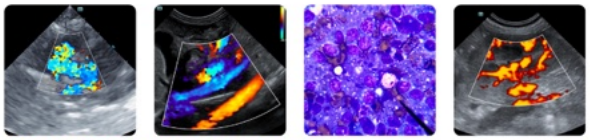


PATIENT

Maggie Sayles

SPECIES

Canine

BREED

Collie

SEX

Spayed female

AGE

6 years

WEIGHT

36.1 kg

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Patrick Hennigan DVM

HOSPITAL NAME

Mattydale AH

REFERRING VET

Dr. Hennigan

INVOICE

72042

DATE

2/27/26

PRESENTING CLINICAL SIGNS

- New patient. Last vet hospital found increased ALT (177) in September 2025 then increased to 278 in December 2025.
- Clinically normal save elbow dyplasia.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder lumen is very 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 evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size: 6.53 x 3.47 cm, and the thickness of the cortex is 0.59 cm, in the sagittal plane. The cortex is isoechogenic compared to the liver parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths, or hydronephrosis. Doppler color shows a normal vascular pattern.

The right kidney is normal in shape and size: 6.57 x 3.67 cm, and the thickness of the cortex is 0.61 cm, in the sagittal plane. The cortex is isoechogenic compared to the liver parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths, or hydronephrosis. Doppler color shows a normal vascular pattern.

Adrenal Glands

The adrenal glands were not definitively visualized in the submitted video and image material.

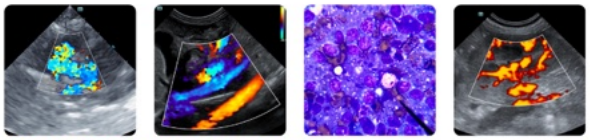
Spleen

Splenic thickness is 2.11 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular. Splenic vasculature appears normal.

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 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, with mural thickness (2.88 mm) and preserved wall layering. Jejunum: 2.65 mm, with normal wall layering. No signs of inflammation, ileus, or foreign material are identified.

Colon: 1.97 mm, with formed feces in the descending segment.

Pancreas

The evaluated pancreatic areas do not show evidence of overt inflammation.

Peritoneal Cavity

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

ULTRASONOGRAPHIC FINDINGS

- No clinically significant ultrasonographic abnormalities identified.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver is normal in size, contour, and echotexture, with no evidence of nodular disease, architectural distortion, or biliary obstruction. No structural explanation for the persistent ALT elevation is identified on this study.

In clinically normal dogs, moderate ALT elevation without concurrent cholestatic enzyme elevation or ultrasonographic abnormalities most commonly reflects early or mild hepatocellular injury, vacuolar hepatopathy, medication-related changes, or subclinical inflammatory hepatopathy.

Recommendations

- Repeat a complete chemistry panel if not recently performed to reassess ALT trend and evaluate ALP, GGT, bilirubin, cholesterol, and albumin.
- Review current and recent medications or supplements that could contribute to hepatocellular enzyme elevation.
- If ALT continues to increase or remains persistently elevated, empirical hepatoprotective therapy may be considered while monitoring trends.
- Re-evaluation of liver enzymes in approximately 6–8 weeks is recommended.
- If progressive elevation persists despite medical management, hepatic sampling (fine needle aspirate or biopsy) should be considered to differentiate vacuolar change from inflammatory hepatopathy or early chronic liver disease.

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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