



PATIENT

Olga Klein

SPECIES

Canine

BREED

French Bulldog

SEX

Female

AGE

9 years

WEIGHT

36.4 lbs

INTERPRETED BY

Alicia Angosto
Guerrero, DMV,
PgDip, MSc.

IMAGING PERFORMED BY

Mario Valverde

HOSPITAL NAME

TLC AH

REFERRING VET

Dr. Klein

INVOICE

78348

DATE

6/3/26

PRESENTING CLINICAL SIGNS

History: Low dose dex suppression test confirms Cushing's disease.
Abnormal PE/Chem/CBC/UA Results: Total T4: 0.5 Free T4: 0.4 Free T4: 5.1 LYM: 0.66 EOS: 0.00
PLT: 525 PCT: 0.60 Crea: 0.4 BUN: 6 ALT: 433 ALKP: 1737 TTD: 0.

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. The bladder neck and proximal urethra appear normal. No calculi or sonographic evidence of inflammatory or proliferative disease are identified.

The left kidney is normal in shape and size, measuring 5.33×3.28 cm. Cortical thickness measures 0.45 cm in the sagittal plane.

The right kidney is normal in shape and size, measuring 4.84×3.22 cm. Cortical thickness was not recorded.

In both kidneys, cortical echogenicity is isoechoic to the hepatic parenchyma. Corticomedullary definition and corticomedullary ratio are preserved. No pyelectasia, nephrolithiasis, or hydronephrosis is identified. Color Doppler evaluation demonstrates a normal vascular pattern.

Adrenal Glands

Neither adrenal gland could be identified or evaluated during this examination.

Spleen

Splenic thickness measures 0.96 cm. The splenic parenchyma demonstrates normal echogenicity and a fine homogeneous echotexture without focal abnormalities. The splenic capsule is smooth and regular. The dorsal extremity (splenic head) was not completely evaluated.

Liver

The liver is subjectively normal in size, with sharp margins and a regular contour. The hepatic parenchyma is homogeneous with normal echogenicity and echotexture. No focal hepatic lesions or hepatic lymphadenopathy are identified.

The gallbladder is normally distended. The wall is thin and regular. A very small amount of biliary sludge is present. No dilation of the cystic duct or common bile duct is identified.



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Gastrointestinal tract

The stomach is empty and folded. Gas is present within the lumen. Gastric wall thickness measures 3.63 mm and normal wall layering is preserved.

The duodenal wall measures 3.41 mm. The jejunal wall measures 3.66 mm. Intestinal wall layering is preserved throughout the examined segments.

No sonographic evidence of gastrointestinal obstruction, ileus, foreign material, or focal gastrointestinal lesions is identified.

The colon appears within normal ultrasonographic limits.

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

- Very mild biliary sludge.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No significant abdominal abnormalities are identified on the submitted examination.

Despite the confirmed diagnosis of hyperadrenocorticism and markedly elevated liver enzyme activities, the liver appears sonographically unremarkable. Mild or early vacuolar hepatopathy may not always produce detectable ultrasonographic abnormalities.

A very small amount of biliary sludge is present without evidence of biliary obstruction. While clinically insignificant in isolation, this finding may reflect mild biliary stasis associated with the patient's confirmed hyperadrenocorticism.

Assessment of adrenal size and morphology could not be performed.

No sonographic evidence of biliary obstruction, pancreatic disease, abdominal neoplasia, or other significant abdominal pathology is identified.

Recommendations

- Correlate with the confirmed endocrine diagnosis and ongoing management of hyperadrenocorticism.
- If characterization of adrenal morphology is clinically important, repeat targeted adrenal ultrasonography may be considered.



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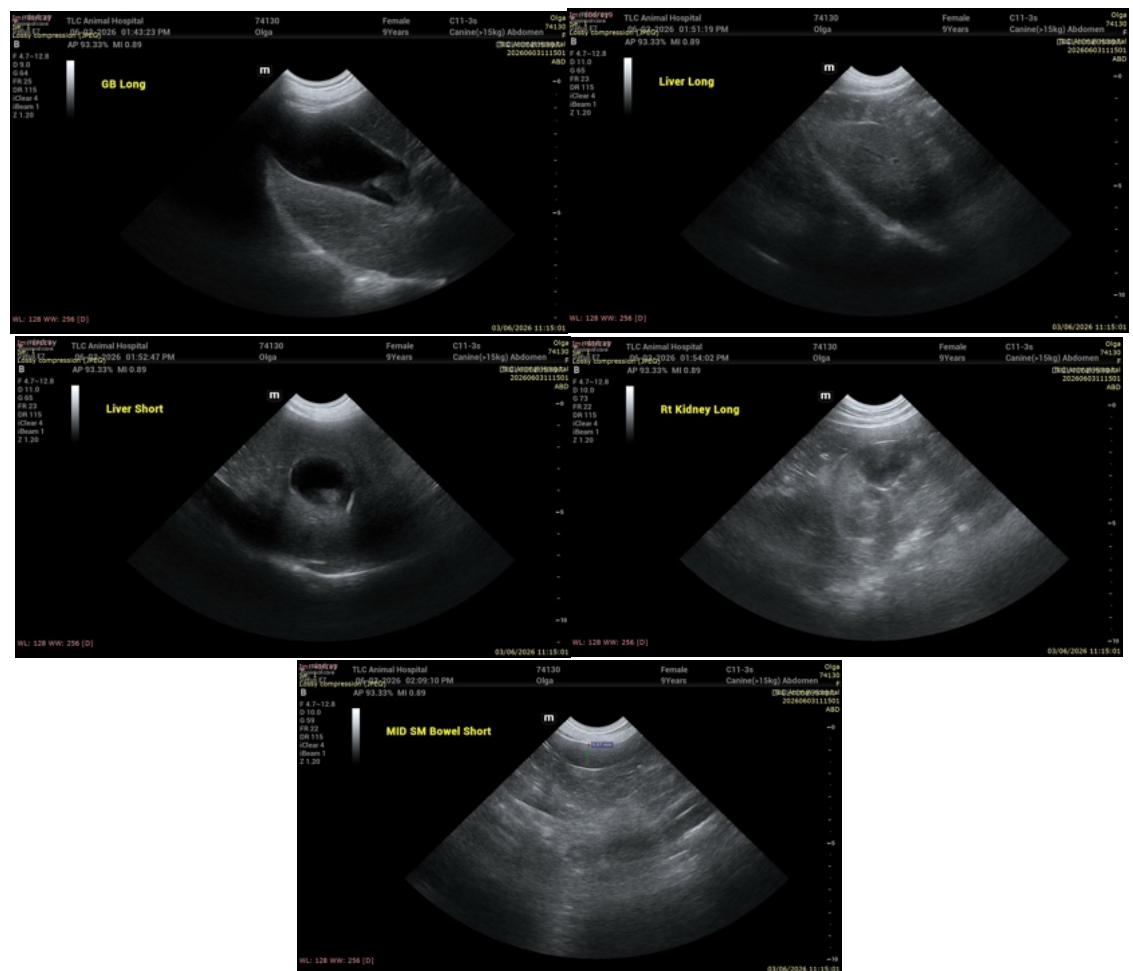
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- Serial monitoring of liver enzyme activities is recommended.

Final diagnostic and therapeutic decisions should be made by the attending veterinarian, who can best integrate these findings with the patient's clinical status.



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.

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