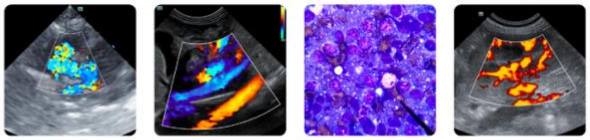


PATIENT

Tara Leverich

SPECIES

Canine

BREED

Tibetan Terrier

SEX

Spayed Female

AGE

11 Years 5 Months

WEIGHT

39 Pounds

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Cameron Johnson, DVM

HOSPITAL NAME

Craig Road AH

REFERRING VET

Cameron Johnson, DVM

INVOICE

35550

DATE

1/23/26

PRESENTING CLINICAL SIGNS

- P presented for abdominal ultrasound for liver elevation.
- Meds: Ursodiol 250mg

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is underdistended. The bladder wall measures 2.66 mm; however, due to relative underdistension, wall thickness may be overestimated. 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 4.99×2.78 cm. Cortical thickness is 0.51 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.

The right kidney is normal in shape and size, measuring 5.14×2.57 cm. Cortical thickness is 0.49 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.

Adrenal Glands

The left adrenal gland measures 0.61 cm at the cranial pole and 0.73 cm at the caudal pole. The right adrenal gland is not visualized in the provided images and video clips.

Spleen

Splenic thickness measures 1.46 cm. The splenic parenchyma demonstrates normal echogenicity with a fine, homogeneous echotexture and no focal parenchymal abnormalities. The splenic capsule is smooth and regular.

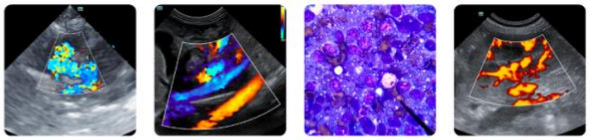
Liver

The liver is subjectively increased in size, with a smooth, regular contour. The hepatic parenchyma is uniform and isoechoic relative to the falciform fat, with a fine echotexture. A mild, diffuse variation in echogenicity between hepatic lobes is noted. No hepatic lymphadenopathy is identified.

The gallbladder lumen is normally distended. The gallbladder wall is thin. The contents are predominantly anechoic, with a 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 empty and folded, with preserved wall layering and a mural thickness of 3.02 mm. The pylorus measures 6.64 mm.
Duodenum: mural thickness 2.89 mm.
Jejunum: mural thickness 3.17 mm.



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Ileum: mural thickness 1.34 mm, with preserved wall layering.
Ileocecal junction measures 2.12 mm.
There is no ultrasonographic evidence of gastrointestinal inflammation, ileus, or foreign material.
The colon wall measures 0.95 mm, with 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; the surrounding regions appear unremarkable. The iliac trifurcation has a normal appearance.

PRIMARY FINDINGS

- Subjective hepatomegaly with mild diffuse variation in hepatic echogenicity between lobes.
- Mild biliary sludge within the gallbladder.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The combination of subjective hepatomegaly with sharp margins, preserved hepatic architecture, fine and uniform echotexture, lack of focal hepatic lesions, and absence of biliary duct dilation is more consistent with hepatocellular vacuolar change or lipid/glycogen accumulation than with active inflammatory, infiltrative, or neoplastic disease. The mild, diffuse interlobar variation in echogenicity, while nonspecific, is a pattern commonly encountered in vacuolar or metabolic hepatopathies and is not typical of primary hepatic neoplasia or moderate-to-severe chronic hepatitis, in which more pronounced parenchymal distortion, contour irregularity, or associated lymphadenopathy would be expected. Early or mild chronic hepatitis cannot be completely ruled out based on ultrasonography alone.

Definitive differentiation among diffuse hepatopathies remains beyond the capabilities of ultrasonography and requires integration of biochemical trends, clinical context, and response to medical management.

The presence of mild biliary sludge, in the absence of gallbladder wall thickening or biliary duct dilation, is a common incidental finding and does not, in isolation, indicate biliary disease, mucocele or other pathologies.

Recommendations:

- Correlate the ultrasonographic findings with serial hepatobiliary biochemical trends, particularly ALT, ALP, and cholesterol concentrations, to assess disease progression and response to current medical management.
- Adrenal function testing is recommended to further evaluate for underlying hypercortisolism,

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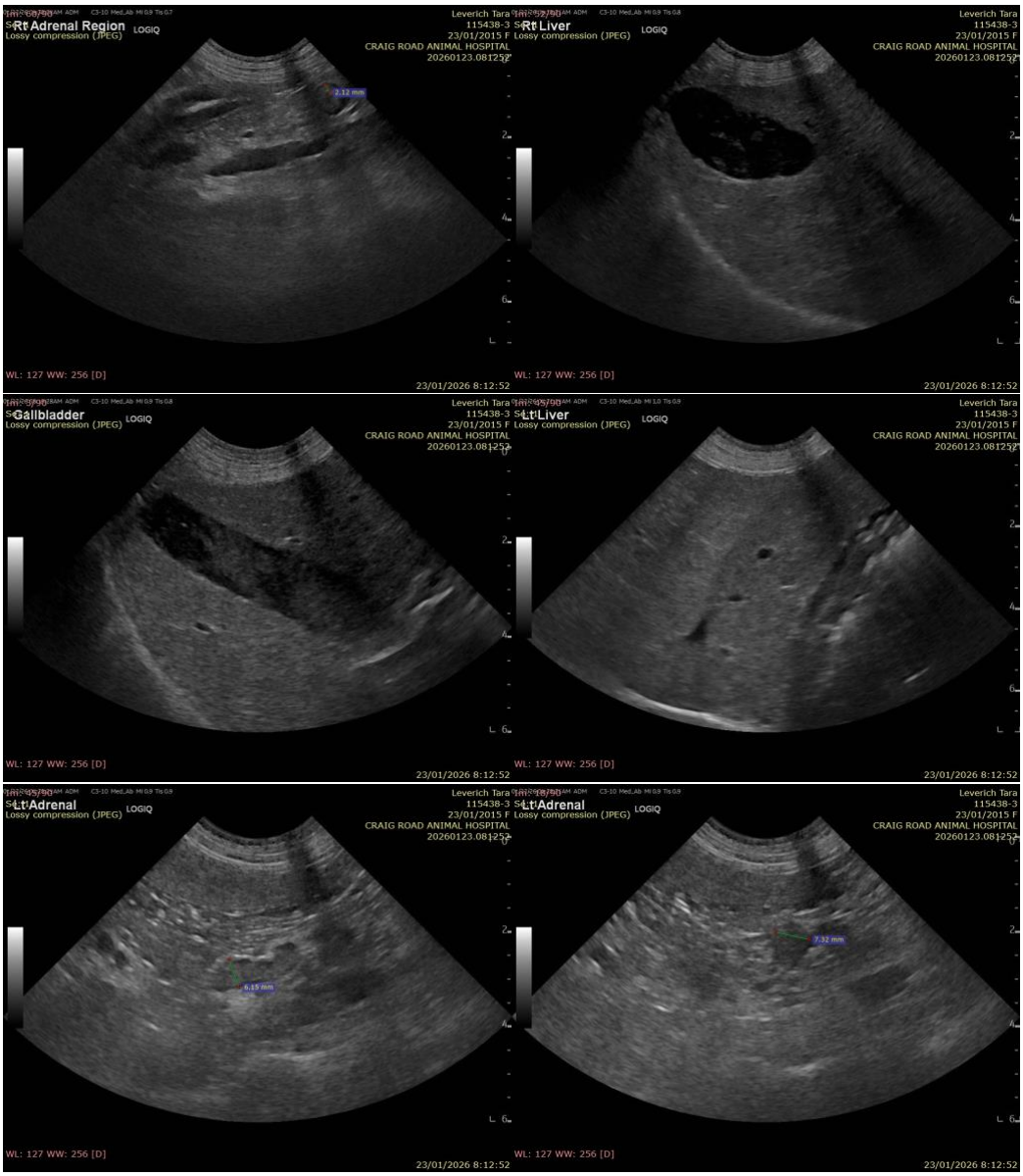
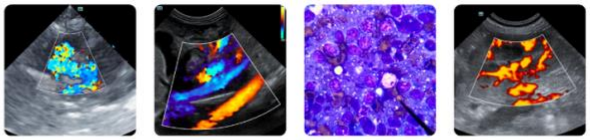
given the ultrasonographic pattern most consistent with vacuolar hepatopathy and the persistent biochemical abnormalities.

- Follow-up abdominal ultrasonography may be considered if liver enzyme activities continue to increase, clinical signs develop, or additional laboratory abnormalities emerge.



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.



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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