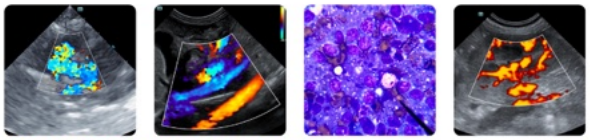


PATIENT

Maxie Cervantes

SPECIES

Canine

BREED

Chihuahua

SEX

Spayed female

AGE

9 years

WEIGHT

14.8 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Mario V

HOSPITAL NAME

TLC AH

REFERRING VET

Dr. Witter

INVOICE

72210

DATE

3/4/26

PRESENTING CLINICAL SIGNS

- Patient presents for hepatopathy, hepatomegaly, elevated ALP 900 and hyperbilirubinemia

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

The left kidney is normal in shape and size, measuring 4.39×2.18 cm, and the cortical thickness is 0.41 cm in the sagittal plane. The renal cortex is isoechoic compared with the hepatic parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

The right kidney is normal in shape and size, measuring 4.52×2.45 cm, and the cortical thickness is 0.44 cm in the sagittal plane. The cortex is isoechoic compared with the hepatic parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

Adrenal Glands

Both adrenal glands show normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane: The left adrenal gland measures 0.41 cm at the cranial pole and 0.42 cm at the caudal pole. The right adrenal gland measures 0.39 cm at the cranial pole and 0.38 cm at the caudal pole.

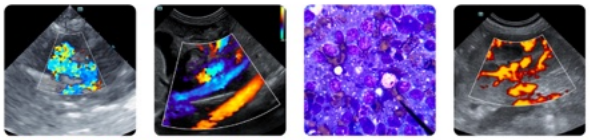
Spleen

Splenic thickness is 1.12 cm. The parenchyma demonstrates normal echogenicity and a fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.

Liver

The hepatic margins appear mildly rounded, which may suggest mild hepatomegaly, although hepatic size is more reliably assessed radiographically. The hepatic parenchyma appears uniform and isoechoic compared with the falciform fat, with a normal echotexture. Mild ultrasound beam attenuation is noted. No hepatic lymphadenopathy is observed.

The gallbladder lumen is normally distended. The gallbladder wall shows clear mucosal gland hyperplasia. The lumen contains a mild to moderate amount of biliary sludge, which appears mobile and shifts toward the gallbladder neck and cystic duct. No hyperechoic striations are identified. No dilation of the cystic duct or common bile duct is observed.



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Gastrointestinal

The stomach is empty and folded, with mural thickness measuring 2.13 mm in the fundus, and preserved wall layering in this region.

Within the gastric body and at the transition between the body and the pyloric region, a segment of marked mural thickening is identified, measuring 1.21–1.45–1.86 cm. In some areas the normal mural layering is partially lost, although in other regions the muscular layer appears preserved, suggesting that the thickening predominantly affects the mucosal layer.

The pylorus measures 5.63 mm with preserved wall layering.

The duodenum measures 3.48 mm, and the jejunum measures 3.40 mm, both with normal wall layering. No evidence of intestinal inflammation, ileus, or intraluminal foreign material is identified.

The colon measures 1.12 mm, with formed fecal material present in the descending segment.

Pancreas

The evaluated pancreatic regions do not show evidence of overt inflammatory change.

Peritoneal Cavity

There is no sonographic evidence of abdominal effusion, peritonitis, or abdominal lymphadenomegaly. The region of the iliac trifurcation appears normal.

ULTRASONOGRAPHIC FINDINGS

- Marked focal gastric wall thickening involving the gastric body.
- Mildly rounded hepatic margins suggesting hepatomegaly.
- Mild to moderate mobile biliary sludge with gallbladder mucosal gland hyperplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A focal region of marked gastric mural thickening is identified involving the gastric body and the transition toward the pyloric region, measuring up to 1.86 cm in thickness. The thickening appears to predominantly affect the mucosal layer, with partial preservation of the muscular layer in some areas and mild disruption of mural layering in others.

These findings are compatible with focal infiltrative gastric disease. Differential diagnoses include severe mucosal hyperplasia or lymphoplasmacytic gastritis, gastric neoplasia, or less likely, eosinophilic gastritis and granulomatous gastritis.

The absence of regional lymphadenopathy and partial preservation of mural layering favor inflammatory or hyperplastic processes as primary differentials; however, neoplasia cannot be excluded based on ultrasound findings alone.

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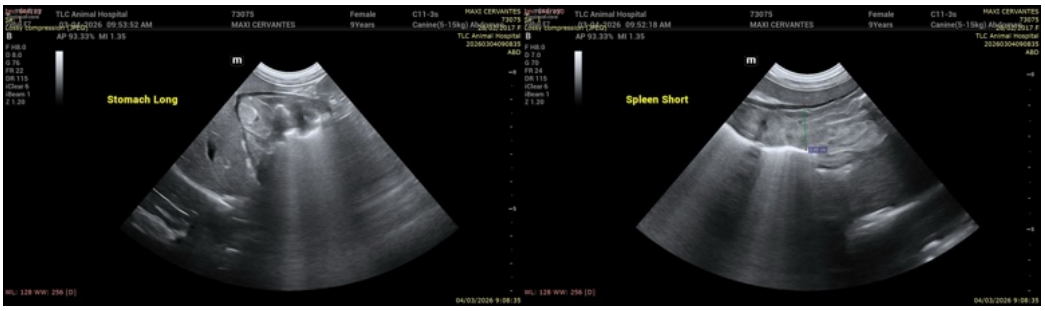
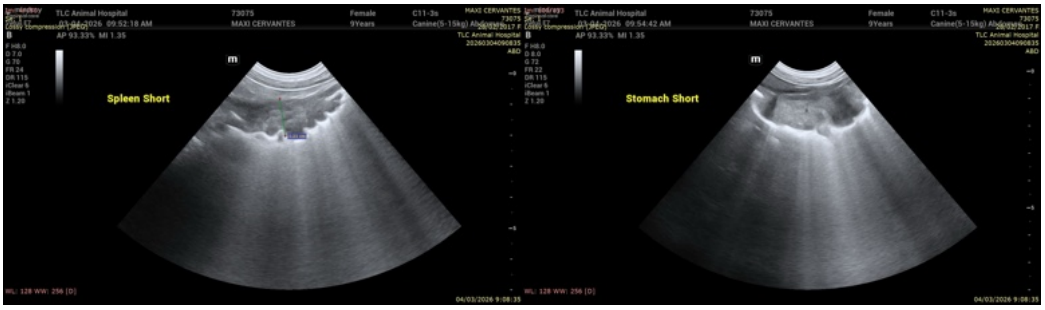
In the context of the reported marked elevation in ALP and hyperbilirubinemia, hepatic findings may reflect cholestatic hepatopathy or reactive hepatocellular change. The gallbladder shows mucosal gland hyperplasia with mild to moderate mobile biliary sludge, findings consistent with chronic biliary stasis. This appearance may represent an early stage within the spectrum (stage I) of gallbladder mucocele formation, although a fully developed mucocele is considered unlikely at this time given the mobility of the sediment and the absence of immobile stellate bile, echogenic striations, or significant gallbladder distension. Importantly, no dilation of the cystic duct or common bile duct is identified, making extrahepatic biliary obstruction unlikely based on the current study.

Recommendations

- Upper gastrointestinal endoscopy with gastric biopsies is strongly recommended to obtain a definitive diagnosis for the gastric lesion.
- Medical management of the hepatobiliary changes may be considered. In particular, continued or initiated therapy with ursodeoxycholic acid may help improve bile flow and facilitate mobilization of the biliary sludge.
- Continued monitoring of hepatic enzymes and bilirubin is recommended.
- Follow-up ultrasonography of the gallbladder may be advisable to monitor the biliary sludge and mucosal gland hyperplasia.





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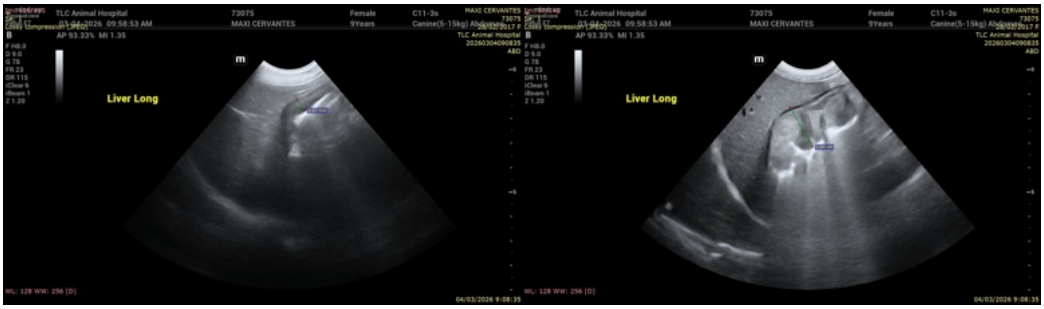

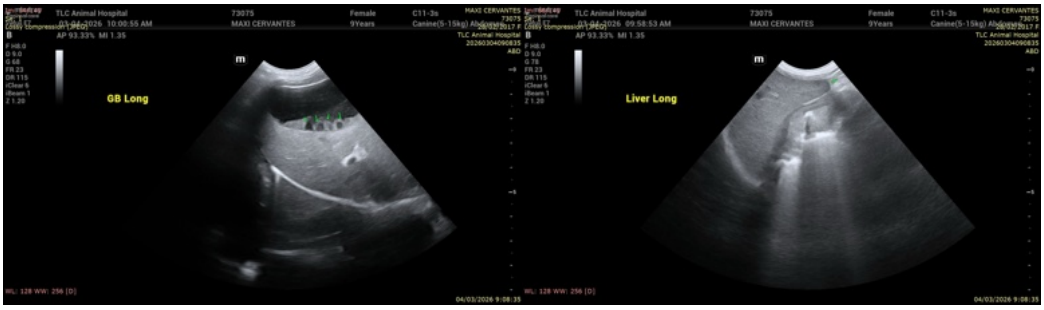

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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