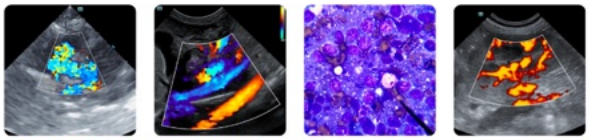


PATIENT

Rusty Sage

SPECIES

Canine

BREED

Miniature Poodle

SEX

Intact male

AGE

1 year

WEIGHT

10 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Brandi Kurzowski

HOSPITAL NAME

Corfu VC

REFERRING VET

Dr. Greil

INVOICE

73636

DATE

3/19/26

PRESENTING CLINICAL SIGNS

- P presented today for neuter surgery (unilateral cryptorchid)
- Pre-anesthetic bw showed elevated ALT
- Postpone surgery for now
- Chem 10- ALT 262 U/L, all else WNL CBC- NSF

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder lumen is normally distended, and the wall appears thin and smooth. The urine is predominantly anechoic with scant suspended echoes. The bladder neck and proximal urethra are normal. No calculi or evidence of inflammatory or neoplastic changes are identified.

The left kidney measures 3.07×1.92 cm, with a cortical thickness of 0.29 cm. The cortex is isoechoic relative to the liver. The corticomedullary ratio and definition are preserved. No pyelectasia, nephrolithiasis, or hydronephrosis is identified. Doppler evaluation is normal.

The right kidney measures 3.21×1.57 cm. The cortex is isoechoic relative to the liver. The corticomedullary ratio and definition are preserved. No pyelectasia, nephrolithiasis, or hydronephrosis is identified. Doppler evaluation is normal.

The prostate measures 2.44×1.45 cm, is homogeneous, and mildly hyperechoic, consistent with a normal prostate in an intact male dog.

Adrenal Glands

Both adrenal glands have normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane: the left adrenal gland measures 0.27 cm at the cranial pole and 0.29 cm at the caudal pole. The right adrenal gland measures 0.23 cm at both poles.

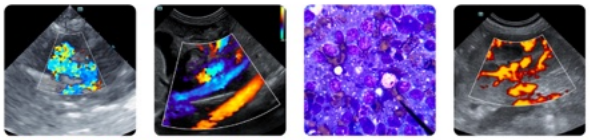
Spleen

Splenic thickness is 1.49 cm. The parenchyma is homogeneous with normal echogenicity. No focal lesions are identified. The splenic capsule is smooth and regular.

Liver

The liver is subjectively small, with sharp edges and a regular contour. The hepatic parenchyma is homogeneous and isoechoic relative to the falciform fat, with a normal echotexture. Intrahepatic portal veins appear of normal caliber, and hepatic vascularization appears subjectively normal.

Evaluation is limited by the absence of dedicated Doppler assessment for portal-to-aortic ratio and incomplete visualization of the caudal vena cava and typical regions for extrahepatic portosystemic shunts.



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No hepatic lymphadenopathy is observed.

The gallbladder is normally distended. The wall is thin, and the contents are anechoic. No dilation of the cystic duct or common bile duct is observed.

Gastrointestinal

The stomach is empty and folded, with a wall thickness of 1.26 mm and preserved layering. The pylorus measures 2.25 mm.

Duodenum: 1.23 mm. Jejunum: 1.99–2.06 mm. Wall layering is preserved. No signs of inflammation, ileus, or foreign material are identified.

Colon measures 0.48 mm, with small amounts of formed feces in the descending segment.

Pancreas

The evaluated pancreatic regions show no evidence of inflammation or neoplastic disease.

Peritoneal Cavity

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

ULTRASONOGRAPHIC FINDINGS

Minimal suspended urinary sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver appears subjectively decrease in size; however, assessment of mild reductions in hepatic size can be challenging on ultrasound. Relative positioning of the stomach, and the apparent prominence of the right kidneys compared to the caudate lobe, may raise the question of a subtle decrease in liver size, although this cannot be confirmed based on this study. Intrahepatic vasculature appears well-developed and of normal caliber, supporting adequate hepatic perfusion. If a more comprehensive evaluation of the hepatic vasculature is desired, a dedicated Doppler study including portal-to-aortic ratio measurement and complete interrogation of typical extrahepatic portosystemic shunt locations would be recommended. Isolated ALT elevation in a young dog is nonspecific, and further functional testing is required to assess hepatic function.

Overall, no ultrasonographic evidence of hepatic structural disease is identified; however, functional hepatic disorders (including mild hepatocellular disease or metabolic hepatopathies) or a congenital vascular anomaly (including a portosystemic shunt or microvascular dysplasia) cannot be completely excluded.

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Recommendations

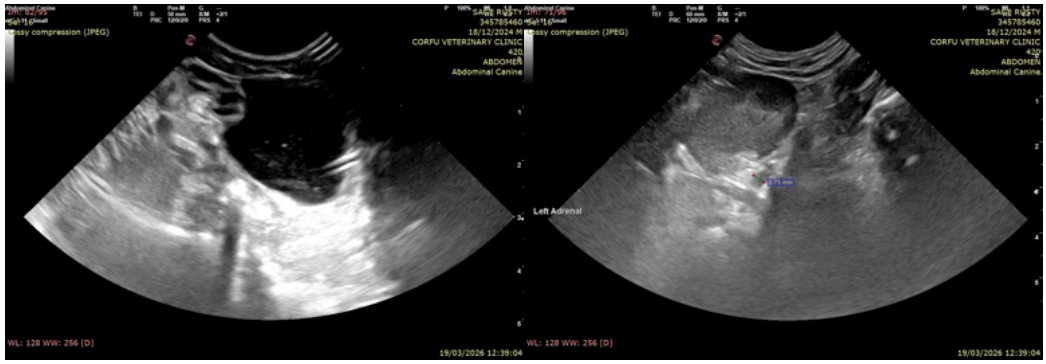
• Further evaluation of hepatic function is recommended, particularly pre- and post-prandial bile acids, to assess underlying hepatic or vascular disorders.

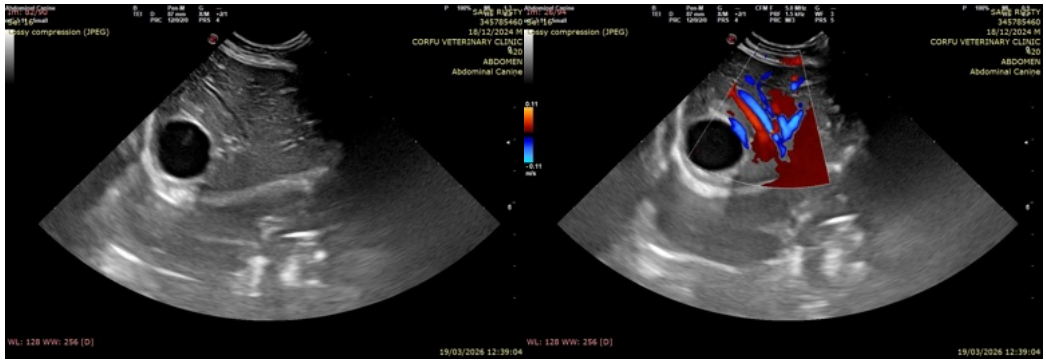
• Urinalysis is recommended to evaluate crystalluria (ammonium biurate crystals).

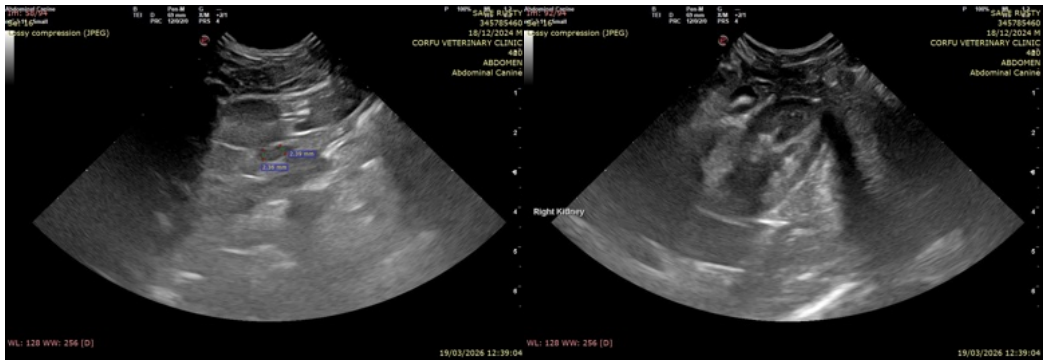
• Monitoring of liver enzymes is advised, as mild isolated ALT elevation may be transient.

• If clinical suspicion for portosystemic shunt persists, a dedicated Doppler ultrasound study or advanced imaging (CT angiography) may be considered.

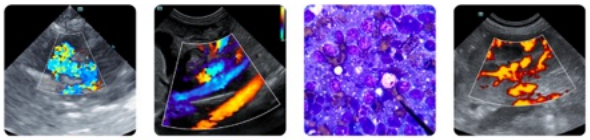
Final diagnostic and therapeutic decisions should be made by the attending veterinarian, based on the complete clinical context.







The information and recommendations provided are based on the images presented by the



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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