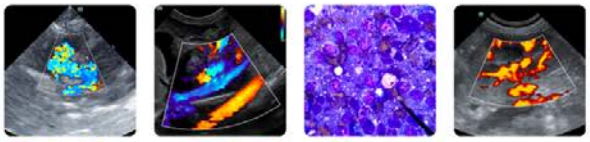


PATIENT

Jayda Krehnovi

SPECIES

Canine

BREED

Mixed

SEX

Spayed Female

AGE

9 Years 5 Months

WEIGHT

57 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Dr. Ryan Moreno

HOSPITAL NAME

Seven Fields Veterinary Hospital

REFERRING VET

Dr. Ryan Moreno

INVOICE

72421

DATE

1/23/26

PRESENTING CLINICAL SIGNS

Patient Presented for dermatology concerns. Performed labwork that showed a mild elevation in one liver value (ALT). Otherwise doing well at home with no other concerns. On Bravecto and cosequin

Abnormal PE/Chem/CBC/UA Results: 12/20/25: - ALT: 207 - PSL Lipa: 238

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is normally distended. The bladder wall appears thin and smooth. The urine is anechoic. The bladder neck and proximal urethra have a normal ultrasonographic appearance. No uroliths are identified, and there is no ultrasonographic evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size, measuring 6.44×3.36 cm. Cortical thickness measures 0.47 cm in the sagittal plane. The renal cortex is isoechoic relative to the liver parenchyma. The corticomedullary ratio is within normal limits, 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 5.99×3.64 cm. Cortical thickness measures 0.50 cm in the sagittal plane. The renal cortex is isoechoic relative to the liver parenchyma. The corticomedullary ratio is within normal limits, and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler evaluation demonstrates a normal vascular pattern.

Adrenal Glands

The left adrenal gland measures 0.50 cm at the cranial pole and 0.62 cm at the caudal pole. The right adrenal gland could not be adequately visualized for evaluation due to gastrointestinal gas artifact.

Spleen

Splenic thickness measures 1.39 cm. The splenic parenchyma demonstrates normal echogenicity with a fine, homogeneous echotexture and no focal parenchymal abnormalities. The splenic capsule is smooth and regular.

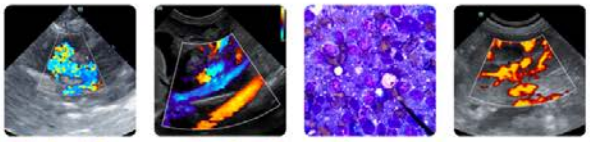
Liver

The liver is subjectively normal in size, with sharp margins and a smooth, regular contour. The hepatic parenchyma is uniform and isoechoic relative to the falciform fat, with a normal echotexture. A focal hyperechoic area measuring 0.49×0.70 cm is identified. No hepatic lymphadenopathy is observed.

The gallbladder lumen is normally distended. The gallbladder wall is thin. The contents are predominantly anechoic, with a very small amount of biliary sludge present. There is no ultrasonographic evidence of dilation of the cystic duct or common bile duct.

Gastrointestinal

The stomach is distended with ingesta, with preserved wall layering and a mural thickness of 1.71 mm. The pylorus measures 2.23 mm.



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Duodenum: mural thickness 3.14 mm.
Jejunum: mural thickness ranges from 2.57–3.16 mm, with preserved wall layering.

No ultrasonographic evidence of gastrointestinal inflammation, ileus, or foreign material is identified. The colon wall measures 1.05 mm, with a small amount of formed fecal material present in the descending colon.

Pancreas

The evaluated portions of the pancreas do not show ultrasonographic evidence of overt inflammation.

Free Abdomen

No abdominal effusion or sonographic evidence of peritonitis is identified. Abdominal lymph nodes are not visualized, and the surrounding regions appear unremarkable. The iliac trifurcation has a normal appearance.

PRIMARY FINDINGS

- Small focal hyperechoic hepatic area measuring 0.49×0.70 cm.
- Very mild biliary sludge.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This abdominal ultrasound demonstrates largely unremarkable findings, with preservation of normal organ size, architecture, and echogenicity throughout the abdomen. No ultrasonographic evidence of hepatobiliary obstruction, pancreatitis, gastrointestinal inflammatory disease, or abdominal lymphadenopathy is identified.

The liver is normal in size and echotexture, with the exception of a small focal hyperechoic hepatic area. In the absence of associated mass effect, architectural distortion, or regional lymphadenopathy, this finding is most consistent with a benign focal change, such as focal fat deposition or a small nodular benign lesion.

The gallbladder contains a very small amount of biliary sludge, without gallbladder wall thickening or biliary duct dilation, which is considered an incidental finding in this clinical context.

Overall, the ultrasonographic findings do not identify a structural explanation for the mild ALT elevation or the mildly increased PSL concentration.

Recommendations:

- Correlate the ultrasonographic findings with serial liver enzyme monitoring, particularly ALT, to assess for progression, resolution, or stability over time.
- Continued clinical monitoring is appropriate, with further diagnostics guided by changes in clinical status or laboratory values.
- Consider follow-up abdominal ultrasonography if liver enzyme activities increase, clinical signs develop, or if there is concern for progression of the focal hepatic finding.

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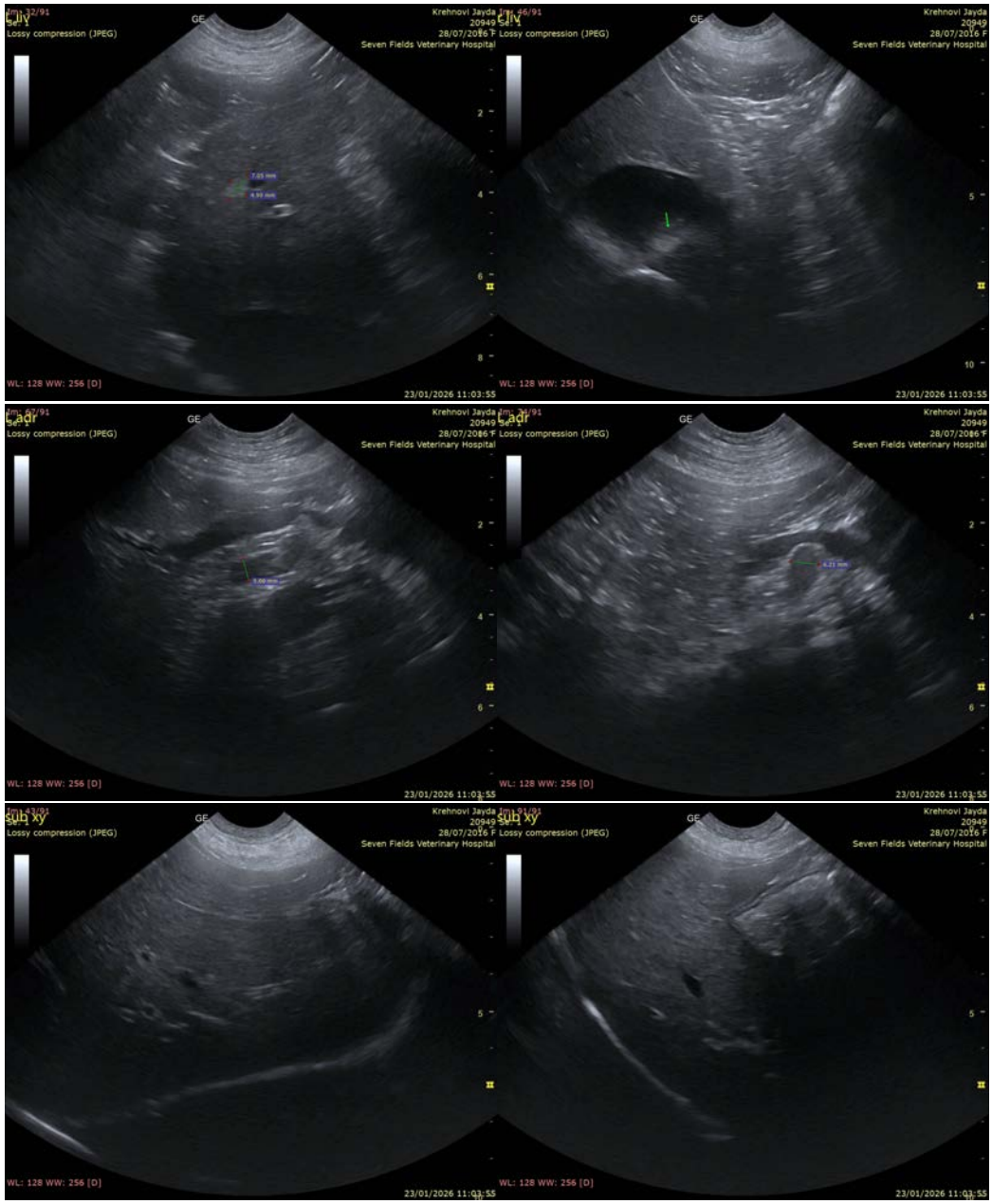

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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