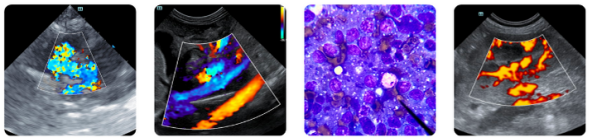


PATIENT

Brandi Carlo

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Spayed Female

AGE

9 years 8 months

WEIGHT

20.3 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Dr. Cassidy Stranzl

HOSPITAL NAME

Dakota Veterinary Center

REFERRING VET

Dr. Cassidy Stranzl

INVOICE

11020

DATE

1/2/2026

PRESENTING CLINICAL SIGNS

Hx elevated liver values.

Abnormal PE/Chem/CBC/UA Results: Slightly low WBC.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is markedly distended. The bladder wall appears thin and smooth. The urine is predominantly anechoic with scant suspended echoes. The bladder neck and proximal urethra appear normal. No uroliths are identified, and there is no ultrasonographic evidence of inflammatory or neoplastic disease.

The left kidney is normal in shape and size, measuring 4.88×2.84 cm, with a cortical thickness of 0.52 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. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler evaluation demonstrates a normal vascular pattern.

The right kidney is normal in shape and size, measuring 4.57×2.62 cm, with a cortical thickness of 0.49 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. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler evaluation demonstrates a normal vascular pattern.

Adrenal Glands

Both adrenal glands demonstrate normal shape and echogenicity. The left adrenal gland measures 0.54 cm at the cranial pole and 0.59 cm at the caudal pole. The right adrenal gland measures 0.61 cm at the cranial pole and 0.68 cm at the caudal pole.

Spleen

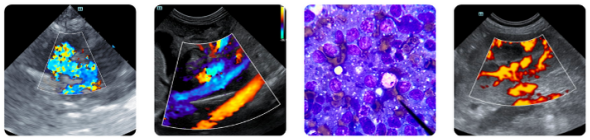
Splenic thickness measures 1.65 cm. The splenic parenchyma demonstrates normal echogenicity and a fine homogeneous echotexture, with multiple small focal hyperechoic nodules, the largest measuring approximately 6.27×8.30 mm. The splenic capsule is smooth and regular.

Liver

The liver is subjectively normal in size, with sharp margins and a regular contour. The hepatic parenchyma is isoechoic relative to the falciform fat. Several small hyperechoic foci (<1 cm) are present within the hepatic parenchyma, the largest measuring approximately 4.7×5.2 mm. No hepatic lymphadenopathy is observed.

The gallbladder lumen is moderately distended. The gallbladder wall is thin, and the contents are primarily anechoic with a small amount of biliary sludge. The common bile duct measures approximately 2.70 mm proximally and is not visualized distally.

Gastrointestinal



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The stomach is empty and mildly folded, with a mural thickness of 2.52 mm and preserved wall layering. The pylorus measures 4.02 mm and contains a small amount of ingesta.

The duodenum measures 3.32 mm.
The jejunum measures 2.78 mm, and the ileum measures 1.43 mm; wall layering is preserved throughout.
No evidence of gastrointestinal obstruction, ileus, or foreign material is identified.

The colonic wall measures approximately 0.81 mm, with formed fecal material present in the descending colon.

Pancreas

The pancreas measures approximately 7.37 mm in thickness. The pancreatic parenchyma is isoechoic relative to the adjacent omental fat. No ultrasonographic evidence of active inflammation or neoplastic disease is identified.

Free Abdomen

No abdominal effusion or evidence of peritonitis is observed. Abdominal and ileocecal lymph nodes appear unremarkable. The iliac trifurcation appears normal.

PRIMARY FINDINGS

- Few small hyperechoic hepatic foci (<1 cm).
- Mild biliary sludge.

SECONDARY FINDINGS

- Three small hyperechoic splenic nodules.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hepatic parenchyma is normal in echotexture and size, and there is no biliary obstruction or hepatic lymphadenopathy. Ultrasound cannot exclude microscopic or functional hepatocellular disease, such as early inflammatory or vacuolar hepatopathy, which may account for enzyme elevation in the absence of structural changes. The small hyperechoic hepatic foci are most consistent with benign changes, such as nodular hyperplasia, focal fatty infiltration, or mineralization, which are common incidental findings in middle-aged to geriatric dogs and do not, by themselves, explain elevated liver enzymes.

The spleen contains multiple small hyperechoic nodules, a pattern most consistent with benign splenic myelolipomas or Bates bodies.

The gallbladder contains a small amount of sludge without evidence of biliary obstruction.

Overall, the ultrasonographic findings are largely incidental and age-related, and no structural abdominal disease is identified to directly explain the historical liver enzyme elevations.

Recommendations

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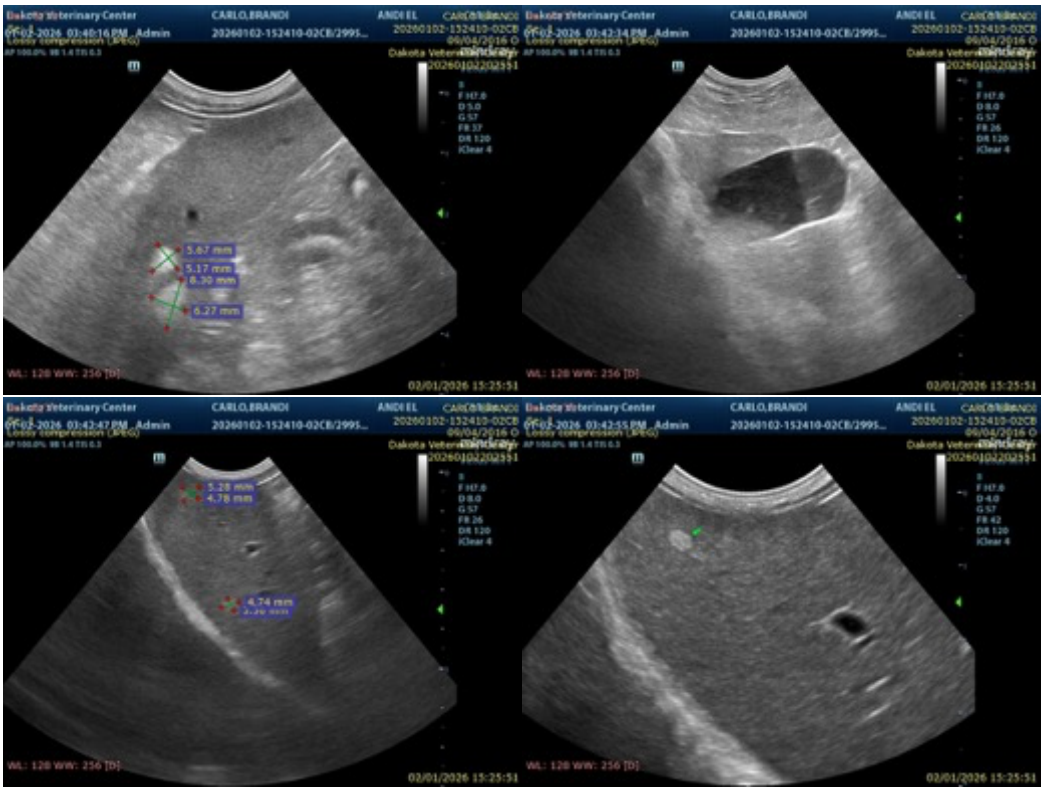
- Given the history of enzyme elevation in the absence of structural hepatic disease, a hepatoprotective supplement (SAMe with or without silybin) may be considered as supportive therapy, with biochemical monitoring to assess response.
- Monitor gallbladder sludge, with no treatment required unless biliary signs develop.
- Repeat abdominal ultrasound if liver enzymes continue to rise, new clinical signs develop, or there is concern for progression.



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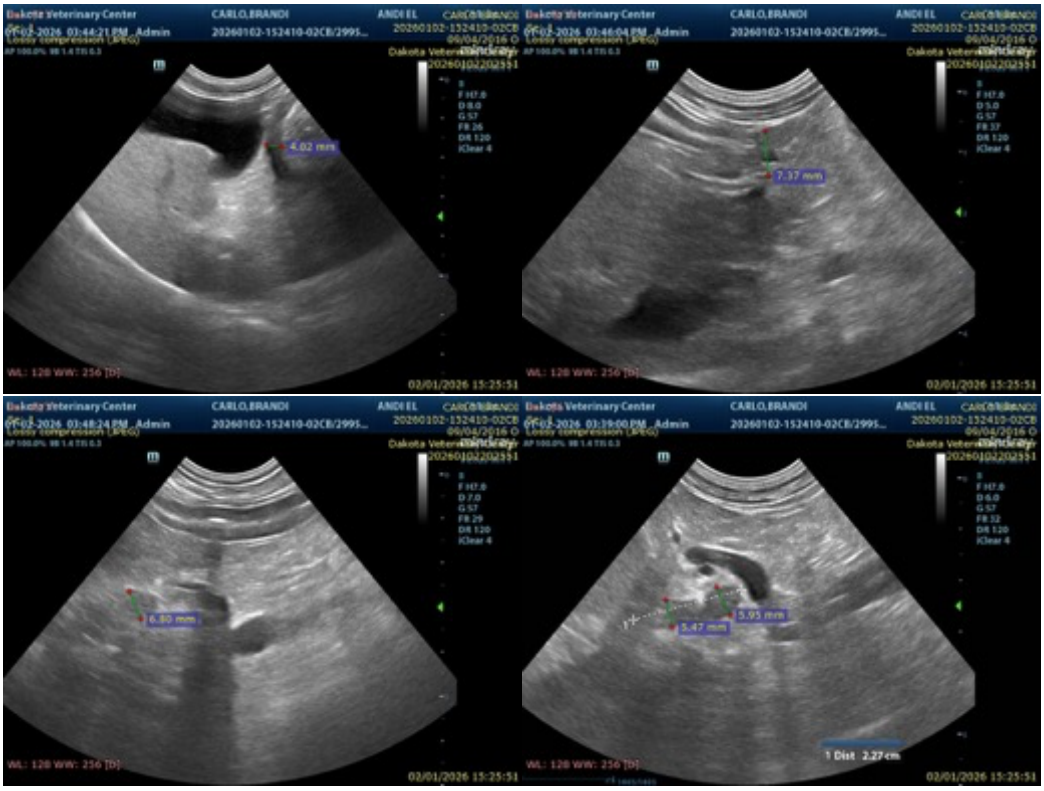

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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