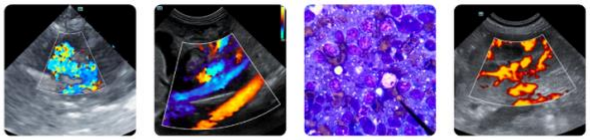


PATIENT

Lucy Wagner

SPECIES

Canine

BREED

Beagle

SEX

Spayed Female

AGE

9 Years

WEIGHT

27.8 pounds

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Dr. Vincent Tavella

HOSPITAL NAME

Williamsburg Veterinary Clinic

REFERRING VET

Dr. Vincent Tavella

INVOICE

14191

DATE

03/10/26

PRESENTING CLINICAL SIGNS

- Bloodwork on 2/27/2026 to schedule a dental COHAT showed trending elevations in liver enzymes as compared to previous labwork.

PE: Patient is overweight - BCS 8/9 and has significant periodontal disease. Patient reverse sneezes regularly. Chem: ALT 5/2025 - 157, 2/2026 - 346 (12-118) ALP 5/2025 - 175, 2/2026 - 278 (5-131) CBC - no significant abnormalities UA - not screened recently.

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: 5.13×3.03 cm, and the thickness of the cortex is 0.58 cm in the sagittal plane.
The right kidney is normal in shape and size: 5.69×2.92 cm, and the thickness of the cortex is 0.58 cm in the sagittal plane.

Both kidneys: the cortical echogenicity appears normal. The corticomedullary ratio is normal and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths, or hydronephrosis. Color Doppler shows a normal vascular pattern.

Adrenal Glands

Both adrenal glands show normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane: the left adrenal gland measures 0.50 cm at the cranial pole and 0.53 cm at the caudal pole. The right adrenal gland measures 0.57 cm at the cranial pole and 0.52 cm at the caudal pole.

Spleen

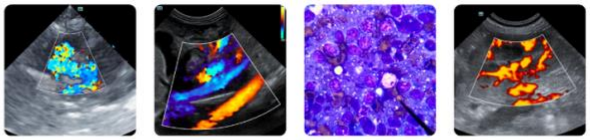
Splenic thickness is 2.01 cm, with rounded margins. The parenchyma demonstrates normal echogenicity and a fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular. Splenic vasculature appears normal.

Liver

The liver is subjectively increased in size, with a regular contour. The hepatic parenchyma appears uniform and isoechoic compared to the falciform fat, with a very fine echotexture. There is mild regional variation in hepatic echogenicity, with some lobes appearing diffusely more hyperechoic than adjacent lobes, a pattern that may be seen with vacuolar hepatopathy. No hepatic lymphadenopathy is observed.

The gallbladder lumen is normally distended. The wall shows small mucosal protrusions compatible with mild mucous gland hyperplasia, and the contents are primarily anechoic with a small amount of biliary sludge. No dilation of the cystic duct or common bile duct is observed.

Gastrointestinal



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The stomach is semidistended, with remnants of digested ingesta. Gastric mural thickness measures 2.23 mm, with preserved wall layering. The pylorus measures 4.53 mm.

Duodenum: 3.58 mm, mildly distended with fluid.
Jejunum: 3.79 mm, with normal wall layering.

No signs of inflammation, ileus, or foreign material are identified.

Colon: transverse colon 1.38 mm, empty and folded with gas. Descending colon 1.24 mm, containing a small amount of soft fecal material.

Pancreas

The evaluated pancreatic regions do not show evidence of overt inflammation or neoplastic disease.

Free Abdomen

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

PRIMARY FINDINGS

- Subjective hepatomegaly with diffuse fine hepatic echotexture and mild regional variation in hepatic echogenicity between hepatic lobes.
- Mild gallbladder mucous gland hyperplasia.
- Small amount of biliary sludge.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

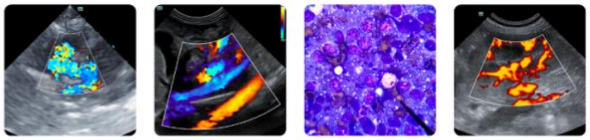
The most notable ultrasonographic finding is subjective hepatomegaly with a very fine, homogeneous parenchymal echotexture, with some lobes appearing mildly more hyperechoic than adjacent lobes. This ultrasonographic pattern is most compatible with vacuolar hepatopathy, a common hepatocellular response in dogs associated with metabolic or endocrine disease, chronic steroid exposure (endogenous or exogenous), or obesity.

The gallbladder shows mild mucous gland hyperplasia with a small amount of biliary sludge, a finding that may occur secondary to altered bile composition and gallbladder motility in dogs with chronic hepatocellular or endocrine disorders. No evidence of biliary obstruction is identified.

The adrenal glands are within normal size limits (≤0.57 cm), and no adrenal enlargement is detected, making hyperadrenocorticism less likely based on imaging alone, although ultrasound cannot completely exclude early or functional endocrine disease.

The spleen shows mildly rounded margins, which may be associated with transient splenic congestion related to sedation; the splenic parenchyma otherwise appears normal.

Overall, the ultrasonographic findings are most consistent with vacuolar hepatopathy, which may explain the progressive elevation in liver enzymes. Given the patient's obesity and breed predisposition, hyperlipidemia should also be considered as a potential underlying cause of the vacuolar hepatic changes and biliary sludge. Correlation with clinical history, endocrine status, and metabolic factors is recommended.



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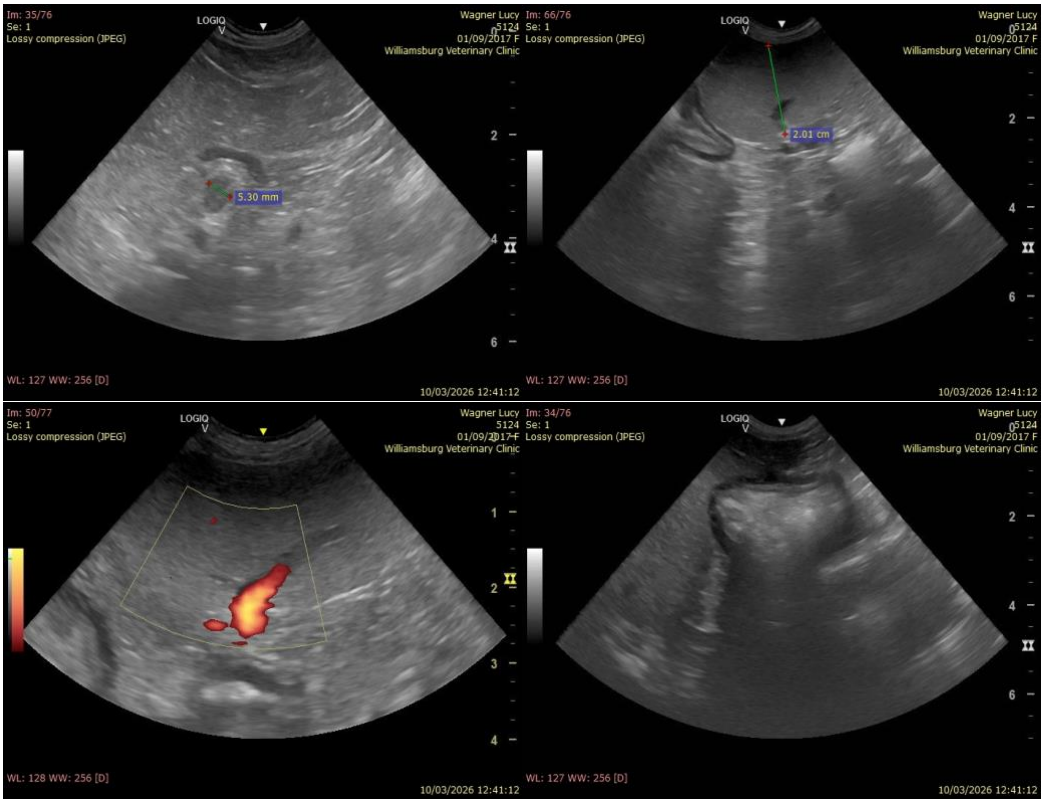
Recommendations

- Given the patient's obesity and breed predisposition, evaluation for hyperlipidemia (fasting triglyceride and cholesterol concentrations) may be considered.
- Endocrine testing (screening for hyperadrenocorticism) may be considered only if clinically indicated.
- Hepatoprotective supplementation may also be considered as supportive management for hepatocellular enzyme elevation, at the discretion of the attending clinician.
- Periodic monitoring of liver enzymes and hepatobiliary ultrasound findings may be useful if abnormalities persist or progress.



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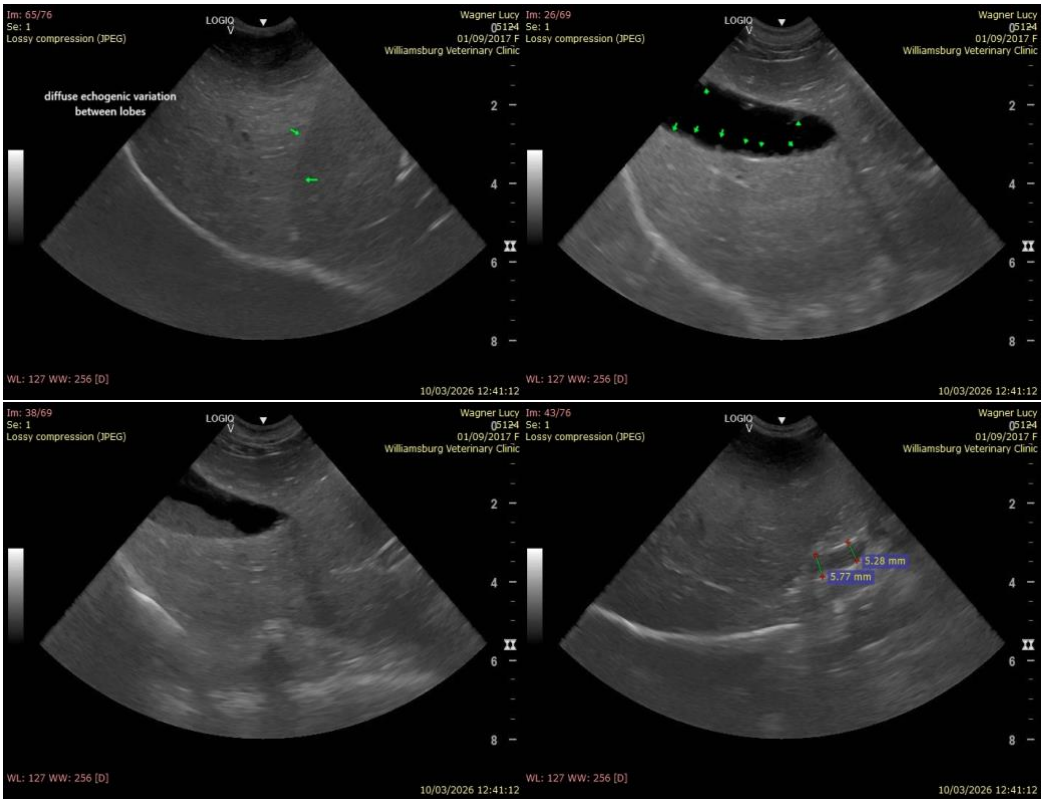

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

info@SonoPath.com