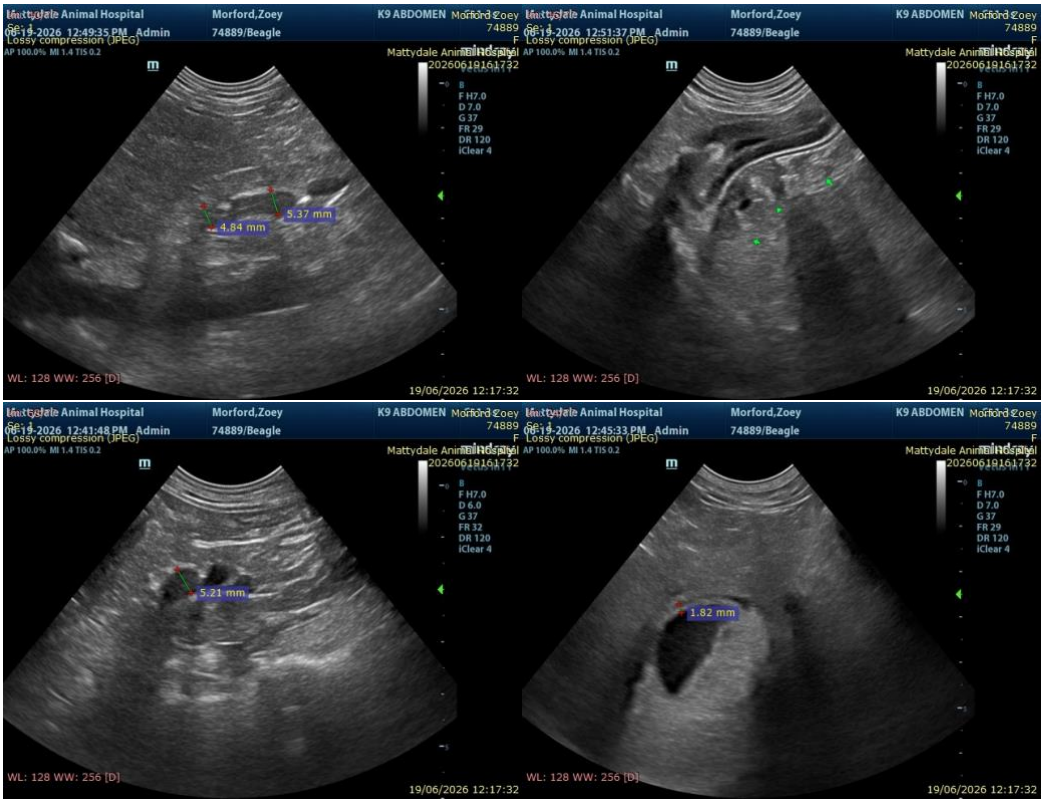

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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