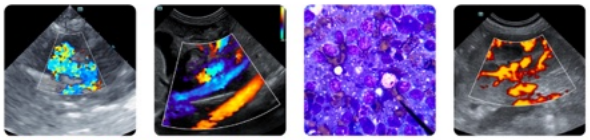


PATIENT

Otis Reimers

SPECIES

Canine

BREED

Labrador

SEX

Neutered male

AGE

10 years

WEIGHT

92 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Dr. Jonathan Moss

HOSPITAL NAME

Harvest Hills VH

REFERRING VET

Dr. Moss

INVOICE

71361

DATE

2/6/26

PRESENTING CLINICAL SIGNS

- Patient has elevated liver enzymes, found on senior labs. pt does have a history of seizures so recommended US
- PE unremarkable other than likely laryngeal

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is normally distended. The bladder wall is thin and smooth. The urine is anechoic. The bladder neck and proximal urethra have a normal appearance. No uroliths are identified, and there is no ultrasonographic evidence of inflammatory or neoplastic change.

The left kidney is normal in shape and size, measuring 6.41x4.75 cm, with a cortical thickness of 0.76 cm in the sagittal plane. The renal cortex is isoechogenic to the liver parenchyma. The corticomedullary ratio is normal, and corticomedullary definition is preserved. No pyelectasia, nephrolithiasis, or hydronephrosis is identified.

The right kidney is normal in shape and size, measuring 5.90x4.24 cm, with a cortical thickness of 0.69 cm in the sagittal plane. The renal cortex is relative to the liver parenchyma. The corticomedullary ratio is normal, and corticomedullary definition is preserved. No pyelectasia, nephrolithiasis, or hydronephrosis is identified.

Adrenal Glands

The left adrenal gland is visualized and measures 0.51 cm at the cranial pole and 0.50 cm at the caudal pole. Measurements were obtained in an oblique plane rather than a true sagittal axis, which may result in mild underestimation of size. The right adrenal gland could not be visualized due to a more cranial and medial position.

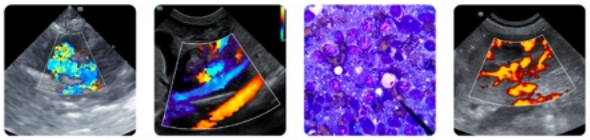
Spleen

Splenic thickness is 1.95 cm. The splenic parenchyma demonstrates normal echogenicity and a fine, homogeneous echotexture without focal lesions. The splenic capsule is smooth and regular.

Liver

The liver is subjectively mildly enlarged, with mildly rounded margins and a regular contour. The hepatic parenchyma is uniform and isoechoic relative to the falciform fat, with a fine echotexture. A small, well-defined hyperechoic focus measuring 0.56x0.59 cm is identified near the caudal margin of the left lateral hepatic lobe. No hepatic lymphadenopathy is observed.

The gallbladder is normally distended. The gallbladder wall is thin. The lumen contains a moderate amount of biliary sludge. No dilation of the cystic duct or common bile duct is observed.



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Gastrointestinal

The stomach is largely empty, although a small amount of digested ingesta is present, with preserved wall layering and a mural thickness of 2.63 mm. The duodenum measures 3.18 mm, the jejunum 4.12 mm, and the ileum 2.16 mm, all with preserved wall layering. The ileocecal junction is not visualized. No ultrasonographic evidence of ileus, obstruction, foreign material, or focal inflammatory change is identified. The colon measures 1.24 mm and contains formed feces within the descending colon.

Pancreas

The visualized portions of the pancreas show no ultrasonographic evidence of overt inflammation or mass formation.

Peritoneal Cavity

No abdominal effusion or evidence of peritonitis is identified. Abdominal lymph nodes are not visualized, and the surrounding regions appear unremarkable. The iliac trifurcation is normal.

ULTRASONOGRAPHIC FINDINGS

- Mild hepatomegaly with rounded hepatic margins.
- Moderate biliary sludge without biliary duct dilation.
- Small focal hyperechoic hepatic lesion (0.56x0.59 cm), likely incidental.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The primary ultrasonographic abnormalities are mild hepatomegaly with rounded hepatic margins and moderate biliary sludge, in the absence of biliary obstruction or focal hepatic mass lesions. In a senior dog with persistently elevated liver enzymes, this pattern is most consistent with a diffuse hepatopathy, such as vacuolar hepatopathy or chronic hepatocellular disease. The small focal hyperechoic hepatic lesion near the margin of the left lateral lobe is most compatible with an incidental benign change (nodular hyperplasia or fat), given its small size, well-defined margins, and lack of associated parenchymal distortion or lymphadenopathy.

Recommendations

- Given the marked elevation in alkaline phosphatase activity, further endocrine evaluation for hyperadrenocorticism is recommended, particularly in this breed and in the context of hepatomegaly and biliary changes. Thyroid function testing may also be considered as part of a broader metabolic assessment. Endocrine testing should be guided by the attending clinician.
- Hepatoprotective therapy may be initiated as supportive management; however, identification and treatment of an underlying primary cause, if present, is recommended, as this will ultimately determine hepatic outcome.

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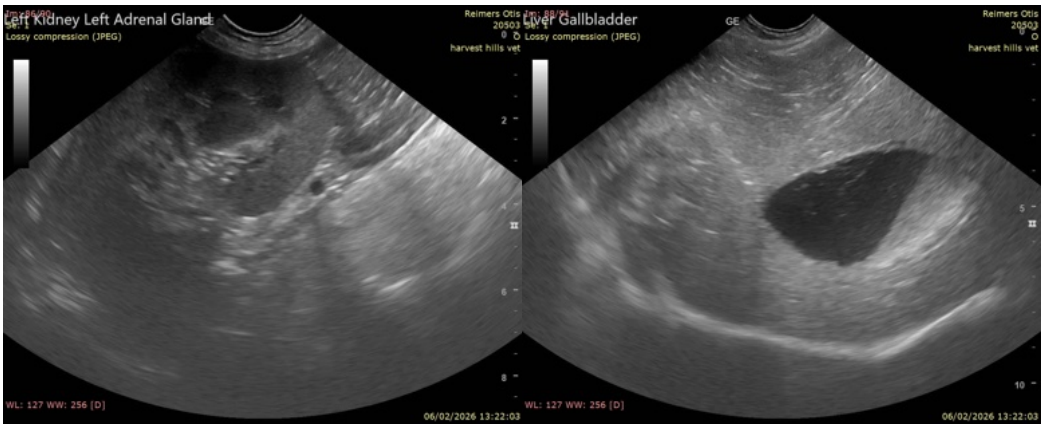

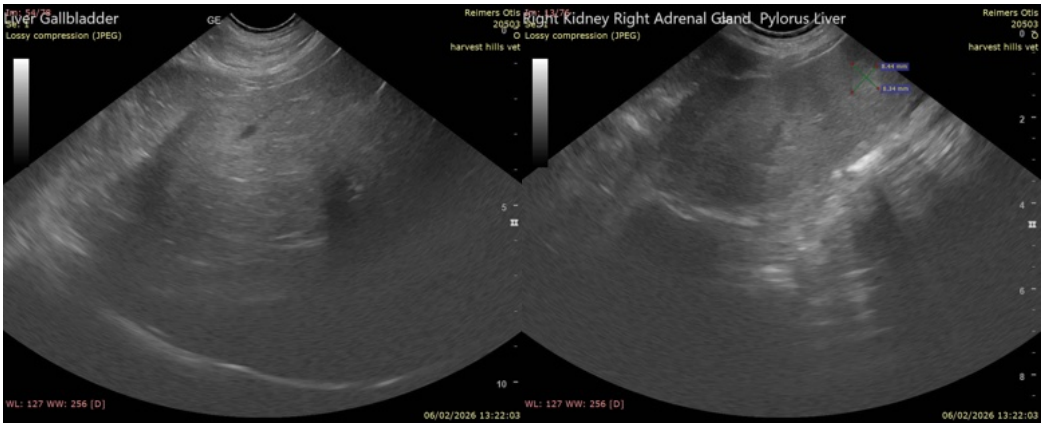

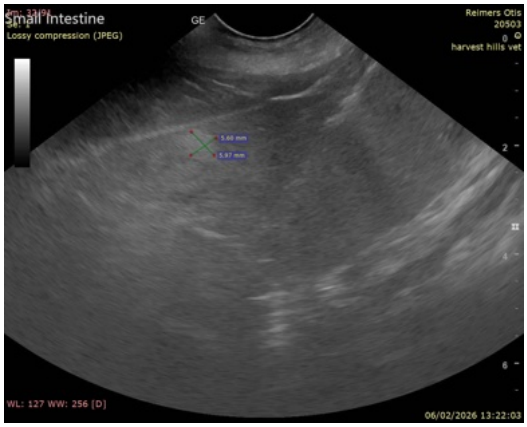

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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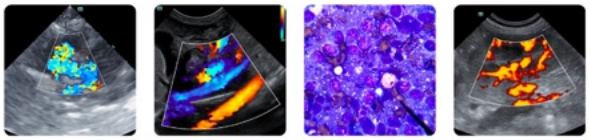

Clinical Sonography & Telecytology
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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Alicia Angosto Guerrero, DMV, PgDip, MSc.

MV Esp Ultrasound in Domestic and Wild Animals

info@SonoPath.com