



PATIENT

Cooper Reynolds

SPECIES

Canine

BREED

Miniature Poodle Mix

SEX

Neutered male

AGE

7 years

WEIGHT

16 lbs

INTERPRETED BY

Dr. Alicia Angosto
Guerrero

IMAGING PERFORMED BY

Jessy Butcher

HOSPITAL NAME

Healing Paws

REFERRING VET

Dr. Preston

INVOICE

69209

DATE

12/1/25

PRESENTING CLINICAL SIGNS

History: Seen on 11/26/25 for a pre surgical exam for dental. Normal PE that day but O reports occasional lethargic days. P usually gets over them on his own.
Abnormal PE/Chem/CBC/UA Results: AST 297 (15-66), ALT 5875 (12-118), ALP 1155 (5-131), T. Bilirubin 0.4 (0.1-0.3), otherwise NSF.

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: 4.40x2.62 cm, and the thickness of the cortex is 0.44 cm, in the sagittal plane. The right kidney is normal in shape and size: 4.73x2.48 cm, and the thickness of the cortex is 0.50 cm, in the sagittal plane. Both kidneys: The cortex has completely normal echogenicity. The corticomedullary ratio is normal, and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths, or hydronephrosis. Color Doppler shows a normal pattern.

A 1.71 × 0.90 cm oval hypoechoic structure with a hyperechoic central line, located next to the urinary bladder. The precise side is not specified; although the initial portion of the exam suggests the left side was being evaluated, the exact location cannot be confirmed. The testicle is positioned slightly cranial and ventral to the urinary bladder.

Adrenal Glands

Both adrenal glands show normal shape and echogenicity. The left adrenal gland measures 0.42 cm at the cranial pole and 0.40 cm at the caudal pole. The right adrenal gland measures 0.42 cm at the cranial pole and 0.50 cm at the caudal pole.

Spleen

Splenic thickness is 1.57 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 normal in size, with sharp edges and a regular contour. The liver parenchyma looks uniform and slightly hyperechoic compared to the kidney cortex, with a normal echotexture. No hepatic lymphadenopathy is observed.

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



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Gastrointestinal

The stomach is empty and folded, containing gas, with mural thickness of 2.36 mm and preserved wall layering.

Pylorus: 2.98 mm. Duodenum: 3.31 mm. Jejunum: 2.81 mm. Ileum: 1.08 mm. Normal wall layering throughout. No signs of inflammation, ileus, or foreign material are identified.

Colon: wall thickness 1.32 mm, empty in the descending segment.

Pancreas

The pancreas was not clearly visualized, although the areas scanned did not show evidence of inflammation.

Peritoneal Cavity

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

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS

- Mild hepatic hyperechogenicity and a small amount of biliary sludge.

SECONDARY FINDINGS

- Retained (cryptorchid) testicle.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The abdominal ultrasound is largely unremarkable aside from mild hepatic hyperechogenicity and a small amount of biliary sludge. No structural abnormalities are identified that would explain the patient's marked hepatocellular enzyme elevation or cholestatic increase. The liver shows no evidence of hepatomegaly, nodules, masses, biliary obstruction, or infiltrative disease. Given the severe ALT elevation with a normal hepatic ultrasound, differentials include Vacuolar hepatopathy, drug-induced or toxin-induced hepatopathy, reactive hepatopathy, or acute on chronic hepatocellular injury.

The presence of a retained intra-abdominal testicle is an incidental finding but should be noted due to its association with neoplasia risk.

A 1.71x0.90 cm intra-abdominal testicle is identified, located cranial and slightly ventral to the urinary bladder. This image highly suggests the presence of a retained (cryptorchid) testicle.

The prostatic region was not adequately explored, and therefore prostatic size, architecture, and integrity cannot be assessed on this examination.



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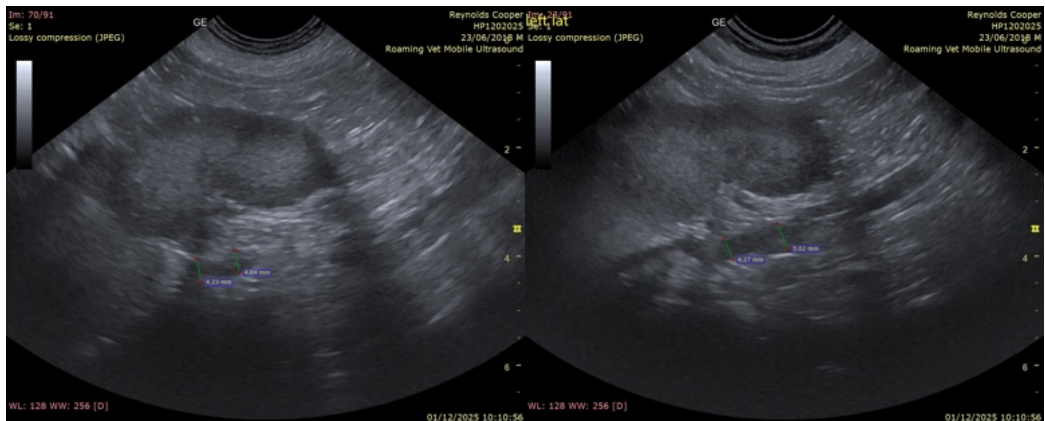
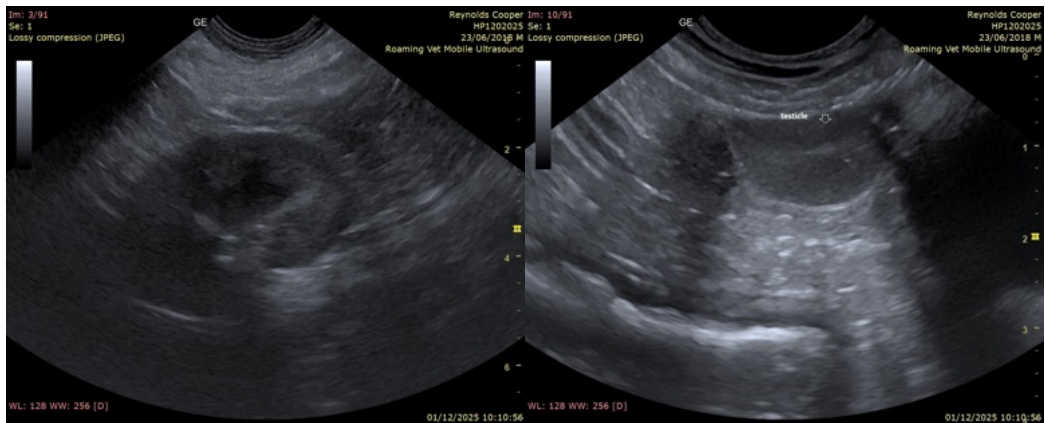
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Recommendations

- Obtain complete medication, supplement, and toxin history, as severe ALT/ALP elevation can result from drug-induced or vacuolar hepatopathy.
- Initiate hepatoprotective therapy and reassess liver enzymes in 2–3 weeks.
- Ursodiol is optional, as there is no sonographic evidence of cholestasis or significant biliary sludge.
- Consider liver sampling (FNA or biopsy) if enzyme activity continues to rise, remains markedly elevated, or new abnormalities appear.
- Assess for endocrinopathies if not improving.
- Recommend surgical consultation for the retained intra-abdominal testicle, as cryptorchidism carries a high risk of testicular neoplasia.





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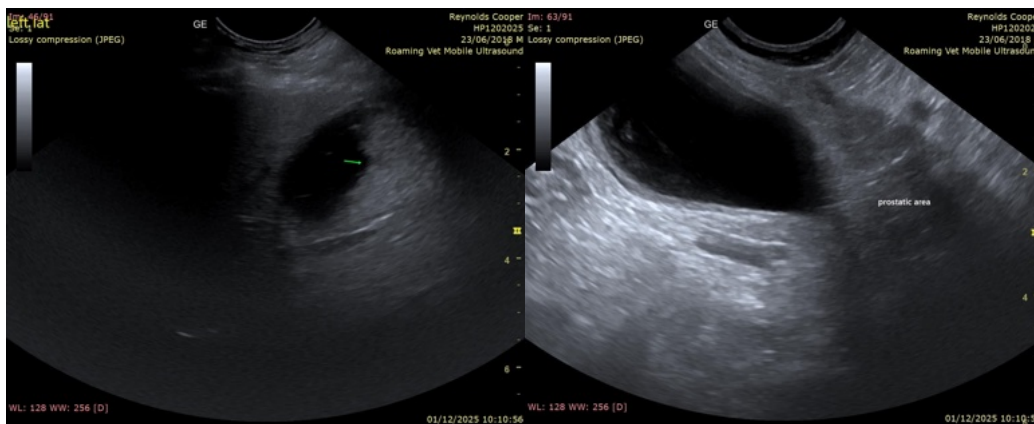
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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