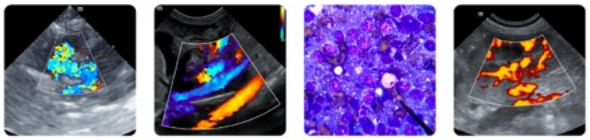


PATIENT

Jax Brackett

SPECIES

Canine

BREED

Terrier Mix

SEX

Neutered male

AGE

9 years

WEIGHT

18.8 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Jazmin Munoz

HOSPITAL NAME

Oakridge VC

REFERRING VET

Dr. Munoz

INVOICE

72155

DATE

3/3/26

PRESENTING CLINICAL SIGNS

- About 4 weeks ago p had painful abdomen, started on gabapentin and improved. BW today revealed ALT
- 11/27/25 bw revealed ALT (65), ALP (431), albumin 4.5 3/3/36 bw revealed elevated ALT (200), low ALP (<10), albumin 4.3

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly underdistended. The bladder wall measures 1.32–1.38 mm and appears smooth. Due to underdistension, wall thickness may be slightly overestimated. The urine is predominantly anechoic with scant suspended echoes. The bladder neck and proximal urethra have a normal ultrasonographic appearance. No uroliths or sonographic evidence of inflammatory or neoplastic changes are identified.

Left kidney: Normal in shape and size, measuring 4.41×2.73 cm. Cortical thickness measures 0.52 cm in the sagittal plane.

Right kidney: Normal in shape and size, measuring 4.62×2.22 cm. Cortical thickness measures 0.49 cm in the sagittal plane.

In both kidneys, the cortex has normal echogenicity. Corticomedullary ratio and corticomedullary definition are preserved. No pyelectasia, nephrolithiasis, or hydronephrosis is identified. Color Doppler evaluation demonstrates a normal vascular pattern.

Adrenal Glands

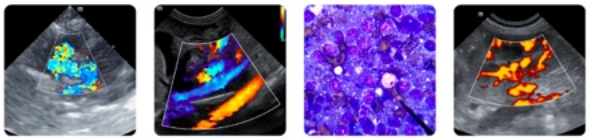
Dorsoventral diameters were measured in the sagittal plane (maximum measurements from three acquisitions recorded).

- Left adrenal gland: 0.67 cm at the cranial pole and 0.58 cm at the caudal pole.
- Right adrenal gland: partially visualized, measuring approximately 0.48 cm dorsoventrally.

For a dog of this size, the adrenal glands remains within accepted reference limits, supporting normal adrenal dimensions.

Spleen

Splenic thickness measures 1.74 cm. The parenchyma demonstrates normal echogenicity and a fine homogeneous echotexture without focal abnormalities. The splenic capsule is smooth and regular.



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Liver

The liver is subjectively normal in size, with sharp margins and regular contour. The hepatic parenchyma is homogeneous with a fine echotexture, with mildly increased echogenicity (slightly hyperechoic relative to the falciform fat). No focal lesions or hepatic lymphadenopathy are identified.

The gallbladder is moderately distended. The wall is thin. The lumen contains predominantly anechoic bile with a very 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 mural thickness measuring 2.37 mm and preserved wall layering. The pylorus measures 3.86 mm.

Duodenum: 4.24 mm. Jejunum: 4.20 mm. Ileum: 1.65 mm. Wall layering is preserved throughout the small intestine. These measurements fall within accepted canine reference limits (generally <5 mm depending on segment and degree of distension).

Colon: transverse colon measures 1.59 mm, descending 1.16 mm and appears empty.

No sonographic evidence of obstruction, ileus, focal mural thickening, or intraluminal foreign material is identified.

Pancreas

All evaluated pancreatic regions appear normal. No sonographic evidence of pancreatitis, focal masses, or peripancreatic mesenteric changes is identified.

Peritoneal Cavity

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

ULTRASONOGRAPHIC FINDINGS

- Mild diffuse increase in hepatic echogenicity.
- Minimal biliary sludge.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A mild diffuse increase in hepatic echogenicity is present without focal hepatic lesions or evidence of biliary obstruction. In the context of the patient's biochemical findings—initially elevated with mild ALT increase, followed by a more marked ALT elevation with low ALP—the imaging appearance most likely reflects a mild diffuse hepatocellular process. Differential considerations include metabolic or vacuolar

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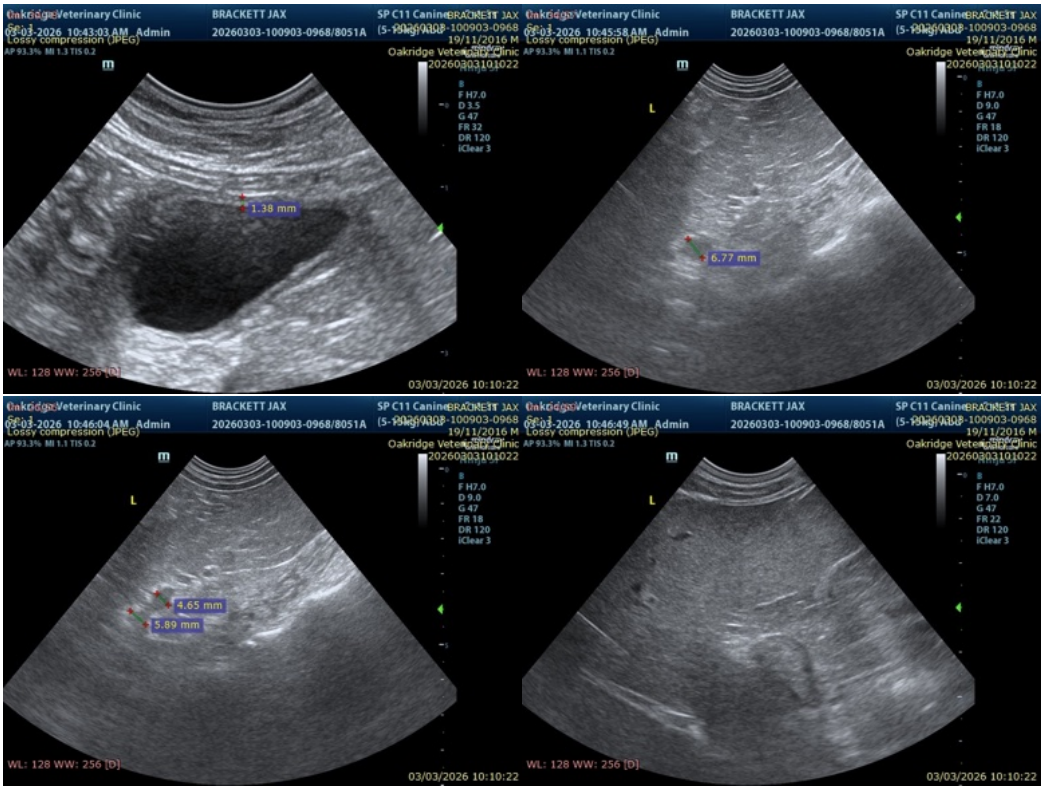
hepatopathy, steroid-associated hepatocellular change, reactive hepatopathy, or transient hepatocellular injury. The absence of focal hepatic lesions, biliary dilation, or abdominal metastasis reduces suspicion for structural hepatobiliary disease.

The pancreas appears ultrasonographically normal, and no peripancreatic inflammatory changes are identified. However, mild or resolving pancreatitis cannot be completely excluded based on imaging alone and may represent a possible explanation for the previously reported episode of abdominal pain.

No ultrasonographic abnormalities are identified within the gastrointestinal tract, spleen, kidneys, adrenal glands, or peritoneal cavity that would explain the patient's prior abdominal discomfort.

Recommendations

- Serial monitoring of liver enzymes is recommended to assess the progression or resolution of the hepatocellular changes identified on recent bloodwork.
- If hepatocellular enzyme elevations persist or worsen, additional hepatobiliary evaluation (bile acids testing and/or hepatic FNA) may be considered.
- Given the previous episode of abdominal pain, pancreatitis cannot be completely excluded, and pancreatic lipase testing (Spec cPL) may be considered if clinical signs recur.



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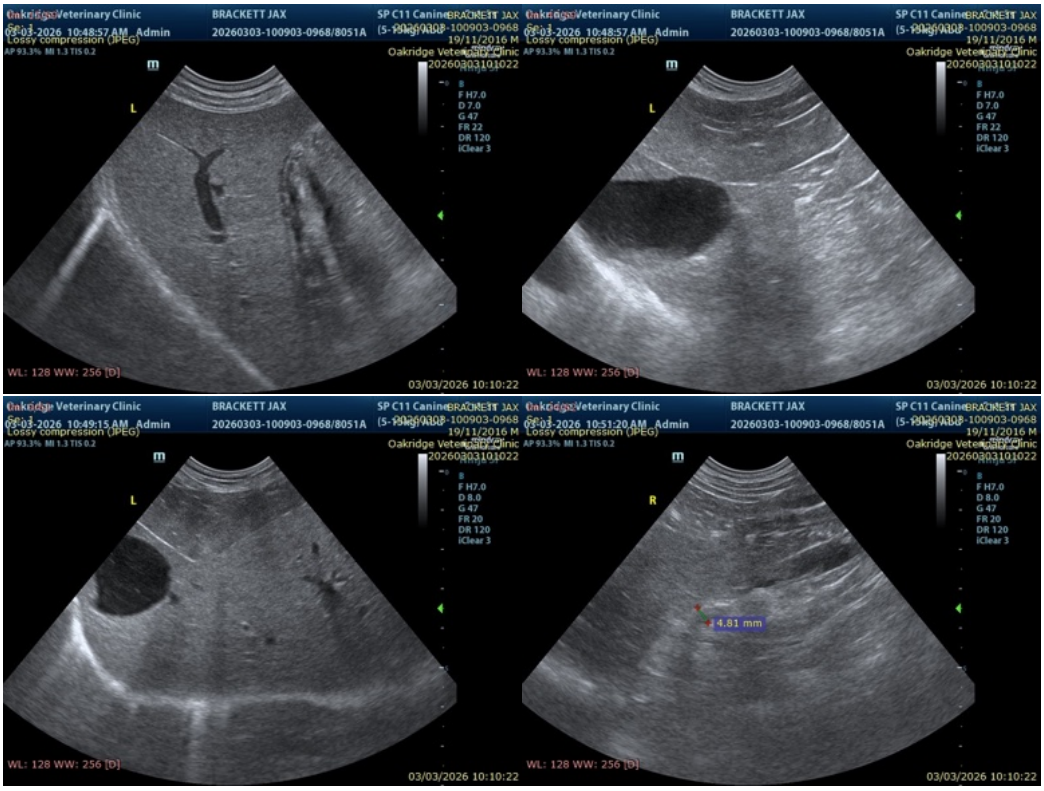

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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