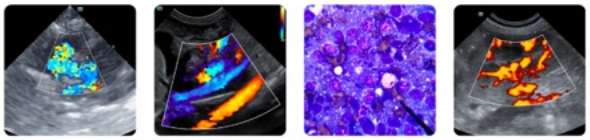




**PATIENT**

Breanna Sterns

**SPECIES**

Canine

**BREED**

Terrier Mix

**SEX**

Spayed female

**AGE**

13 years

**WEIGHT**

13.88 lbs

**INTERPRETED BY**

Dr. Alicia Angosto Guerrero

**IMAGING PERFORMED BY**

Dr. Celia Galanti

**HOSPITAL NAME**

Craig Road AH

**REFERRING VET**

Dr. Cooper

**INVOICE**

71781

**DATE**

2/19/26

## PRESENTING CLINICAL SIGNS

- 1x1cm black mass on right maxillary lip noticed 3-4 weeks ago
- 2x3cm soft, freely moveable SQ mass over right thorax
- 2x3cm soft freely moveable SQ mass over right lateral abdomen
- Chronic dry cough for past couple years
- Difficulty eating hard food due to oral discomfort
- Elevated ALT (600s) Elevated ALP Elevated GGT

## 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 bladder neck and proximal urethra. There are no calculi and no ultrasonographic evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size: 3.84×1.85 cm, with cortical thickness measuring 0.33 cm in the sagittal plane.

The right kidney is normal in shape and size: 3.97×1.92 cm, with cortical thickness measuring 0.33 cm in the sagittal plane.

Both kidneys: Renal length is within expected limits for a 13.9 kg dog. The cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

### *Adrenal Glands*

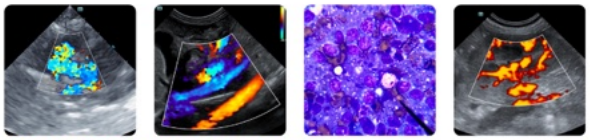
Both adrenal glands show normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane: the left adrenal gland measures 0.33 cm at the cranial pole and 0.39 cm at the caudal pole. The right adrenal gland measures 0.36 cm at the cranial pole and 0.38 cm at the caudal pole. These measurements are within normal limits for a dog of this size.

### *Spleen*

Splenic thickness is 1.26 cm (within normal limits). The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal 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 appears uniform and isoechoic compared to the falciform fat, with a normal echotexture. No focal hepatic lesions or hepatic lymphadenopathy are observed.





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

### *Gastrointestinal*

The stomach is distended with ingesta. Mural thickness measures 2.02 mm with preserved wall layering. The pylorus measures 4.42 mm, within normal limits.

Duodenum measures 2.98 mm.

Jejunum measures 2.24–2.76 mm, within normal limits with preserved layering.

No ultrasonographic signs of obstruction, infiltrative disease, or foreign material are identified.

Colon measures 1.02 mm with few formed feces in the descending segment.

### *Pancreas*

The evaluated pancreatic regions show normal size and echogenicity. No ultrasonographic evidence of inflammation, mass, or peripancreatic fat reactivity is identified.

### *Peritoneal Cavity*

No sonographic evidence of abdominal effusion, peritonitis, or abdominal lymphadenomegaly is identified. The iliac trifurcation appears normal.

## ULTRASONOGRAPHIC FINDINGS

- Very small amount of biliary sludge.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Despite the marked elevation in ALT with concurrent increases in ALP and GGT, the liver parenchyma and biliary tree appear unremarkable on ultrasound. This discordance suggests that the biochemical abnormalities may reflect hepatocellular injury with a concurrent cholestatic component (including intrahepatic cholestasis or early/functional extrahepatic biliary disease) that is not yet associated with sonographically detectable structural change. Reactive hepatopathy remains a consideration.

It must be emphasized that diffuse hepatocellular disease, early infiltrative disease, or microscopic metastatic disease cannot be excluded based on ultrasound alone.

Overall, there is no imaging evidence of abdominal metastatic spread at this time.

Recommendations

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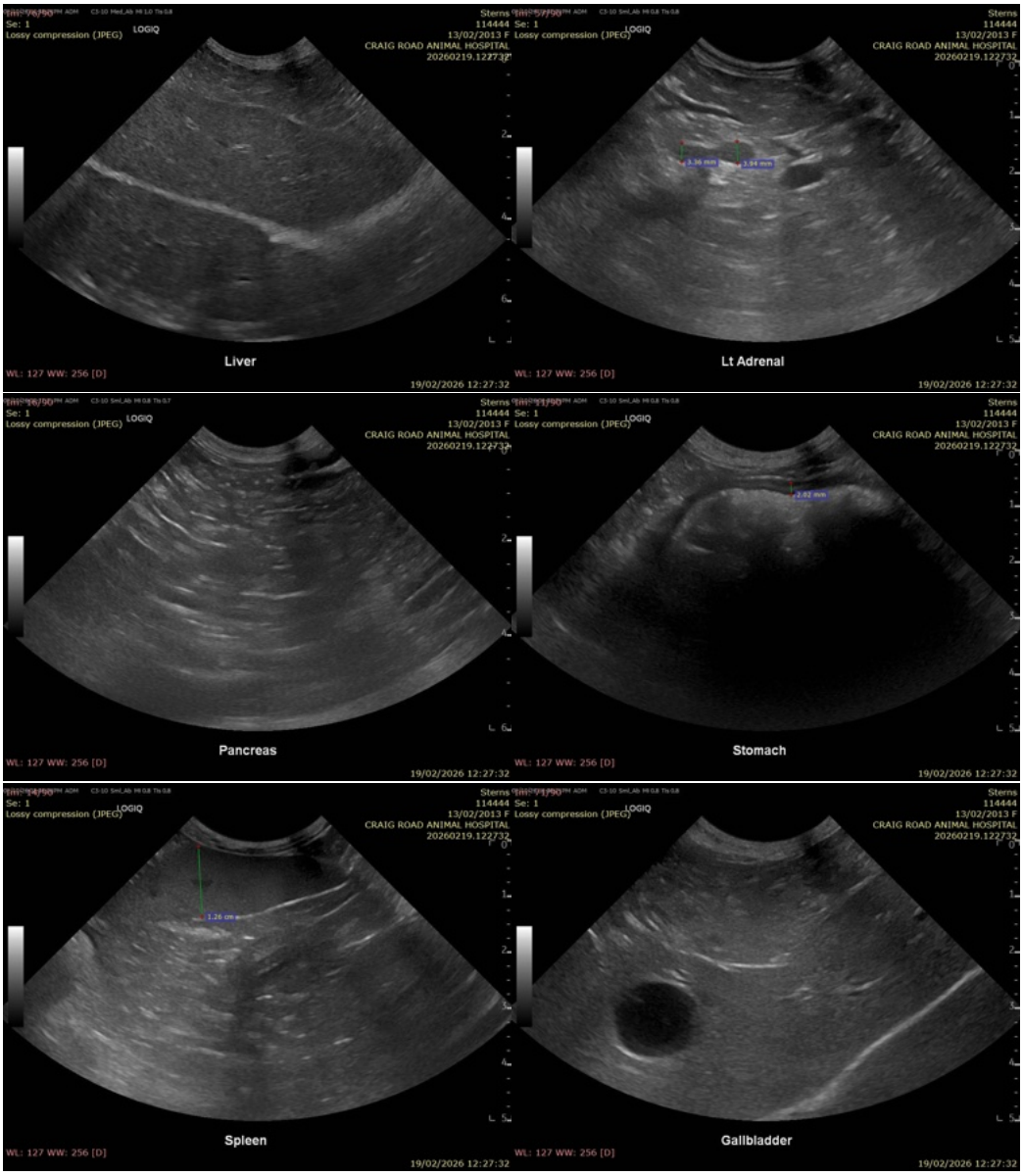
- Fine needle aspiration or biopsy of the oral mass is strongly recommended for definitive diagnosis if not already performed.
- Thoracic imaging (three-view radiographs or CT) is recommended given the history of chronic cough.
- Given significant ALT elevation with normal hepatic architecture, consider: Bile acids testing if clinically appropriate, abdominal recheck ultrasound if enzymes remain elevated, and/or hepatic FNA if enzyme elevation persists or worsens without identifiable cause
- Serial monitoring of liver enzymes is advised to assess progression or response to any intervention.



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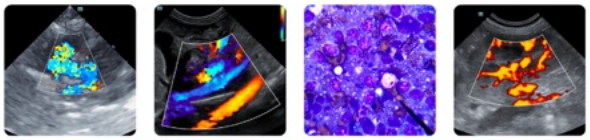

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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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