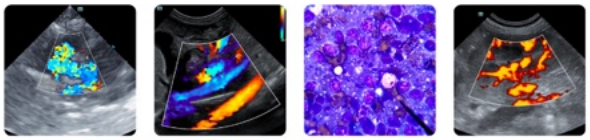


PATIENT

Lizzie Pommett

SPECIES

Canine

BREED

Welsh Terrier

SEX

Spayed female

AGE

9 years

WEIGHT

18.2 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Dr. Tavella

HOSPITAL NAME

Williamsburg VC

REFERRING VET

Dr. Tavella

INVOICE

73837

DATE

3/27/26

PRESENTING CLINICAL SIGNS

- Patient has a history of seizures. Well managed on phenobarbital, levetiracetam, and zonisamide. Currently has one brief/isolated seizure every couple months. Patient is also on Denamarin.
- Annual labwork shows trending elevation in liver enzymes and marked hyperlipidemia.
- PE: Periodontal disease. No other abnormalities Chem: ALP - 6/6/25 - 386, 3/26/26 - 468 (5-131), Total bilirubin 0.5 (0.1-0.3), Cholesterol - 517 (32-324), Triglycerides 6/6/25 - 953, 3/26/26 - 5608 (29-291) CBC - Thrombocytosis - 464 (170-460) UA - not screened.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is incompletely distended, and the wall appears mildly thickened. Due to underdistension, wall measurements may be overestimated. The urine is anechoic. The bladder neck and proximal urethra have a normal appearance. No calculi or evidence of inflammatory or neoplastic changes are identified.

The left kidney is normal in shape and size: 4.14×2.58 cm, with a cortical thickness of 0.33 cm in the sagittal plane. 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, nephroliths, or hydronephrosis. Color Doppler demonstrates a normal vascular pattern.

The right kidney is normal in shape and size: 4.53×2.82 cm, with a cortical thickness of 0.57 cm in the sagittal plane. 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, nephroliths, or hydronephrosis. Color Doppler demonstrates a normal vascular pattern.

Adrenal Glands

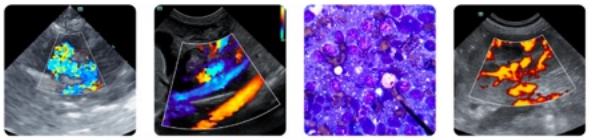
Both adrenal glands show normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane: The left adrenal gland measures 0.45 cm at the cranial pole and 0.47 cm at the caudal pole. The right adrenal gland measures 0.45 cm at the cranial pole and 0.54 cm at the caudal pole.

Spleen

Splenic thickness is 1.35 cm. The parenchyma demonstrates normal echogenicity and 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 parenchyma is homogeneous and isoechoic compared to the falciform fat, with multiple small hyperechoic foci (<1 cm) distributed throughout the parenchyma. A cystic structure measuring 0.78×0.55 cm is identified. No hepatic lymphadenopathy is observed.



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The gallbladder is normally distended, with a thin wall. The contents are predominantly anechoic with a small amount of biliary sludge. No dilation of the cystic duct or common bile duct is observed.

Gastrointestinal

The stomach is empty and folded, with gas content, a mural thickness of 2.13 mm, and preserved wall layering. The pylorus measures 5.23 mm. The duodenum measures 2.25 mm and contains a small amount of fluid. The jejunum measures 2.79 mm, with normal wall layering. The ileocecal junction is not visualized. No signs of inflammation, ileus, or foreign material are identified. The colon measures 0.60 mm, with formed feces in the descending segment.

Pancreas

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

Free Abdomen

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

PRIMARY FINDINGS

- Multiple small hyperechoic hepatic foci.
- Small hepatic cyst (0.78×0.55 cm).
- Mild biliary sludge.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver contains multiple small hyperechoic foci (<1 cm) and a small cystic lesion. In the context of chronic enzyme elevation and marked hyperlipidemia, these findings are most consistent with benign hepatocellular changes, such as nodular hyperplasia and/or vacuolar hepatopathy, potentially influenced by chronic anticonvulsant therapy (particularly phenobarbital).

The gallbladder is markedly distended and contains a moderate-to-large amount of organized echogenic sediment. In the context of severe hyperlipidemia, these findings support biliary stasis, although no ultrasonographic features of a formed mucocele are currently identified. Given the marked hyperlipidemia, continued monitoring is warranted, as this patient may be at increased risk for developing more significant gallbladder disease.

Overall, findings support chronic, likely metabolically and drug-associated hepatobiliary changes, with no evidence of obstructive or neoplastic disease.

Recommendations

- Given the marked hypertriglyceridemia, further evaluation and management of hyperlipidemia

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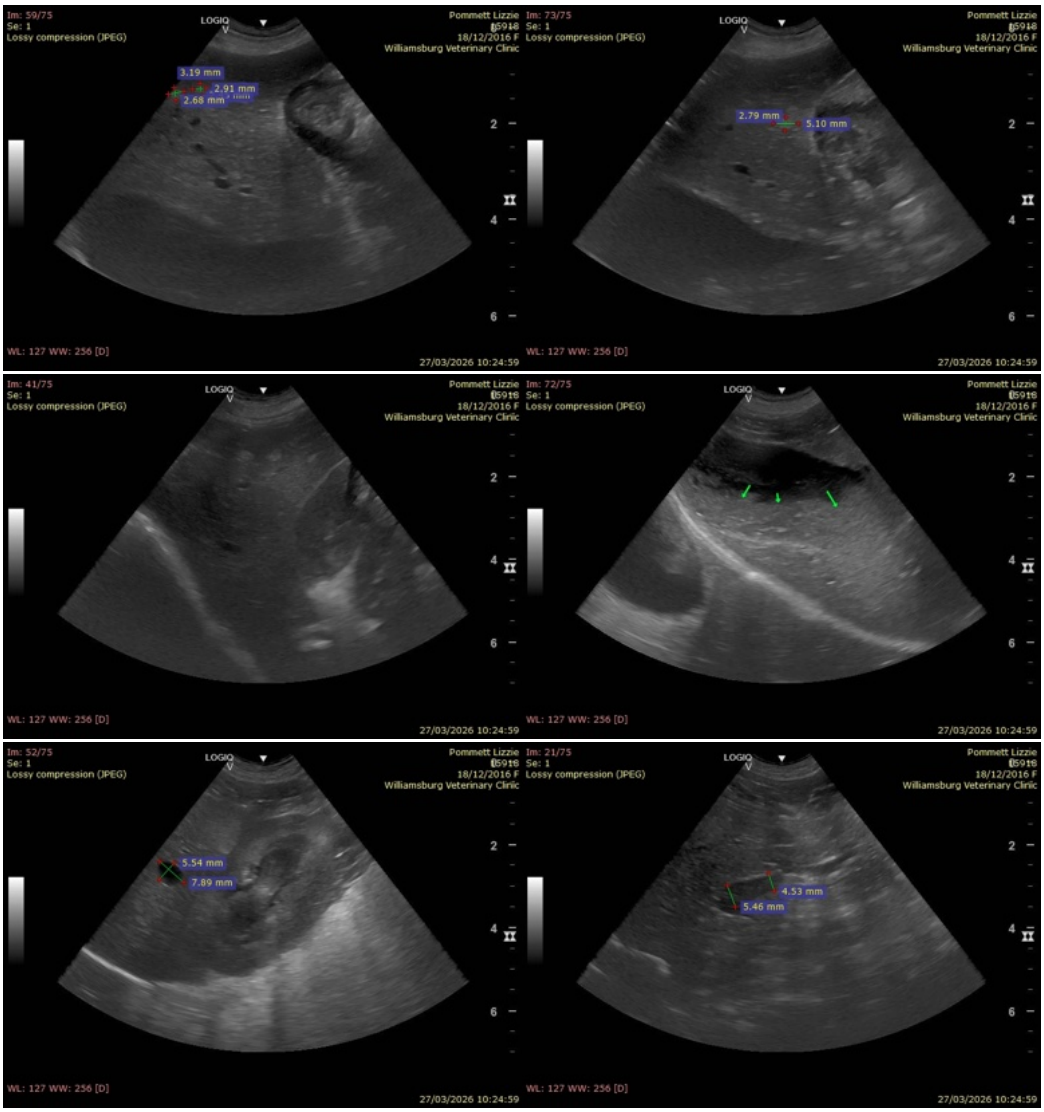
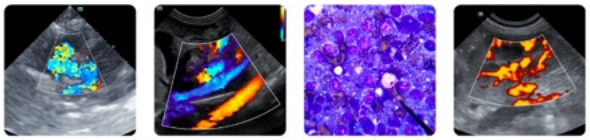
is strongly recommended, as this is clinically significant and may drive hepatobiliary changes and increase pancreatitis risk.

- Continued monitoring of liver enzymes is appropriate. Further functional testing (bile acids) may be considered if clinically indicated.
- Medical management aimed at improving bile flow (ursodeoxycholic acid, if clinically appropriate) is recommended given the degree of gallbladder distension and organized sediment. Periodic ultrasound monitoring is recommended given the risk of progression in hyperlipidemic patients.

Final diagnostic and therapeutic decisions should be made by the attending veterinarian, who can best integrate these findings with the patient's clinical status.



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.

info@SonoPath.com