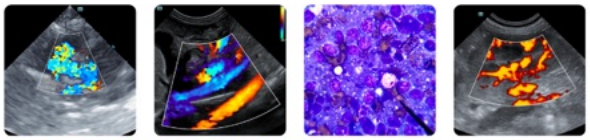


PATIENT

Lono Alakai

SPECIES

Canine

BREED

German Shorthair Pointer

SEX

Neutered male

AGE

15 years

WEIGHT

75 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Ukachi Ugorji, DVM

HOSPITAL NAME

Craig Road AH

REFERRING VET

Dr. Ukachi Ugorji

INVOICE

69889

DATE

1/6/26

PRESENTING CLINICAL SIGNS

History: Lono is a 15-year-old MN German Shorthaired Pointer presenting for hind limb lameness and mobility issues. Owner reports difficulty getting up, hind legs giving out on slippery surfaces, and accidents in the house likely related to trouble using the dog door. Overall doing well otherwise per owner. Eating, drinking, defecating, and urinating within normal limits. No coughing, sneezing, vomiting, or diarrhea noted by owner. No known allergies to vaccines/medication. Patient is not on any medications or supplements. Lono has no recent travel history.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is normally distended with a thin, smooth wall. The urine is anechoic. The bladder neck and proximal urethra appear normal. No uroliths or ultrasonographic evidence of inflammatory or neoplastic disease are identified.

Both kidneys are normal in shape and size. Left kidney: 7.28×3.72 cm; cortical thickness 0.72 cm (sagittal plane). Right kidney: 6.92×3.61 cm; cortical thickness 0.70 cm (sagittal plane). Renal cortices are isoechoic to the liver. Corticomedullary ratios and corticomedullary definition are preserved. No pyelectasia, nephrolithiasis, or hydronephrosis is identified. Color Doppler evaluation demonstrates normal renal perfusion.

The prostate measures 1.81×0.93 cm and is small, homogeneous, and hypoechoic, consistent with post-orchiectomy prostatic atrophy.

Adrenal Glands

Both adrenal glands are normal in shape and echogenicity. Left adrenal gland: 0.70 cm (cranial pole), 0.69 cm (caudal pole). Right adrenal gland: 0.60 cm (cranial pole), 0.64 cm (caudal pole).

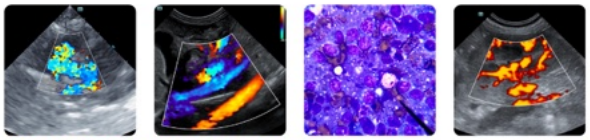
Spleen

Splenic thickness is 2.33 cm. There is a diffuse, predominantly peripheral increase in splenic echogenicity without discrete mass formation. The remainder of the splenic parenchyma demonstrates normal echogenicity and a fine, homogeneous echotexture. The splenic capsule is smooth and regular, and splenic vasculature appears normal.

Liver

The liver is subjectively normal in size with sharp margins and a regular contour. Hepatic parenchyma is homogeneous and isoechoic to falciform fat. No hepatic lymphadenopathy is observed.

The gallbladder is normally distended with a thin wall and contains a 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 folded with preserved wall layering and a wall thickness of approximately 3.88 mm. The pylorus measures 4.15 mm.

The duodenum measures 4.28 mm, the jejunum 3.53 mm, and the ileum 2.50 mm. Wall layering is preserved throughout. No evidence of gastrointestinal inflammation, ileus, obstruction, or foreign material is identified.

The colon measures approximately 0.77 mm and contains normal luminal contents.

Pancreas

The visualized pancreatic regions do not demonstrate evidence of pancreatic enlargement, altered echogenicity, or peripancreatic inflammation.

Peritoneal Cavity

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

ULTRASONOGRAPHIC FINDINGS

- Diffuse peripheral increase in splenic echogenicity.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Abdominal ultrasonography in this geriatric canine patient is largely unremarkable, with no sonographic evidence of a primary abdominal cause for the patient's hind limb weakness or mobility concerns.

The spleen demonstrates diffuse, peripheral increased echogenicity, a pattern most consistent with benign age-related change, such as fibrosis and/or fibro-lipomatous degeneration. No focal splenic masses or features suggestive of aggressive splenic disease are identified.

The liver appears normal in size, contour, and echotexture, and there is no biliary ductal dilation or focal hepatic disease identified to explain the previously documented elevations in ALT and alkaline phosphatase. As such, the mild to moderate liver enzyme elevations are most consistent with non-structural hepatobiliary disease, such as early or age-related hepatocellular change, metabolic or vacuolar hepatopathy, medication (or stress-related enzyme induction), or other functional hepatic processes that are not detectable on ultrasound.

Recommendations

- Consider baseline hepatoprotective support (SAMe and/or silybin).
- Continued periodic monitoring of liver enzymes is recommended.

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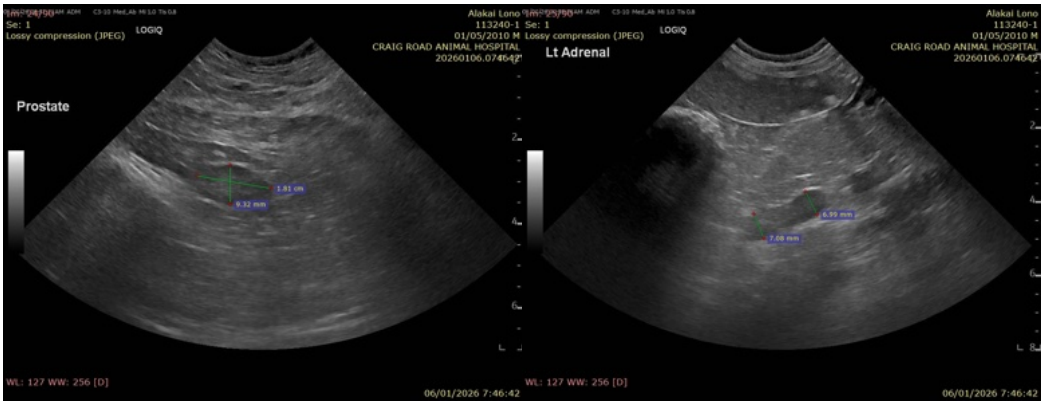
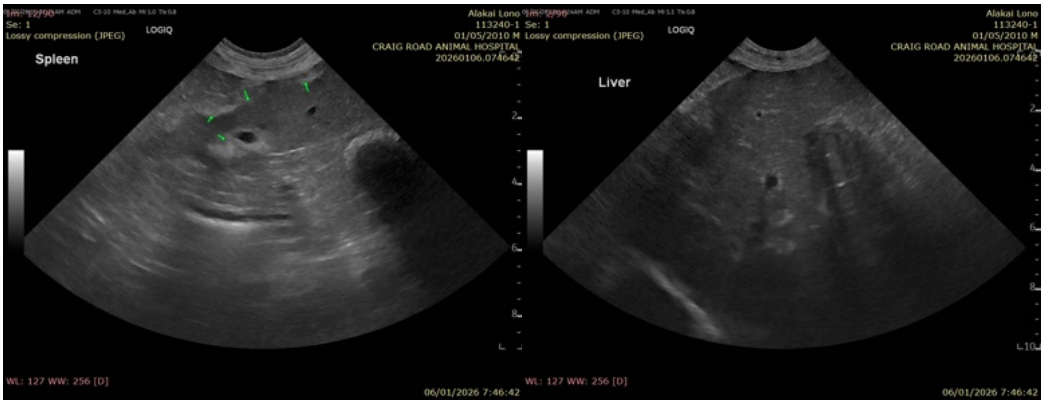
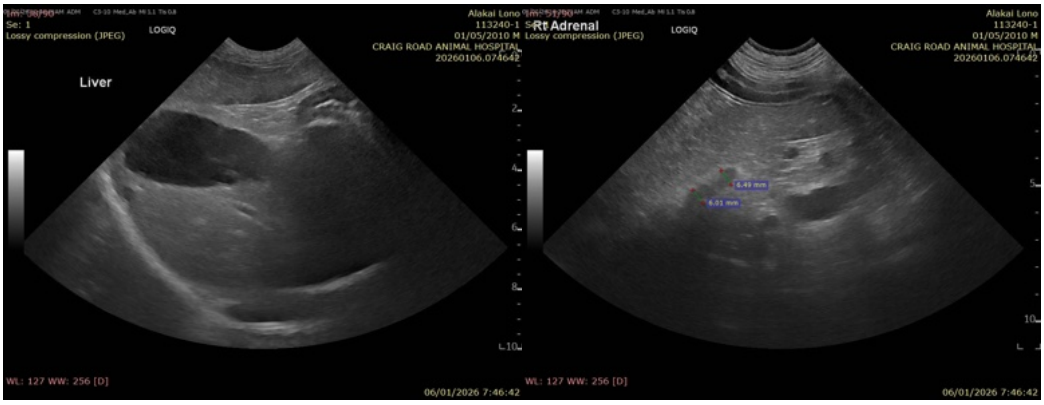
- Given the presenting complaint of hind limb weakness and mobility issues, further orthopedic and/or neurologic evaluation is recommended.
- Progressive or persistent elevation of liver enzymes may warrant further investigation, including liver biopsy, as ultrasound cannot exclude microscopic hepatocellular disease.







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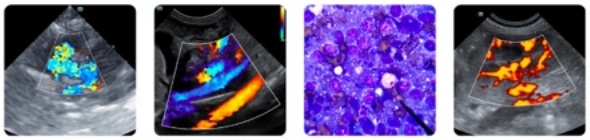

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com