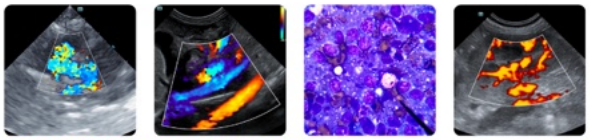


PATIENT

Bailey McMahan

SPECIES

Canine

BREED

Dachshund

SEX

Spayed female

AGE

8 years

WEIGHT

22.7 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Dr. Cathleen Whitcraft

HOSPITAL NAME

Craig Road AH

REFERRING VET

Dr. Whitcraft

INVOICE

68980

DATE

11/24/25

PRESENTING CLINICAL SIGNS

History: Bailey is an 8yr 1mo old FS Dachshund with a history of elevated liver values that are still rising despite being on ursodiol. O is also giving carprofen from another pet for limping in the hind, Dose is okay.
Abnormal PE/Chem/CBC/UA Results: Liver chem: hi ALT 266 (12-118) -- still rising even though ursodiol was increased hi ALP 420 (5-131) -- was 302, 223, 181, 347 hi TP 7.7 (5.-7.4) with hi Alb 4.6 (2.7-4.4) -- dehydration hi K 6.1 (3.6-5.5) -- dehydration hi BUN 33 (6-31) -- dehydration

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder lumen is normally distended, and the wall of the urinary bladder appears thin and smooth. The urine is anechoic. Normal appearance of the proximal urethra and vesicoureteral junction. There are no calculi, and no evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size: 4.72 x 3.32 cm, and the thickness of the cortex is 0.58 cm, in the sagittal plane. The cortical is isoechogenic compared to liver parenchyma. The corticomedullary ratio is normal and the corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths or hydronephrosis.

The right kidney is normal in shape and size: 4.69 x 2.90 cm, and the thickness of the cortex is 0.49 cm, in the sagittal plane. The cortical is isoechogenic compared to liver parenchyma. The corticomedullary ratio is normal and the corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths or hydronephrosis.

Adrenal Glands

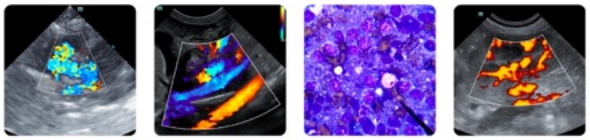
Both adrenal glands show normal shape and echogenicity. The left adrenal gland measures 0.48 cm at the cranial pole and 0.53 cm at the caudal pole. The right adrenal gland measures 0.42 cm at the cranial pole and 0.39 cm at the caudal pole.

Spleen

Splenic thickness is 1.06 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.

Liver

The liver is subjectively increased in size, with mildly rounded edges and a regular contour. The liver parenchyma appears uniform and isoechoic compared to the falciform fat, with normal echotexture. No hepatic lymphadenopathy is observed.



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The gallbladder lumen is normally distended. The wall shows mild mucinous gland hyperplasia, and the contents are primarily anechoic with a very small amount of biliary sludge. No evident dilation of the cystic duct or common bile duct is observed.

Gastrointestinal

The stomach is empty and folded, with a mural thickness of 2.83 mm and preserved wall layering. The pylorus (mm).

Duodenum: 3.93 mm. Mucosa: 2.93 mm with vertical hyperechoic bands. Submucosa: 0.53 mm. Muscularis propria: 0.25 mm. Jejunum: 4.10 mm. Mucosa: 2.51 mm. Submucosa: 0.46 mm. Muscularis propria: 0.25 mm. Normal wall layering. No signs of obstruction, ileus, or foreign material are identified.

Colon: transverse 1.15 mm, empty.

Pancreas

The pancreas itself was not clearly visualized, although the pancreatic regions evaluated show no obvious signs of inflammation.

Peritoneal Cavity

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

ULTRASONOGRAPHIC FINDINGS

- Subjective hepatomegaly with mildly rounded liver edges.
- Mild mucinous gland hyperplasia of the gallbladder wall, with minimal biliary sludge.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Abdominal ultrasonography reveals subjective hepatomegaly with mildly rounded hepatic margins but otherwise preserved parenchymal echogenicity and homogeneous echotexture. No focal lesions or biliary ductal dilation are identified. The gallbladder wall demonstrates mild mucinous gland hyperplasia with a trace amount of biliary sludge, but without evidence of cholecystitis or obstruction.

The combination of rising ALT and ALP, subjective hepatomegaly, and otherwise normal hepatic parenchymal echotexture is most consistent with reactive or metabolic hepatopathy, or early diffuse hepatocellular injury not yet producing structural changes detectable by ultrasound. The mild gallbladder wall hyperplasia and minimal sludge may represent early or low-grade biliary stasis secondary to hepatocellular dysfunction, although no mucocele or obstructive pattern is apparent.

Given the persistently increasing liver values despite ursodiol therapy, drug-induced liver injury should remain a significant differential—particularly in the context of carprofen administration. The recent

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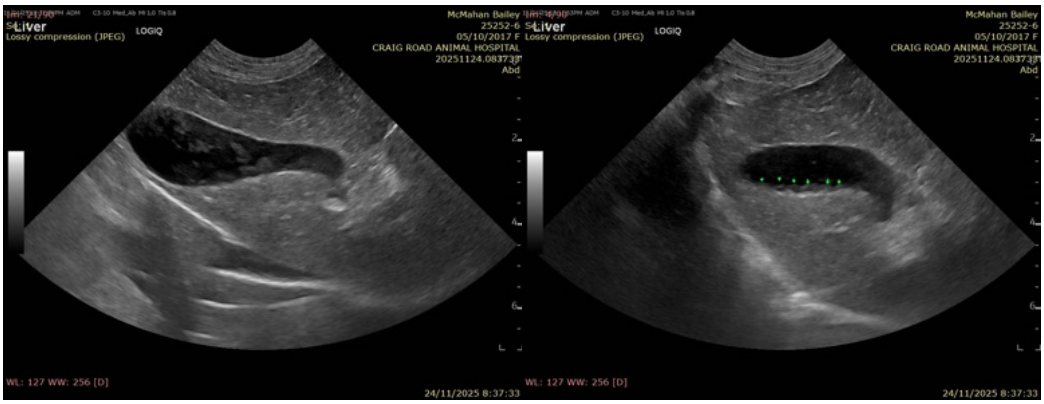
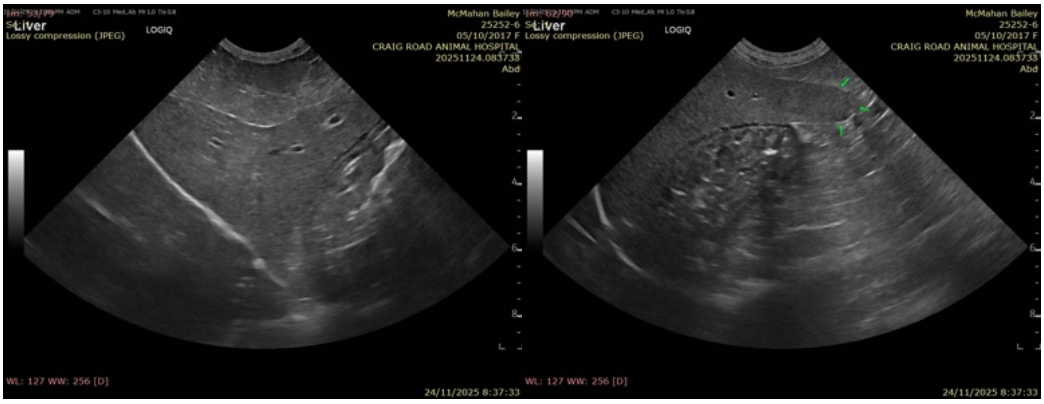
administration of carprofen, although at an appropriate dose, introduces the possibility of drug-associated hepatic stress.

The duodenum exhibits normal mural thickness, preserved wall layering, and a mucosa displaying vertical hyperechoic mucosal striations, a pattern commonly associated with lymphangiectasia, inflammatory enteropathy, or benign physiologic variation.

Recommendations

- Re-evaluation of hepatotoxic drug exposure, including discontinuation of carprofen if clinically feasible.
- Repeat laboratory monitoring (ALT, ALP, bilirubin, electrolytes, and renal values) after stabilization of hydration and medication adjustments.
- Consider bile acids testing or SDMA/renal panel if azotemia persists after rehydration.
- Gastrointestinal evaluation, and possible GI therapeutics, given the duodenal mucosal striations.
- If liver values continue to rise or clinical signs develop, consider advanced diagnostics, such as liver sampling (fine-needle aspirate or biopsy).





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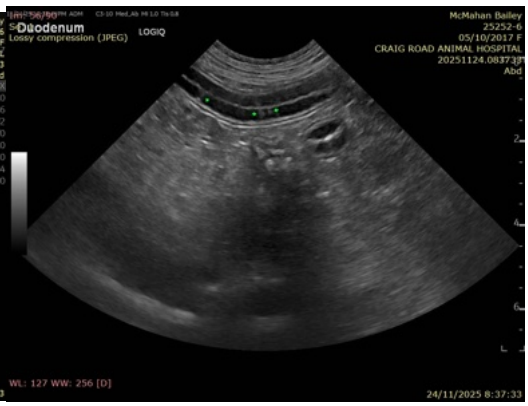

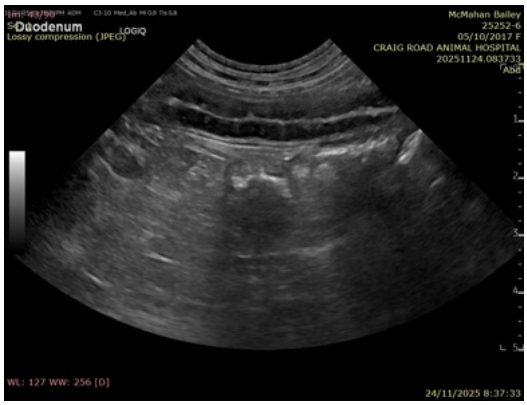

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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