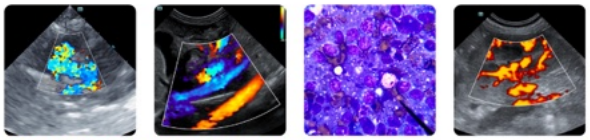


PATIENT

Pisco Reinhardt

SPECIES

Canine

BREED

Pit Bull Mix

SEX

Spayed female

AGE

13 years

WEIGHT

37.6 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Ruth Loomis

HOSPITAL NAME

Brookswood AC

REFERRING VET

Dr. Loomis

INVOICE

69888

DATE

1/6/26

PRESENTING CLINICAL SIGNS

History: Overall P doing well Mildly elevated Alt and Alkp on annual labs (were well WNL last year) O is going to be traveling out of the country and just wanted the scan to ensure nothing really bad Abnormal PE/Chem/CBC/UA Results: 12/5/2025 ALT (SGPT) 137 12-118 IU/L HIGH ALK PHOS 152 5-131 IU/L HIGH 1/2/2026 Alkaline Phosphatase 139 Alanine Aminotransferase 175

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: 5.79×3.07 cm; cortical thickness 0.42 cm (sagittal plane). Right kidney: 5.60×3.16 cm; cortical thickness 0.49 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.

Adrenal Glands

Both adrenal glands are normal in shape and echogenicity. Left adrenal gland: 0.56 cm (cranial pole), 0.66 cm (caudal pole). Right adrenal gland: 0.66 cm (cranial pole), 0.69 cm (caudal pole).

Spleen

Splenic thickness is 1.63 cm. The splenic parenchyma is predominantly homogeneous and normally echogenic, with one small focal hyperechoic lesion measuring 5.3×5.5 mm and one small focal hypoechoic lesion measuring 2.5×4.9 mm. The splenic capsule is smooth and regular.

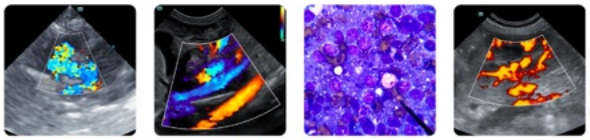
Liver

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

The gallbladder is moderately distended. The wall is diffusely thickened with an appearance compatible with gallbladder wall hyperplasia. Mild to moderate biliary sludge is present. No dilation of the cystic duct or common bile duct is identified.

Gastrointestinal

The stomach is empty and folded with preserved wall layering and a wall thickness of approximately 2.46 mm. The pylorus measures 4.99 mm.



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The duodenum measures 4.97 mm, the jejunum measures 4.55 mm, and the ileum measures 2.48 mm. Wall layering is preserved throughout. No evidence of gastrointestinal obstruction, ileus, mural inflammation, or foreign material is identified.

The colon measures approximately 0.86 mm and contains formed feces in the descending segment.

Pancreas

The visualized pancreatic regions are unremarkable, with no evidence of pancreatic enlargement, altered echogenicity, or peripancreatic inflammation.

Peritoneal Cavity

No abdominal effusion or peritonitis is observed. Cranial mesenteric lymph nodes appear within normal limits. The iliac trifurcation is unremarkable.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS

- Mild gallbladder wall thickening with biliary sludge, compatible with gallbladder wall hyperplasia and biliary stasis.

SECONDARY FINDINGS

- Small focal splenic nodules of mixed echogenicity, most consistent with benign nodular change and myelolipomas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver appears normal in size, contour, and echotexture, and no biliary ductal dilation is present. As such, ultrasound cannot identify a structural cause for the mild hepatocellular and cholestatic enzyme elevations, which are most consistent with early, mild, or functional hepatobiliary change rather than overt hepatic disease. Importantly, ultrasound cannot exclude microscopic hepatocellular injury, metabolic hepatopathy, steroid-responsive hepatopathy, or early vacuolar change, all of which may result in mild enzyme elevations without gross structural abnormalities.

Gallbladder findings, including diffuse wall thickening with an appearance compatible with mucinous gland hyperplasia and the presence of biliary sludge, are common incidental findings in older dogs and may reflect chronic biliary stasis or age-related changes. No biliary duct dilation or relevant clinical signs.

Small focal splenic lesions of mixed echogenicity are most consistent with benign nodular changes, such as nodular hyperplasia or extramedullary hematopoiesis, particularly given the patient's age and lack of systemic illness.

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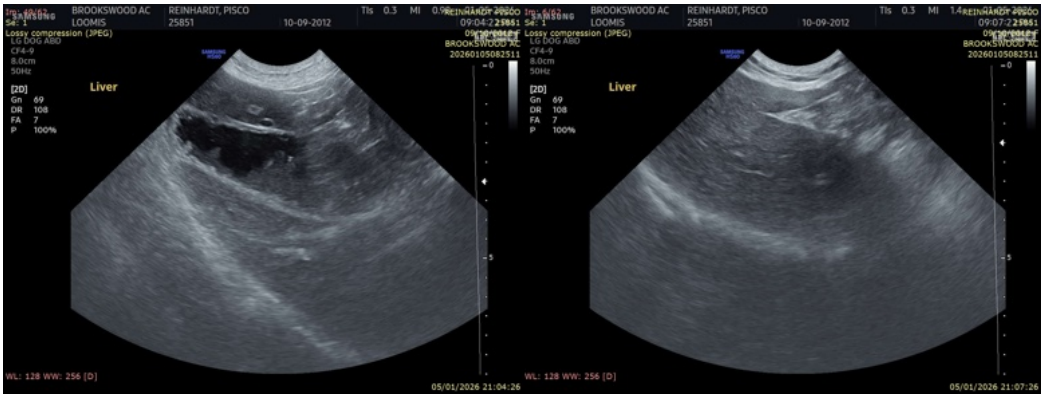
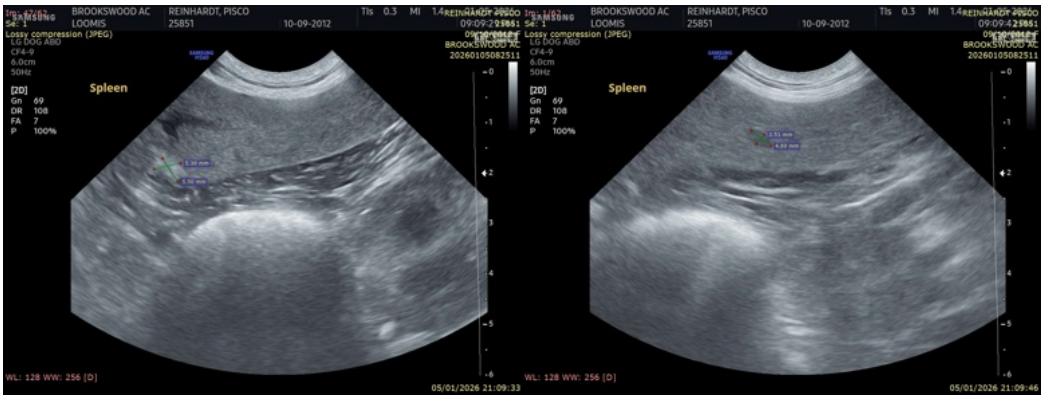
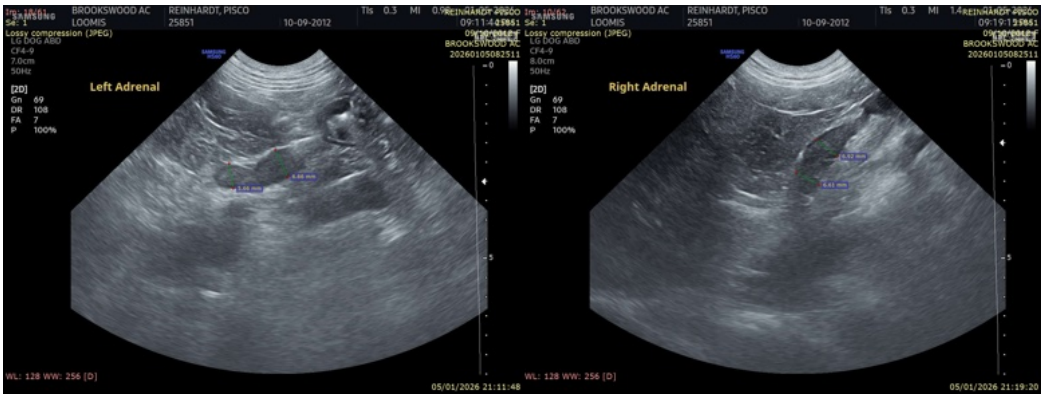
Recommendations

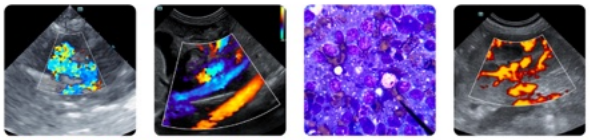
- Periodic monitoring of liver enzymes is recommended to assess for progression or resolution, particularly if clinical signs develop.
- Consider baseline hepatoprotective support at the discretion of the primary clinician, especially given the patient's age and mild enzyme elevations.







The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology



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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