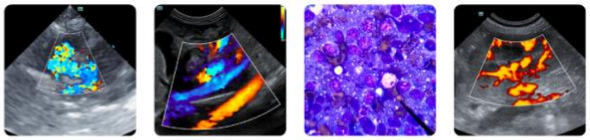


PATIENT

Pennie Frustaci

SPECIES

Canine

BREED

Dachshund

SEX

Spayed Female

AGE

11 Years 7 Months

WEIGHT

29.5 Pounds

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Dr. Striano-Kaplan

HOSPITAL NAME

Ramsey VH

REFERRING VET

Dr. Kaplan

INVOICE

35906

DATE

2/20/26

PRESENTING CLINICAL SIGNS

- hx of increase ALT 1/6/2025
- Grade III-IV/VI HM
- Lipoma
- HM - r/o CVD vs other
- Dental disease
- ON: Denamarin SID
- August echo - Chronic degenerative valve disease causing moderate mitral regurgitation.
- Abnormal PE/Chem/CBC/UA Results: 8/4/2025-Total Protein 7.9, ALT 155, UCCr 26

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

The left kidney measures 5.53 x 3.21 cm in the sagittal plane. Cortical thickness measures 0.41 cm. 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.

The right kidney measures 5.70 x 2.66 cm in the sagittal plane. Cortical thickness measures 0.43 cm. 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

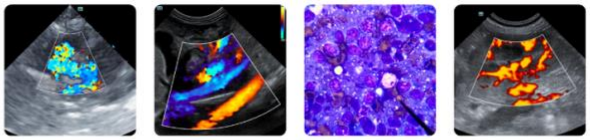
The adrenal glands were not clearly identified on the submitted images, likely secondary to acoustic shadowing from adjacent colonic contents and inherent patient factors.

Spleen

Splenic thickness is 1.34 cm. The parenchyma demonstrates normal echogenicity and a 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 hepatic parenchyma is uniform and isoechoic compared to the falciform fat, with a normal echotexture. There is no evidence of focal lesions or acoustic attenuation. No distension of the hepatic veins is observed. No hepatic lymphadenopathy is identified.



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The gallbladder lumen is moderately distended. The wall is thin and the contents are primarily anechoic with a moderate amount of organized biliary sludge. There is no ultrasonographic evidence of mucosal gland hyperplasia or biliary mucocele. No dilation of the cystic duct or common bile duct is observed.

Gastrointestinal

The stomach is empty and folded, with mural thickness measuring 3.16 mm and preserved wall layering.

The pylorus measures 5.91 mm.
Duodenum: 3.24 mm.
Jejunum: 3.39 mm, with normal wall layering.

No signs of inflammation, ileus, or foreign material are identified.
Colon: 1.24 mm, with formed feces in the lumen.

Pancreas

The evaluated pancreatic regions do not show ultrasonographic evidence of overt inflammation.

Free Abdomen

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

PRIMARY FINDINGS

- Moderate organized biliary sludge

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Abdominal ultrasonography is largely unremarkable. The liver is normal in size and echotexture, with no sonographic evidence of hepatomegaly, nodular disease, vascular congestion, or biliary obstruction. In the context of a mild ALT elevation, the absence of structural hepatic abnormalities suggests either mild biochemical hepatocellular leakage, early vacuolar hepatopathy not yet ultrasonographically apparent, medication-related enzyme induction, or secondary changes unrelated to overt structural liver disease.

The gallbladder contains a moderate amount of organized biliary sludge without evidence of mucocele formation or ductal dilation. In a Dachshund, this finding warrants monitoring given breed predisposition, although no current obstruction or mucosal hyperplasia is identified.

Recommendations

- Continue current hepatoprotective therapy (Denamarin) as previously prescribed.
- Continue hepatic enzyme monitoring (ALT, ALP) to assess trend.
- Consider fasting bile acids if ALT elevation persists or increases.
- Ursodeoxycholic acid may be considered if biliary sludge progresses or cholestatic enzyme elevations develop; however, current findings do not mandate medical

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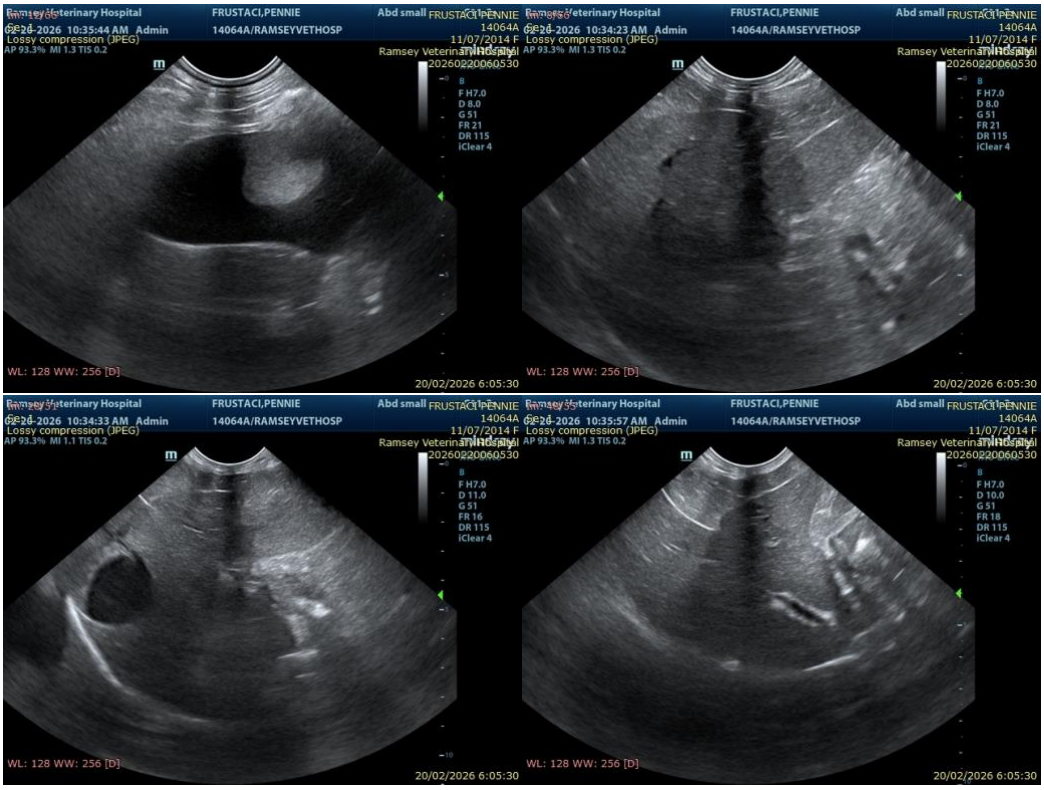
intervention. Initiation of therapy may be pursued at the discretion of the attending clinician.



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.

info@SonoPath.com