



**PATIENT**

Tuck Stevenson

**SPECIES**

Canine

**BREED**

Boston Terrier

**SEX**

Neutered Male

**AGE**

11 Years

**WEIGHT**

35 lbs

**INTERPRETED BY**

Beth Johnson, DVM  
 DACVIM

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Hillview Vet Clinic

**REFERRING VET**

Dr. Stevenson

**INVOICE**

72577

**DATE**

1/29/26

**PRESENTING CLINICAL SIGNS**

ALP extrahepatic causes especially with a much lower ALT. Can focus on a dietary trial. Staph in urine wish washy of how high it is and is free catch. UPC can have some variation esp with a free catch sample, still puts cushings on the list

Abnormal PE/Chem/CBC/UA Results: Jan 24/26 - Urine Protein:Creatinine Ratio b 0.9 0.0 - 0.2, Urine Protein 30 mg/dL Blood /Hemoglobin 10 Ery/μL White Blood Cells <1/HPF Red Blood Cells <1/HPF

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The area of the prostate is examined without evident prostatic pathology.

The right kidney is normal is size (4.9 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

The left kidney is normal is size (5.1 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

**Adrenal Glands**

Adrenal glands are mildly plump for a small dog. Normal shape and contour are maintained without evidence of capsular invasion. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal. Left measures 0.60 cm at the cranial pole and 0.80 cm at the caudal pole. Right measures 1.5 cm at the cranial pole and 0.78 cm at the caudal pole.

**Spleen**

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

**Liver**

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

**Gastrointestinal**

The visible stomach wall is normal in thickness and layering. The stomach is moderately distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no



<b>PATIENT</b>	evidence of obstruction, foreign material or infiltrative disease. If patient was appropriately fasted, delayed gastric emptying could be considered. Non-shadowing foreign material is considered less likely but cannot be definitively ruled out.
Tuck Stevenson	
<b>SPECIES</b>	If clinical signs are consistent (vomiting, etc.), recommendations include supportive medical care, 24 hours fasting and re-image.
Canine	
<b>BREED</b>	The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta/chyme. There is no evidence of obstruction, foreign material or infiltrative disease.
Boston Terrier	
<b>SEX</b>	The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.
Neutered Male	
<b>AGE</b>	<b>Pancreas</b> The pancreas that is observed appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.
11 Years	
<b>WEIGHT</b>	<b>Free Abdomen</b> There is no visible free peritoneal effusion noted in these images.
35 lbs	
<b>INTERPRETED BY</b>	There is no apparent pathologic lymphadenopathy noted in these images.
Beth Johnson, DVM DACVIM	
<b>IMAGING PERFORMED BY</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
Kelly Reschny	<ul style="list-style-type: none"> <li>Subjectively mild bilateral adrenomegaly – In a patient diagnosed with hyperadrenocorticism, this finding is most consistent with adrenal hyperplasia secondary to pituitary dependent hyperadrenocorticism. This finding can also be seen with stress and/or normal patient variant. Interpret in combination with clinical signs of hyperadrenocorticism and/or other adrenal disease.</li> </ul>
<b>HOSPITAL NAME</b>	<b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>
Hillview Vet Clinic	Differentials for a primary cholestatic liver enzyme pattern (increased ALP) are vast and non-specific. Differentials include, but are not limited to, benign nodular hyperplasia which occurs in 70% of older dogs and often does not result in an abnormal ultrasound, reactive or idiopathic/vacuolar hepatopathy, cholestasis and/or hyperadrenocorticism as well as many chronic non-hepatobiliary diseases such as chronic infections/inflammation from dental disease, IBD, neoplasia, hyperlipidemia, hypothyroidism, chronic pancreatitis, chronic stress, etc.
<b>REFERRING VET</b>	
Dr. Stevenson	
<b>INVOICE</b>	- Adrenocortical testing such as a low dose dexamethasone suppression test could be considered if clinical signs of hyperadrenocorticism are present.
72577	
<b>DATE</b>	- Ursodiol could be considered if gallbladder sludge is noted as a finding.
1/29/26	- A fine needle aspirate of the liver could be considered if patient's coagulation status is appropriate.



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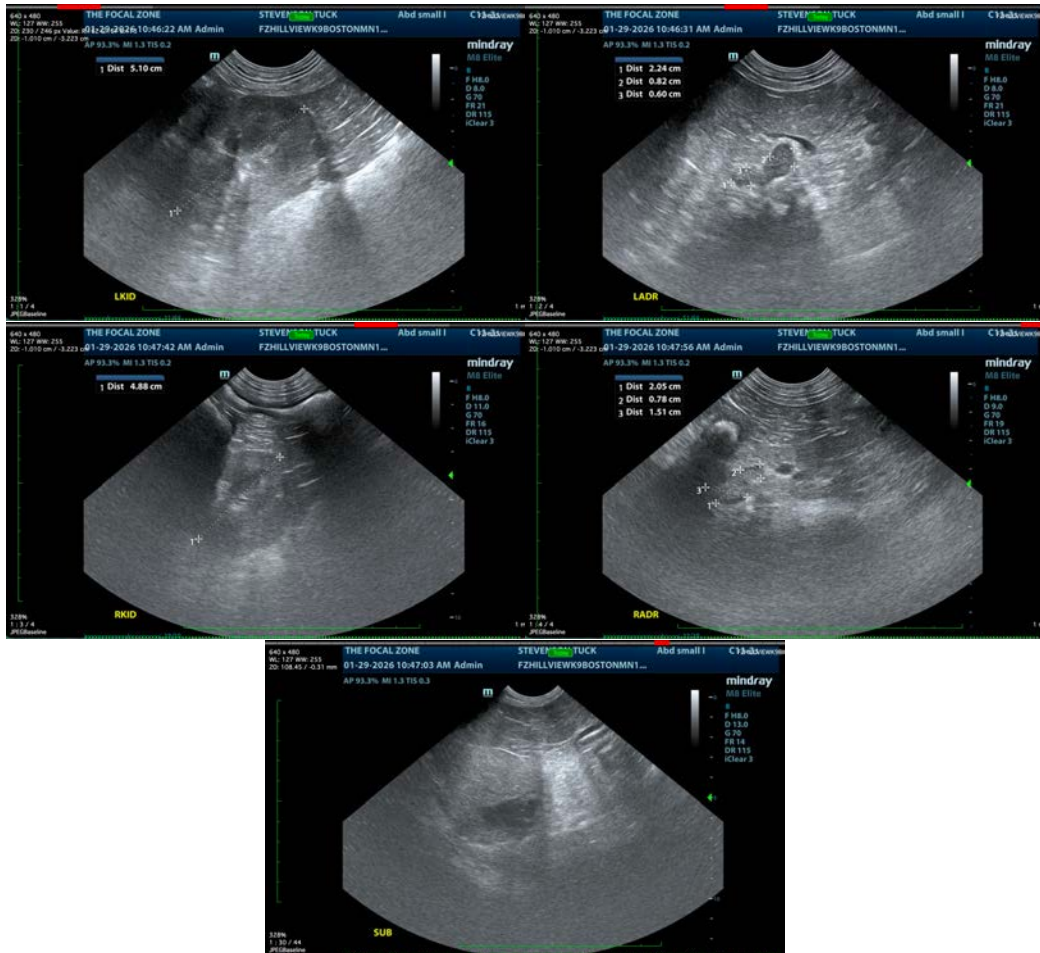
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- Otherwise, recommendations include addressing any other concurrent disease and monitoring. If values are progressive, recheck imaging is recommended.

As described above, recommendations for further testing for hyperadrenocorticism are limited to clinical patients. Therefore, further recommendations for this patient depend on clinical signs. Having said that, regardless of clinical history, a blood pressure is recommended if not recently evaluated. Additionally, a urine culture could be considered.



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.

**Beth Johnson, DVM, DACVIM**  
info@sonopath.com