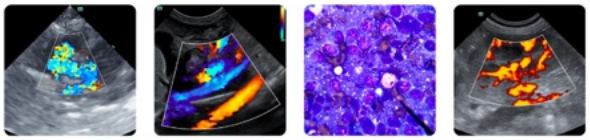


PATIENT

Paisley Jo Johnson

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Spayed female

AGE

11 years

WEIGHT

16.8 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Janel Schietzelt, DVM

HOSPITAL NAME

Dreaming Summit AH

REFERRING VET

Dr. Schietzelt

INVOICE

78305

DATE

6/2/26

PRESENTING CLINICAL SIGNS

History: -Patient presents as referral from rDVM for ultrasound following finding of elevated liver values on senior routine labs/well exam. Performed x-rays where hepatomegaly noticed and ultrasound recommended
-Asymptomatic at home, no pu/pd seen, normal appetite, no v/d
-Moving back to Oklahoma in 2 weeks
-Vitals WNL on exam; moderate distended appearance to abdomen with no fluid wave
Abnormal PE/Chem/CBC/UA Results: -ALT 128 -ALP 214 -Hypercholesterolemia (467) -Hypertriglyceridemia (405) -Hypercalcemia (11.8, non-ionized) -Total proteins 7.7, Globulins 3.8 -Valley fever titer negative, ehrlichia negative, cpL WNL -Urinalysis not performed

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen 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 evidence of inflammatory or neoplastic disease are identified.

The left kidney is normal in shape and size, measuring 5.00 × 2.69 cm, with a cortical thickness of 0.48 cm in the sagittal plane. Cortical echogenicity is mildly increased and multiple small cortical cysts are present, the largest measuring approximately 0.45 × 0.49 cm. Corticomedullary definition and corticomedullary ratio are preserved. No pyelectasia, nephrolithiasis, or hydronephrosis is identified. Color Doppler evaluation is unremarkable.

The right kidney measures 3.88 × 2.73 cm. Cortical echogenicity is mildly increased and a few small cortical cysts are present. Corticomedullary definition and corticomedullary ratio are preserved. No pyelectasia, nephrolithiasis, or hydronephrosis is identified.

Adrenal Glands

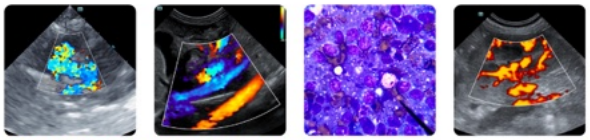
Both adrenal glands are mildly enlarged. The left adrenal gland measures approximately 0.70 cm at the caudal pole; the cranial pole could not be completely assessed. The right adrenal gland measures approximately 0.65 cm at the cranial pole and 0.69 cm at the caudal pole.

Spleen

Splenic thickness measures approximately 2.0 cm. The splenic parenchyma demonstrates normal echogenicity and homogeneous echotexture without focal abnormalities. The splenic capsule is smooth and regular.

Liver

The liver is enlarged with rounded margins and a regular contour. The hepatic parenchyma is mildly hyperechoic relative to the falciform fat, mildly heterogeneous, and demonstrates mild distal acoustic



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attenuation. Multifocal poorly defined hypoechoic foci are present, the largest measuring approximately 1.67 × 0.98 cm. No hepatic lymphadenopathy is identified.

The gallbladder is normally distended. Mild mucosal hyperplasia is present with a small amount of biliary sludge. No evidence of cystic duct or common bile duct dilation is identified.

Gastrointestinal tract

The stomach contains a small amount of ingesta and demonstrates preserved wall layering with a mural thickness of 2.10 mm.

The pylorus measures 5.54 mm. The duodenum measures 4.67 mm. The jejunum measures 4.30 mm. Wall layering is preserved throughout the examined small intestine.

No sonographic evidence of gastrointestinal obstruction, foreign material, or inflammatory bowel disease is identified.

The colon measures 1.13 mm and contains formed fecal material.

Pancreas

The evaluated pancreatic regions appear within normal limits. No sonographic evidence of pancreatitis or pancreatic mass lesion is identified.

Free Abdomen

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

PRIMARY FINDINGS

- Hepatomegaly with mildly increased echogenicity, mild heterogeneity, mild acoustic attenuation, and multifocal hypoechoic nodules.
- Mild gallbladder mucosal hyperplasia with scant biliary sludge.
- Bilateral adrenomegaly.

SECONDARY FINDINGS

- Bilateral renal cortical hyperechogenicity with multiple small renal cortical cysts (left greater than right).
- Mild splenic enlargement, likely physiologic/sedation related.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Hepatomegaly with diffuse hepatocellular change is present, characterized by mildly increased parenchymal echogenicity, mild heterogeneity, and mild distal acoustic attenuation. In conjunction with

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the patient's hypercholesterolemia, hypertriglyceridemia, and mild liver enzyme elevations, these findings are most consistent with vacuolar hepatopathy or an underlying metabolic/endocrine hepatopathy. Multifocal small hypoechoic hepatic nodules are also present and most likely represent areas of nodular hyperplasia or regenerative change.

Mild gallbladder mucosal hyperplasia and a small amount of biliary sludge are present. No sonographic evidence of gallbladder mucocele formation, biliary obstruction, or cholecystitis is identified.

Both adrenal glands are mildly enlarged. In conjunction with the hepatobiliary findings and lipid abnormalities, hyperadrenocorticism should be considered. Adrenal size alone does not establish functional adrenal disease, and further endocrine testing may be considered if clinically warranted.

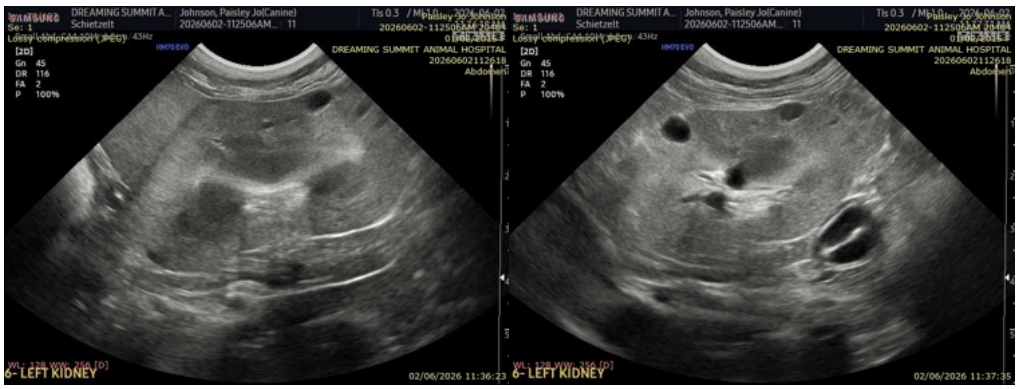
Bilateral renal cortical hyperechogenicity and multiple small renal cysts are present and most likely represent chronic age-related renal change.

Mild splenic enlargement with otherwise normal splenic echogenicity and echotexture. This finding may be physiologic and related to sedation-associated splenic congestion.

Recommendations

- Screening for hyperadrenocorticism (ACTH stimulation test or low-dose dexamethasone suppression test).
- Monitor liver enzyme activity, lipid profile and renal values over time.
- Consider hepatoprotective therapy and dietary management of hyperlipidemia at the discretion of the attending veterinarian.

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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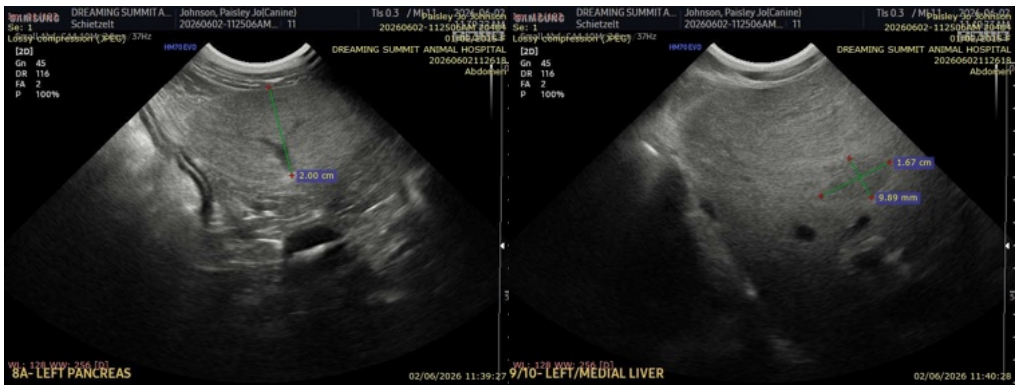

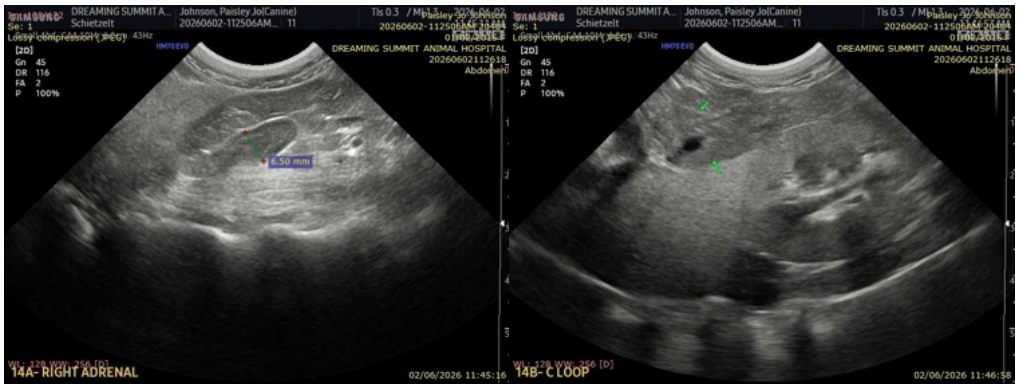

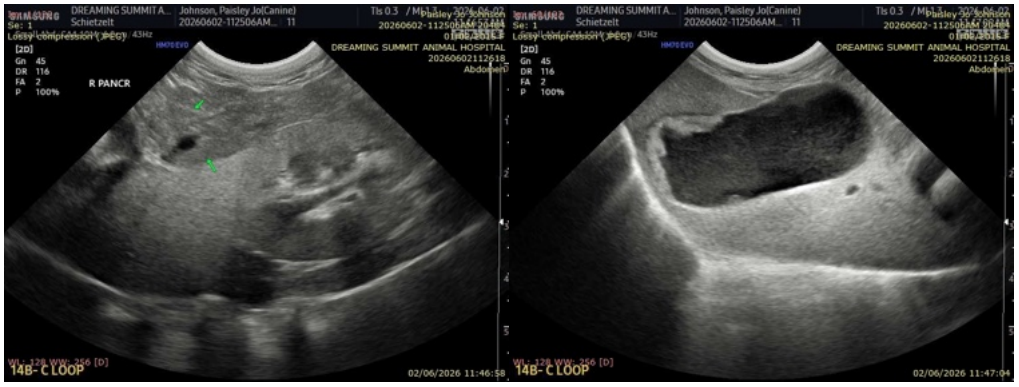

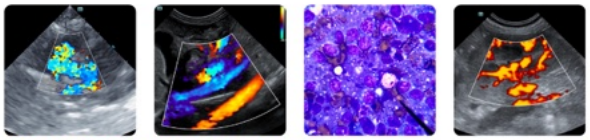

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

Alicia Angosto Guerrero, DMV, PgDip, MSc.

info@SonoPath.com