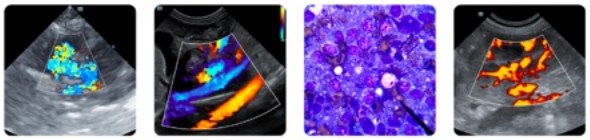


PATIENT

Logan Deyton

SPECIES

Canine

BREED

Staffordshire Terrier

SEX

Intact male

AGE

5 years

WEIGHT

37.6 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Dr. Amy Isaac

HOSPITAL NAME

Valley West & Elk Valley VH

REFERRING VET

Dr. Isaac

INVOICE

71541

DATE

2/12/26

PRESENTING CLINICAL SIGNS

- Presented on Jan 30 for 2 episodes of vomiting and decreased appetite. Had 1 episode of black tarry stool.
- Bloodwork at that time showed marked increase in liver enzymes. ALT 3,147, ALP200, Albumin decreased 2.4, GGT 40, AST 59
- USPG 1.009 with 1+ protein
- Treated symptomatically with SQ fluids and ondansetron and home with Denamarin and scheduled ultrasound. Ultrasound not done until today due to winter weather. Pet clinically normal at home now per owner.
- Repeat hepatic panel today shows marked improvement in ALT, now 334. All other values now normal. Still on Denamarin, no symptoms at home. Eating well and no vomiting.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is normally distended. The wall appears thin and smooth. The urine is anechoic. The bladder neck and proximal urethra appear normal. No calculi or mural abnormalities are identified.

The left kidney measures 6.00×3.23 cm in the sagittal plane, with a cortical thickness of 0.45 cm. The cortex is isoechoic relative to the liver. The corticomedullary ratio is normal, and corticomedullary differentiation is preserved. No pyelectasia, nephrolithiasis, or hydronephrosis is identified.

The right kidney measures 6.00×3.15 cm in the sagittal plane, with a cortical thickness of 0.40 cm. The cortex is isoechoic relative to the liver. The corticomedullary ratio is normal, and corticomedullary differentiation is preserved. No pyelectasia, nephrolithiasis, or hydronephrosis is identified.

The prostate measures 4.37×3.17 cm. The parenchyma is diffusely hyperechoic. A small intraparenchymal cyst measuring 2.07×4.06 mm is identified.

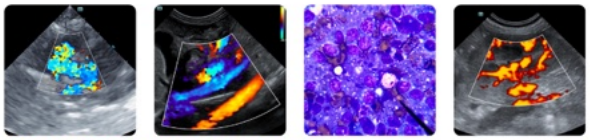
Adrenal Glands

Both adrenal glands demonstrate normal contour and echogenicity.

The left adrenal gland measures 0.48 cm at the cranial pole and 0.48 cm at the caudal pole. The right adrenal gland measures 0.51 cm at the cranial pole and 0.58 cm at the caudal pole.

Spleen

Splenic thickness measures 1.33 cm. The parenchyma is homogeneous with normal echogenicity. No focal lesions are identified.



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Liver

The liver is subjectively normal in size, with sharp margins and regular contour. The parenchyma is uniform and isoechoic relative to the falciform fat. No focal lesions or hepatic lymphadenopathy are identified. No ultrasonographic evidence of microhepatia or overt architectural distortion is observed.

The gallbladder is normally distended. The wall is thin. A very small amount of biliary sludge is present. No dilation of the cystic duct or common bile duct is identified.

Gastrointestinal

The stomach is empty and folded. Gastric wall thickness measures 3.74 mm with preserved layering. The pylorus measures 4.69 mm.

The duodenum measures 4.37 mm. The jejunum measures 4.16 mm. The ileum measures 2.08 mm. Wall layering is preserved throughout evaluated segments.

For a dog of this size, small intestinal wall thickness up to approximately 4–5 mm may be considered within normal limits. No mural mass, obstruction, or inflammatory thickening is identified.

The colon measures 1.10 mm with formed feces present.

Pancreas

The evaluated pancreatic regions show no ultrasonographic evidence of overt inflammation.

Peritoneal Cavity

No abdominal effusion or ultrasonographic evidence of peritonitis is observed. Abdominal lymph nodes are not visualized. The iliac trifurcation region is unremarkable.

ULTRASONOGRAPHIC FINDINGS

- Mild prostatic enlargement with small cyst.
- Minimal biliary sludge.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver appears structurally normal, without evidence of chronic architectural change, mass lesion, or biliary obstruction. Given the marked initial ALT elevation followed by rapid and substantial improvement and complete clinical recovery, the overall pattern is most consistent with a severe but transient hepatocellular injury.

Possible etiologies include: Acute toxic or drug-related insult, reactive hepatopathy associated with gastrointestinal disease, or acute idiopathic hepatitis.

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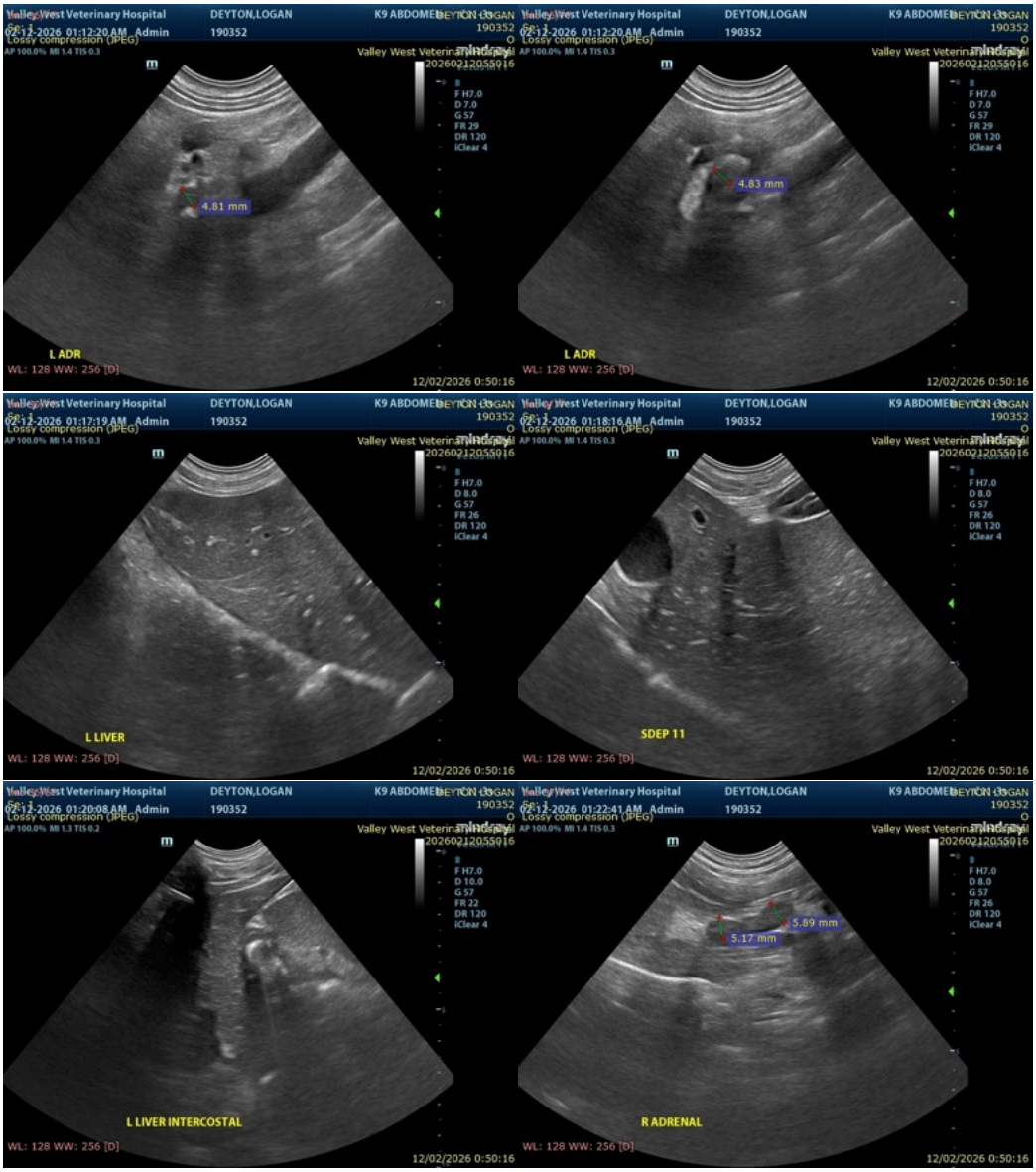
Incidental findings include prostatic enlargement with a small cyst, most consistent with early benign prostatic hyperplasia in an intact male dog.

Recommendations

- Continue monitoring liver enzyme activity until normalization or stabilization.
- If ALT fails to continue improving or increases again, serum bile acids testing may be considered to assess hepatic functional capacity.
- Castration may be considered if prostatic enlargement becomes clinically relevant.



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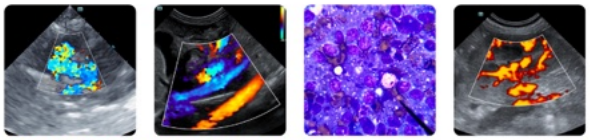

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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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