



## PATIENT

Carol Triplett

## SPECIES

Canine

## BREED

Yorkie

## SEX

Spayed female

## AGE

10 years

## WEIGHT

6.6 lbs

## INTERPRETED BY

Dr. Alicia Angosto  
Guerrero

## IMAGING PERFORMED BY

Dr. Gramazio

## HOSPITAL NAME

Shohola VH

## REFERRING VET

Dr. DeMeo

## INVOICE

71062

## DATE

1/29/26

## PRESENTING CLINICAL SIGNS

- Patient has an oral mass, grade 4 dental disease. Need anesthesia clearance. No vaccines
- Increased liver enzymes on blood work ALT 1254 (12-118) ALP 271 (5-131) GGT 50 (1-12) BUN/Crea 36 (4-27) Triglycerides 691 (29-291) UA pending

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder lumen is normally distended. The urinary bladder wall is thin and smooth. The urine is anechoic. The bladder neck and proximal urethra have a normal 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 2.88×1.82 cm. Cortical thickness is 0.20 cm in the sagittal plane. The renal cortex is isoechoic relative to the hepatic parenchyma. The corticomedullary ratio is within normal limits, and corticomedullary definition is preserved. No pyelectasia, nephroliths, or hydronephrosis are identified. Color Doppler evaluation demonstrates a normal vascular pattern.

The right kidney is normal in shape and size, measuring 3.43×1.76 cm. Cortical thickness is 0.34 cm in the sagittal plane. The renal cortex is isoechoic relative to the hepatic parenchyma. The corticomedullary ratio is within normal limits, and corticomedullary definition is preserved. No pyelectasia, nephroliths, or hydronephrosis are identified. Color Doppler evaluation demonstrates a normal vascular pattern.

### *Adrenal Glands*

Both adrenal glands have a normal shape and echogenicity. The left adrenal gland measures 0.32 cm at the cranial pole and 0.37 cm at the caudal pole. The right adrenal gland measures 0.37 cm at both the cranial and caudal poles.

### *Spleen*

Splenic thickness measures 0.88 cm. The splenic parenchyma has 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. Hepatic parenchyma is homogeneous and isoechoic relative to falciform fat, with a normal echotexture. No hepatic lymphadenopathy is identified.

The gallbladder lumen is normally distended. The gallbladder wall is thin. The contents are primarily anechoic with a very small amount of biliary sludge. No dilation of the cystic duct or common bile duct is identified.



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## *Gastrointestinal*

The stomach is empty and moderately folded, with preserved wall layering and a mural thickness of 3.55 mm. The pylorus measures 4.84 mm and contains a small amount of fluid.

Duodenal wall thickness measures 3.27 mm and also contains a small amount of fluid. Jejunal wall thickness ranges from 2.29–2.75 mm, with preserved wall layering.

The colonic wall measures 0.50 mm, with formed fecal material present within the descending colon.

## *Pancreas*

The right pancreatic limb measures 6.63 mm. Pancreatic parenchyma is isoechoic relative to the adjacent omental fat. The evaluated portions of the pancreas do not show ultrasonographic evidence of overt inflammation.

## *Peritoneal Cavity*

No abdominal effusion or ultrasonographic evidence of peritonitis is observed. Abdominal lymph nodes are not visualized, and the surrounding regions appear unremarkable. The iliac trifurcation appears normal.

## ULTRASONOGRAPHIC FINDINGS

- Very small amount of biliary sludge within the gallbladder

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Abdominal ultrasonography does not identify structural hepatic, biliary, or pancreatic abnormalities that would explain the marked elevation in liver enzymes. Hepatic size, contour, and parenchymal echotexture are subjectively normal, and there is no evidence of biliary obstruction, hepatic mass formation, or diffuse architectural distortion. The presence of a very small amount of biliary sludge is considered an incidental finding in the absence of gallbladder wall thickening or biliary duct dilation and is unlikely to account for the degree of biochemical abnormality observed.

Given the markedly increased ALT activity with concurrent elevations in ALP and GGT, in combination with significant hypertriglyceridemia and a breed predisposition, the findings are most consistent with a functional or metabolic hepatopathy rather than a structural or obstructive process. Importantly, the lack of significant ultrasonographic abnormalities does not exclude clinically relevant hepatic disease, as diffuse hepatocellular disorders may present with minimal or no sonographic changes. A lipid-associated hepatopathy is a strong consideration in this context, particularly in a small-breed dog with documented hyperlipidemia.

From an imaging standpoint, there is no evidence of advanced liver disease or secondary complications that would independently contraindicate anesthesia; however, the biochemical abnormalities warrant further consideration prior to anesthetic planning.



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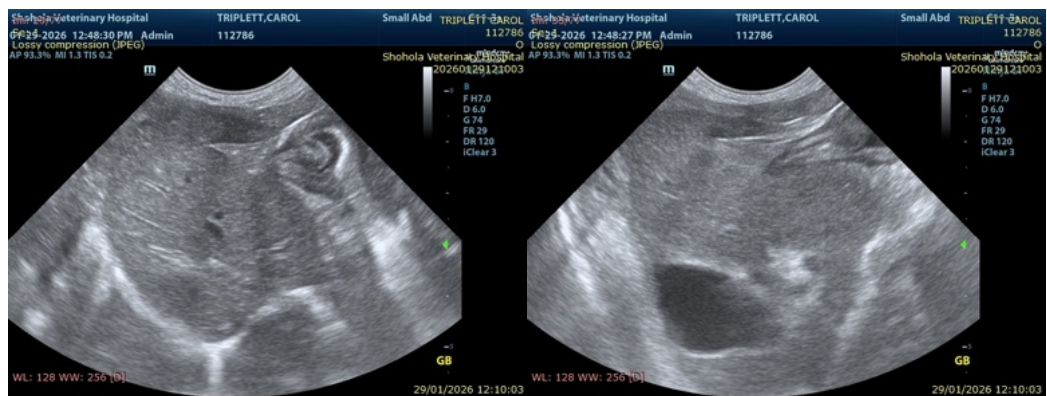
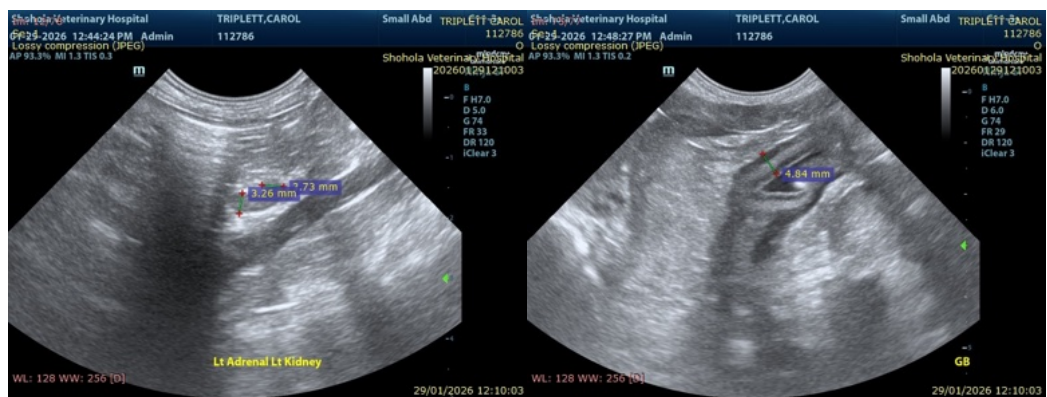
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## Recommendations

- Further biochemical characterization of hepatopathy, including bile acids if not recently performed and assessment of lipid metabolism in light of the marked hypertriglyceridemia.
- Medical and dietary management prior to anesthesia: Initiation of dietary fat restriction and consideration of hepatoprotective therapy are recommended prior to elective anesthesia, with reassessment of liver enzymes to evaluate response.
- Consideration of anesthetic protocols with minimal hepatic metabolism is advised.
- Histologic evaluation if abnormalities persist or progress.





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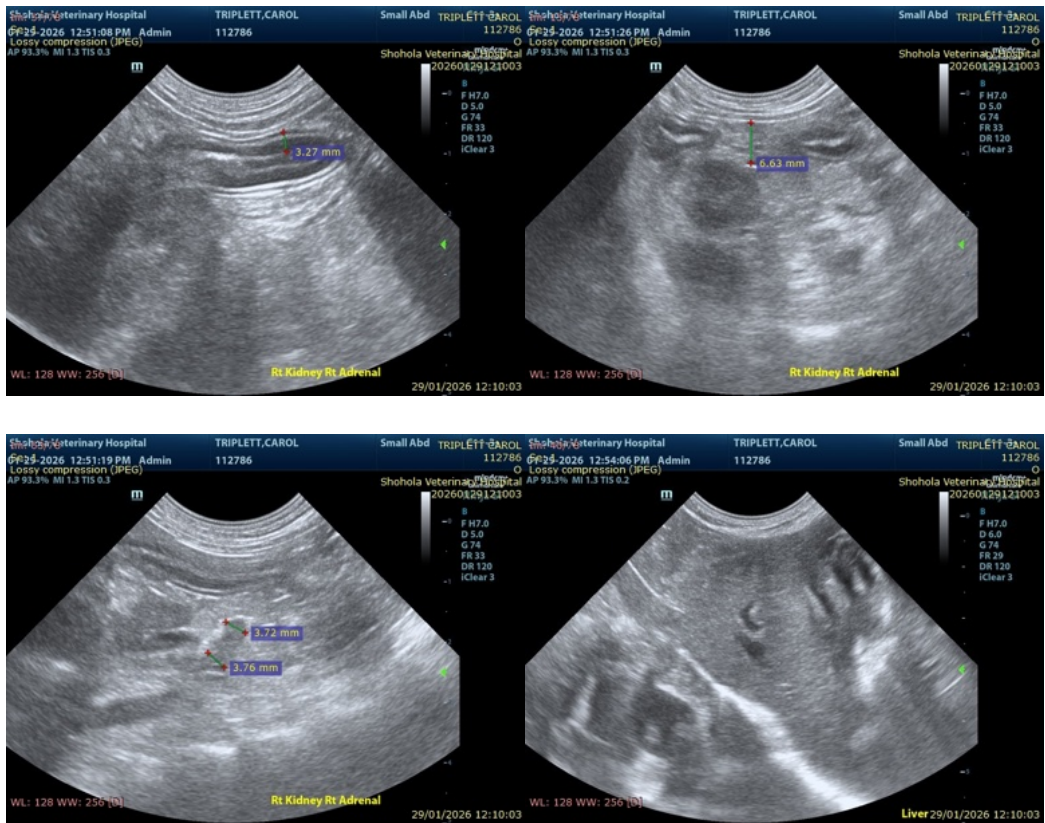
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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