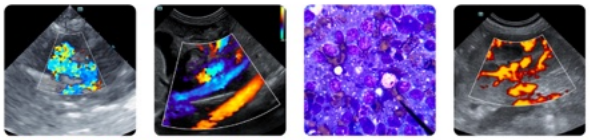




**PATIENT**

Pluto Giraldo

**SPECIES**

Canine

**BREED**

Boxer

**SEX**

Neutered male

**AGE**

11 years

**WEIGHT**

66 lbs

**INTERPRETED BY**

Alicia Angosto Guerrero, DMV, PgDip, MSc.

**IMAGING PERFORMED BY**

Mayra Sanchez

**HOSPITAL NAME**

Sunset AH

**REFERRING VET**

Dr. Polit

**INVOICE**

78455

**DATE**

6-8-26

## PRESENTING CLINICAL SIGNS

History: -Patient PU/PD for at least 3 months
-Developed severe crusted/plaque lesions on skin
Abnormal PE/Chem/CBC/UA Results: PE: large crusted plaques with severe papules and white areas; weight loss; nuclear sclerosis CBC: NAF Chem: ALP 1591, ALT 129, GGT 14, CA 8.7, CHOL 419 T4/FT4: <0.5 / 20 UA: USG 1.002, PH 7.5 Radiographs: severe spondylosis deformans

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

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

The left kidney is normal in shape and size: 7.82×4.16 cm, and the thickness of the cortex is 0.78 cm in the sagittal plane. The right kidney is normal in shape and size: 7.43×3.90 cm, and the thickness of the cortex is 0.71 cm in the sagittal plane. Both kidneys demonstrate normal cortical echogenicity. The corticomedullary ratio is normal, and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

### *Adrenal Glands*

The adrenal glands were not visualized during the examination.

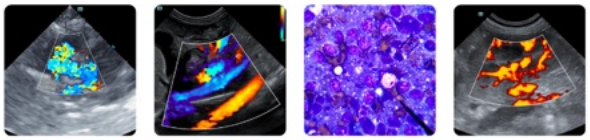
### *Spleen*

Splenic thickness is 1.55 cm. Within the portions visualized, the splenic parenchyma demonstrates normal echogenicity and a fine homogeneous echotexture without focal 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 very 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, with a wall thickness of 2.89 mm and preserved wall layering. The duodenum measures 4.25 mm and demonstrates normal wall layering. The jejunum measures 3.21-3.31 mm and demonstrates normal wall layering. No evidence of gastrointestinal inflammation, ileus, obstructive disease, or foreign material is identified within the intestinal segments evaluated. The colon measures 1.54 mm in thickness and contains formed fecal material within the descending colon.

### *Pancreas*

The pancreatic regions included in the examination 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

- The abdominal ultrasound examination is largely unremarkable.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

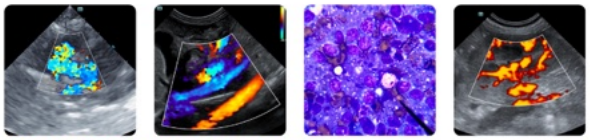
Despite the marked biochemical abnormalities (particularly the severe elevation in ALP activity and hypercholesterolemia) and the history of PU/PD, no convincing ultrasonographic evidence of hepatopathy, biliary disease, renal disease, or other significant abdominal pathology is identified. Importantly, the absence of significant ultrasonographic abnormalities does not exclude vacuolar hepatopathy, steroid hepatopathy, or endocrine-associated hepatopathy.

Hyperadrenocorticism may be present despite a largely unremarkable abdominal ultrasound examination, particularly when the adrenal glands cannot be adequately visualized.

Recommendations

- Given the markedly elevated ALP activity, hypercholesterolemia, hyposthenuria, PU/PD, weight loss, and dermatologic abnormalities, further endocrine investigation, including evaluation for hyperadrenocorticism, may be considered if these findings are not fully explained by the patient's thyroid status and clinical assessment.
- Repeat abdominal ultrasonography may be considered in the future if clinical signs progress or if endocrine testing supports hyperadrenocorticism and adrenal reassessment is desired.

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





SonoPath.com info@sonopath.com 1.800.838.4268

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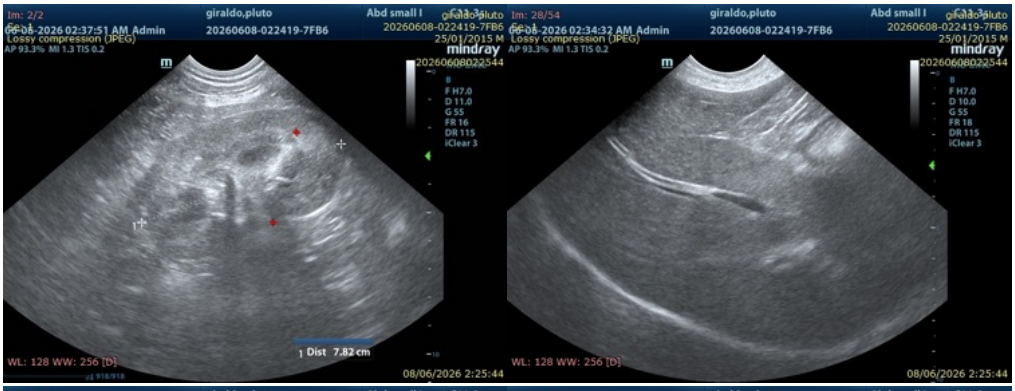


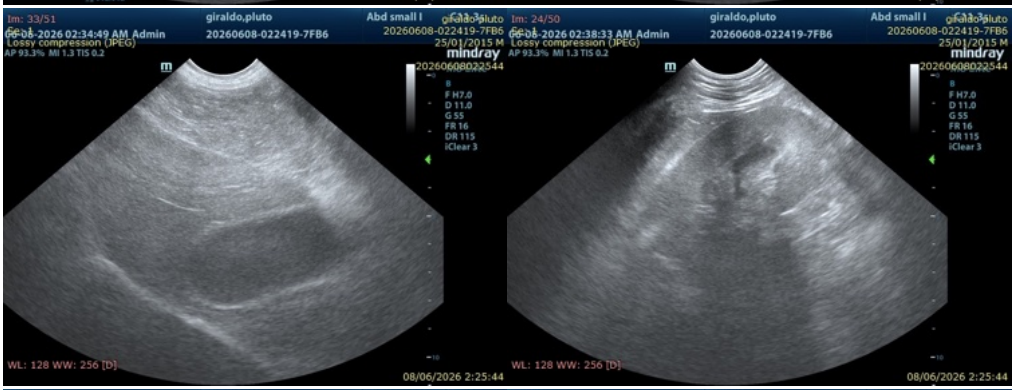


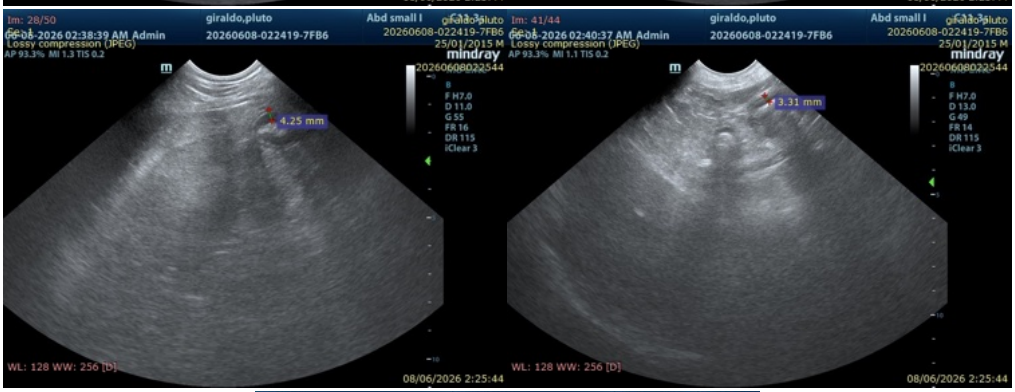


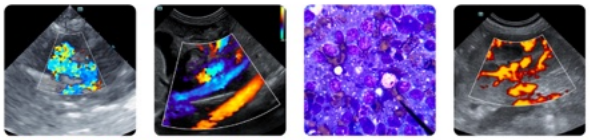



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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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