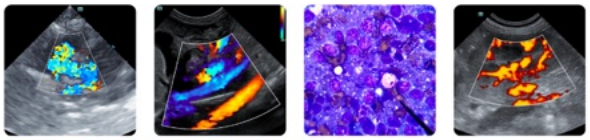


PATIENT

Evie Abell

SPECIES

Canine

BREED

Yorkie

SEX

Spayed female

AGE

9 years

WEIGHT

11 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Megan Bray

HOSPITAL NAME

Taylorsville VC

REFERRING VET

Dr. Bray

INVOICE

70008

DATE

1/12/26

PRESENTING CLINICAL SIGNS

History: Evie is generally a healthy patient although she suffers from atopy and frequent urinary tract infections. As a puppy she had an acute renal injury incident, but she recovered well and does not have current renal concerns. Evie has recently started having seizures in the late days of December. She was examined and evaluated on 12/31 for the seizure activity and her labs showed elevated ALT, which was not elevated in October just a few months earlier. Bile acid panel is being submitted today as well as abdominal ultrasound. Current medications may include: Cytopoint injections for atopy, Miconahex wipes for atopy, animax ointment for atopy, prednisolone acetate ophthalmic solution, Ellevet, Nexgard, Levetiracetam, Midazolam for rescue
Abnormal PE/Chem/CBC/UA Results: Elevated ALT 186 (10-125) on 12/31/25.

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. The bladder neck and proximal urethra appear normal. No uroliths are identified within the urinary bladder, and there is no sonographic evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size, measuring 3.53×2.11 cm, with a cortical thickness of 0.33 cm in the sagittal plane. The renal cortex is isoechoic relative to the liver parenchyma. The corticomedullary ratio is normal, and corticomedullary definition is preserved. A nephrolith measuring approximately 4.18 mm is identified. Assessment for pyelectasia is limited, as transverse images of the kidney were not provided. Color Doppler demonstrates a normal perfusion pattern.

The right kidney is normal in shape and size, measuring 3.24×2.04 cm, with a cortical thickness of 0.35 cm in the sagittal plane. The renal cortex is isoechoic relative to the liver parenchyma. The corticomedullary ratio is normal, and corticomedullary definition is preserved. A small nephrolith measuring approximately 0.26 cm is identified. Color Doppler demonstrates a normal perfusion pattern.

Adrenal Glands

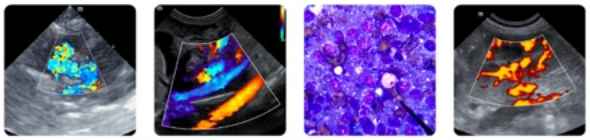
The left adrenal gland measures 0.36 cm at the cranial pole and 0.38 cm at the caudal pole. The cranial pole of the right adrenal gland is not visualized; the caudal pole measures 0.38 cm.

Spleen

Splenic thickness measures 1.27 cm. The splenic parenchyma demonstrates normal echogenicity and a fine, homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.

Liver

The liver is subjectively normal in size, with sharp margins and a regular contour. The hepatic parenchyma is homogeneous and isoechoic relative to the falciform fat. A few small hypoechoic hepatic



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foci are identified, measuring approximately 4.27×4.82 mm and 3.69×6.55 mm. No hepatic lymphadenopathy is observed.

The gallbladder lumen is normally distended. The gallbladder wall is thin, and the contents are predominantly anechoic with a small amount of biliary sludge. No dilation of the cystic duct or common bile duct is observed.

Gastrointestinal

The stomach is empty and folded, with a mural thickness of approximately 3.22 mm and preserved wall layering. Duodenal wall thickness measures 4.28 mm. Jejunal wall thickness measures 3.95 mm, and ileal wall thickness measures 2.32 mm, with preserved wall layering. The ileocecal junction is not visualized. No sonographic signs of obstruction, ileus, or foreign material are identified.

The colonic wall measures approximately 1.01 mm in the transverse colon (empty) and 0.77 mm in the descending colon, which contains formed feces.

Pancreas

The portions of the pancreas evaluated do not demonstrate sonographic evidence of active inflammation.

Peritoneal Cavity

No abdominal effusion or sonographic signs of peritonitis are observed. Abdominal lymph nodes are not visualized; however, the surrounding regions appear unremarkable. The iliac trifurcation appears normal.

ULTRASONOGRAPHIC FINDINGS

- Left renal nephrolith (~4.18 mm) without sonographic evidence of obstruction.
- Small right renal nephrolith (~2.6 mm) without sonographic evidence of obstruction.
- Small hypoechoic hepatic foci.
- Mild small intestinal wall thickening with preserved wall layering (nonspecific).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Review of the provided ultrasonographic images and video clips does not demonstrate imaging findings consistent with a congenital portosystemic shunt. The liver is subjectively normal in size, contour, and echogenicity, and no abnormal portal or systemic vascular connections are clearly identified. The hepatic parenchyma contains a few small, well-defined hypoechoic foci, which are nonspecific and may represent benign focal changes such as nodular hyperplasia or reactive hepatocellular alterations. Overall, the ultrasonographic findings do not provide a definitive explanation for the patient's recent onset of seizures. The mildly elevated ALT is not associated with significant structural hepatic

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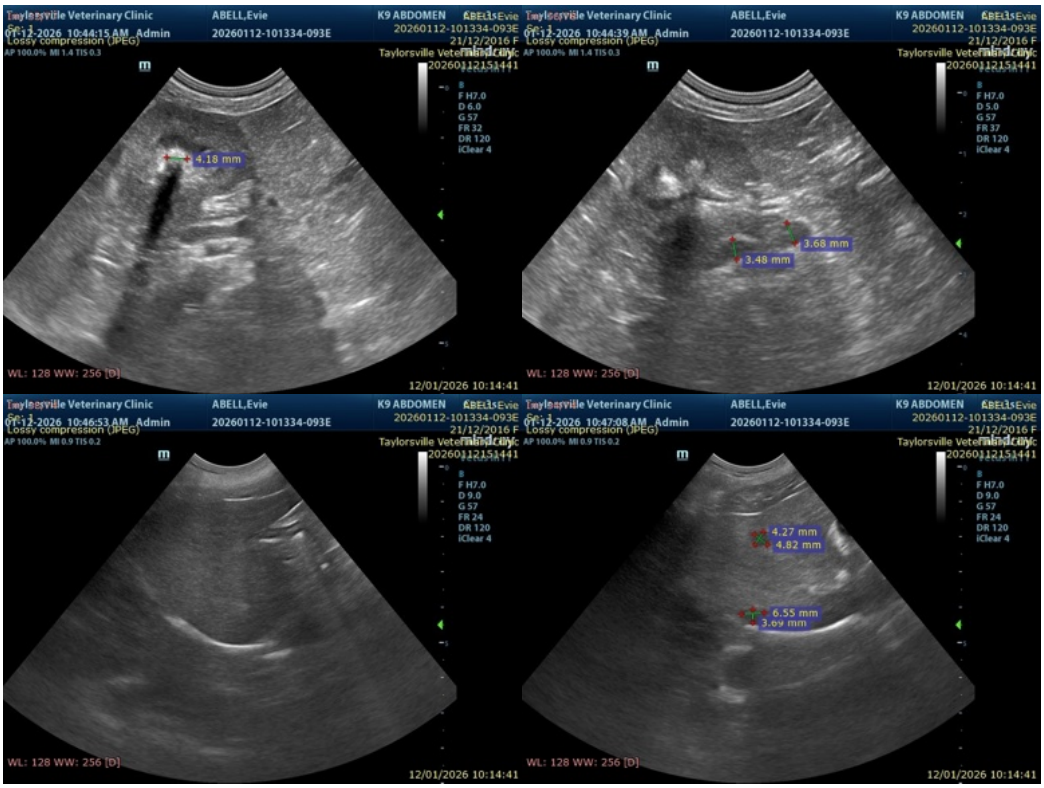
abnormalities on ultrasound and may reflect reactive or early hepatocellular change, medication effects, or a functional hepatopathy.

Two renal nephroliths are identified: a left renal nephrolith measuring approximately 4.18 mm and a smaller right renal nephrolith measuring approximately 2.6 mm. No definitive pyelectasia, hydronephrosis, or obstructive uropathy is identified; however, assessment of the left renal pelvis is limited due to the absence of transverse images. Overall renal size, cortical echogenicity, and corticomedullary definition are within normal limits.

Mild small intestinal wall thickening with preserved layering is noted, which may be incidental or reflect mild, nonspecific enteropathy.

Recommendations

- Correlation with bile acid results is advised to further assess hepatic function.
- Medical management and monitoring of renal nephrolithiasis is recommended.
- Serial monitoring of liver enzymes to assess progression or resolution of ALT elevation, particularly in the context of recent medication changes.
- Neurologic evaluation and management.



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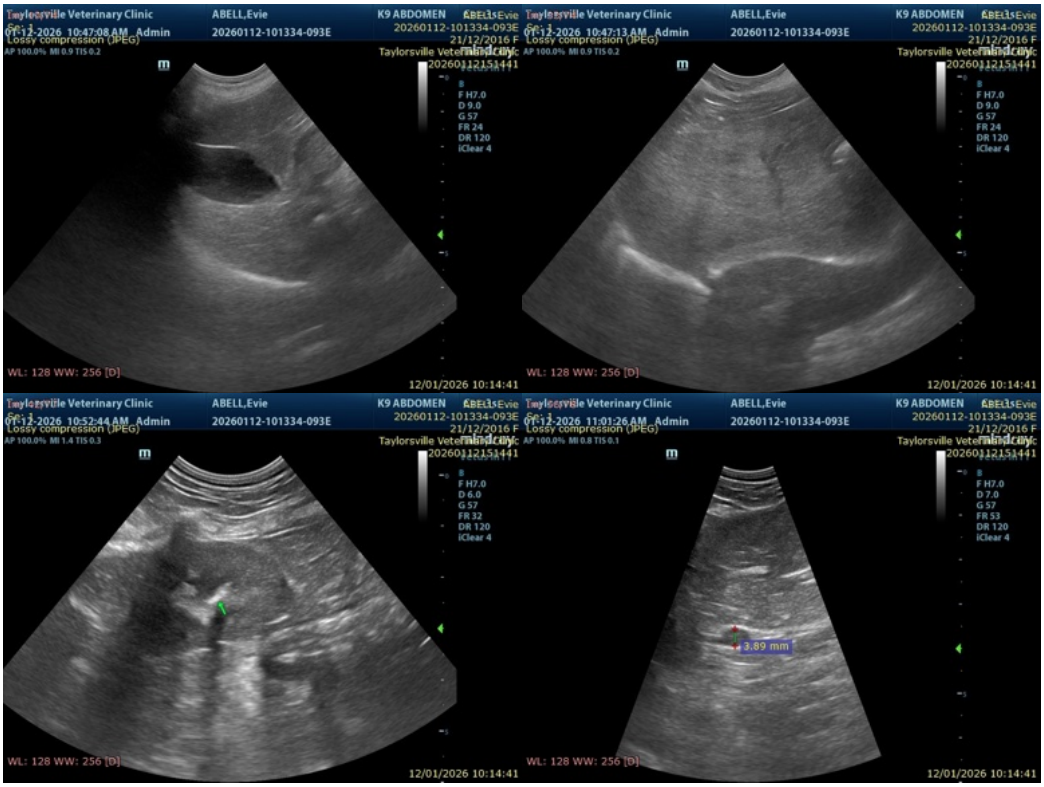

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

MV Esp Ultrasound in Domestic and Wild Animals

info@SonoPath.com