



PATIENT

Punky Lowry

SPECIES

Canine

BREED

Chihuahua

SEX

Spayed Female

AGE

12 Years 9 Months

WEIGHT

7.9 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Woodside

HOSPITAL NAME

Cat & Dog Hospital of
Portland

REFERRING VET

Dr. Lu

INVOICE

72343

DATE

12/4/25

PRESENTING CLINICAL SIGNS

At annual exam 10/3/2025, Punky had increased urinations and few urinations in the house. Urinalysis normal other than USG 1.019. Labwork showed elevated ALP and mildly elevated ALT but similar to previous. Urinations returned to normal. 10/24/2025 - Presented for shaking, hyporexia and diarrhea of 2-3 days duration. CBC, CHEM similar to previous. Pancreatic lipase very elevated. Clinician discussed concern for possible underlying hyperadrenocorticism. AUS and ACTH stim test scheduled. ACTH stim results pending.

Abnormal PE/Chem/CBC/UA Results: PE: BCS 6/9, mild dental calculus, Labwork: Oct 24, 2025 values are listed first. May 2025 values are listed second, for comparison. Oct values are from inhouse analyzer. May values from Idexx. TP 7.5, May 8.3 5.2 - 8.2 g/dL ALB 4.0, May 4.3 2.2 - 3.9 g/dL K 4.4, May 5.6 3.5 - 5.8 mmol/L Na 152, May 147 144 - 160 mmol/L Na:K 34, 26 ALP 761, May 984 23 - 212 U/L ALT 193, May 240 10 - 125 U/L GGT 3, May 3 0 - 11 U/L Oct: Catalyst Pancreatic Lipase 1,886 0 - 200 U/L USG Oct 1.019, July 1.011 For both panels, CBC, T4, renal values, were normal.

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.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. Left kidney measured 4.5 cm. Right kidney measured 4.7 cm.

Adrenal Glands

Adrenal glands are small (flattened contour). Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal. Left measured 0.25 cm at the cranial pole and 0.28 cm at the caudal pole. Right measures 0.32 cm. Cranial versus caudal are difficult to differentiate in these images.

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.



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Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen is mildly distended with primarily fluid as well as some echogenic non-shadowing luminal contents and gas consistent with normal chyme. There is no evidence of obstruction, foreign material, or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

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.

Free Abdomen

There is no visible free peritoneal effusion noted in these images.

There is no apparent pathologic lymphadenopathy noted in these images.

PRIMARY FINDINGS

- Mildly flat adrenal glands – This can be a normal patient variant and/or a sign of exogenous cortisol administration. If exogenous steroids are not being administered, hypoadrenocorticism (either relative or absolute) should be considered.

SECONDARY FINDINGS

- Age related kidney changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Especially given patient's reported recent bout of anorexia and GI signs, which are not consistent with hyperadrenocorticism, given the flat adrenal glands, as is reportedly already pending, a baseline cortisol is recommended. If baseline cortisol is less than 2, a full ACTH stimulation test is recommended to rule out hypoadrenocorticism.

Additionally, if gastrointestinal signs persist, further gastrointestinal workup could include a routine fecal exam as well as a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory for further evaluation of GI and pancreatic function.

+/- A fecal enteropathogen PCR panel to Texas A&M GI Laboratory could be considered for further evaluation of possible infectious disease. Contact lab for recommendations on how long to discontinue antibiotics (if indicated) prior to obtaining a stool sample for submission.

Beyond that, regarding the reported lab work changes, differentials for a primary cholestatic liver enzyme pattern (increased ALP) are vast and non-specific. Differentials include, but are not limited to,



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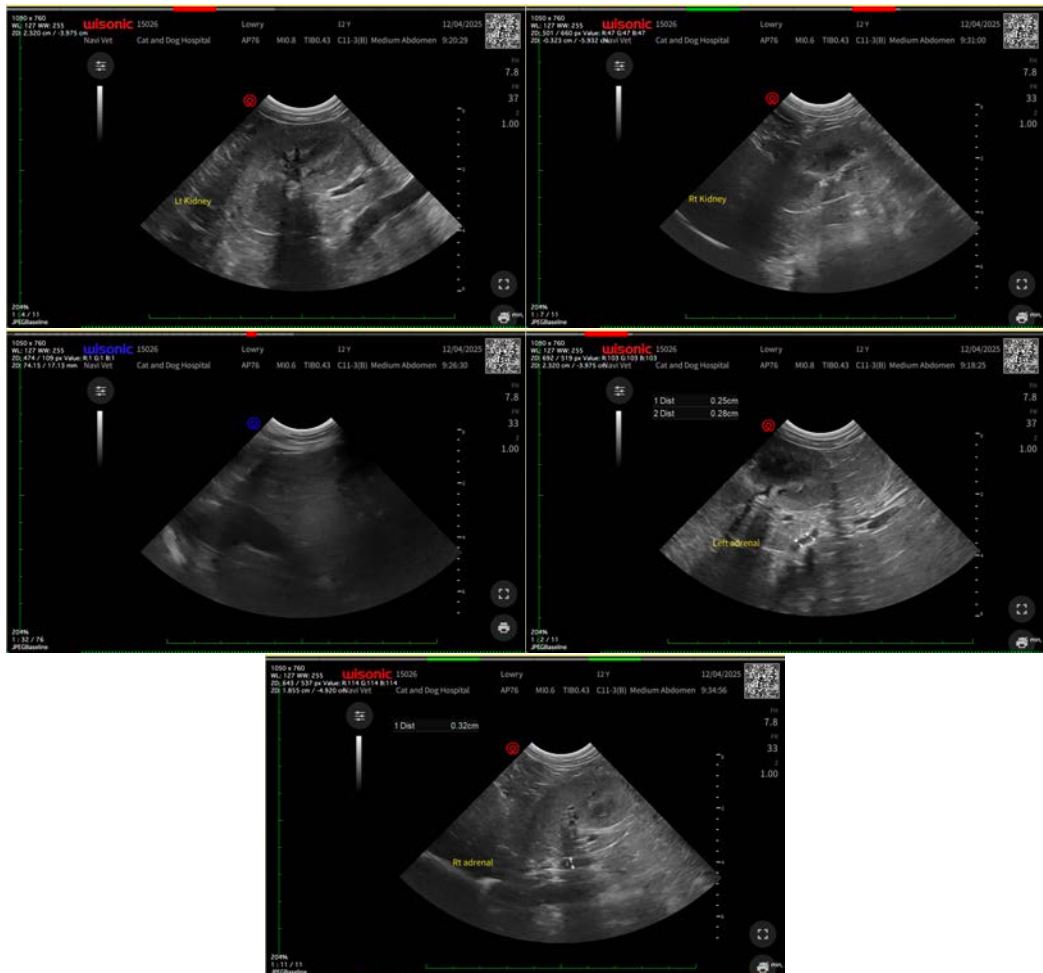
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benign nodular hyperplasia which occurs in 70% of older dogs and often does not result in an abnormal ultrasound, reactive or idiopathic/vacuolar hepatopathy, cholestasis and/or hyperadrenocorticism as well as many chronic non-hepatobiliary diseases such as chronic infections/inflammation from dental disease, IBD, neoplasia, hyperlipidemia, hypothyroidism, chronic pancreatitis, chronic stress, etc.

- Adrenocortical testing such as a low dose dexamethasone suppression test could be considered if clinical signs of hyperadrenocorticism are present. For this patient, given the appearance of the adrenal glands, hyperadrenocorticism in my opinion is a very low differential.
- Ursodiol could be considered if gallbladder sludge is noted as a finding.
- A fine needle aspirate of the liver could be considered if patient's coagulation status is appropriate.
- Otherwise, recommendations include addressing any other concurrent disease and monitoring. If values are progressive, recheck imaging is recommended.





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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.

Beth Johnson, DVM, DACVIM
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