



PATIENT

Benz Schreiner

SPECIES

Canine

BREED

Shiba Inu

SEX

Neutered male

AGE

11 years

WEIGHT

35.8 lbs

INTERPRETED BY

Dr. Alicia Angosto
Guerrero

IMAGING PERFORMED BY

Dr. Mueller

HOSPITAL NAME

Cold Lake VC

REFERRING VET

Dr. Mueller

INVOICE

72307

DATE

3/6/26

PRESENTING CLINICAL SIGNS

11 year old Shiba Inu with history of hypothyroidism. Started on 0.4 mg BID and dog was hyperthyroid at 4 week check along with increase in ALKP and ALT. Dose decrease to 0.2 mg thyro tab BID and has been well controlled since. Also started Pro-Liv for liver support at the same time as dose decrease and blood a month later showed ALT in liver and ALKP only very mildly increased and good level for T4. Screening bloodwork done 7 months later showed significant increase in ALT and ALKP and Stage 2 CKD along with high normal T4 (still well controlled symptomatically). UPC and Uricult pending.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

The left kidney is normal in shape and size, measuring 5.36×3.02 cm, with cortical thickness measuring 0.49 cm in the sagittal plane. A small cortical cyst measuring 1.97×2.06 mm is identified. The cortex is isoechoic relative to the liver 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 4.90×2.55 cm, with cortical thickness measuring 0.57 cm in the sagittal plane. The cortex is isoechoic relative to the liver 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 demonstrate normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane show the left adrenal gland measuring 0.48 cm at the cranial pole and 0.47 cm at the caudal pole. The cranial pole of the right adrenal gland is not clearly visualized; the caudal pole measures 0.55 cm. No adrenal enlargement is identified.

Spleen

Splenic thickness measures 1.35 cm. The splenic parenchyma demonstrates normal echogenicity and fine homogeneous echotexture. A small hyperechoic nodule measuring 2.91×4.34 mm, compatible with a benign splenic myelolipoma, is identified. The splenic capsule is smooth and regular.

Liver

The liver is subjectively normal in size, with sharp edges and a regular contour. The hepatic parenchyma appears uniform and isoechoic relative to the falciform fat, with preserved echotexture. No hepatic lymphadenopathy is identified.



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The gallbladder lumen is normally distended. The wall is thin. A small polypoid lesion arising from the gallbladder wall is suspected. The contents are primarily anechoic with a small amount of biliary sludge. No dilation of the cystic duct or common bile duct is identified.

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Gastrointestinal

The stomach is empty and folded, with mural thickness measuring 2 mm and preserved wall layering. The pylorus measures 4.27 mm.

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The duodenum measures 3.63 mm. The jejunum measures 3.67 mm with preserved wall layering. No ultrasonographic evidence of intestinal inflammation, obstruction, ileus, or foreign material is identified.

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The colon measures 1.08 mm, with formed fecal material present within the descending segment.

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Pancreas

The evaluated pancreatic regions do not show ultrasonographic evidence of inflammation or focal pancreatic lesions.

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Peritoneal Cavity

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

INTERPRETED BY

Dr. Alicia Angosto
Guerrero

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS

- Small polypoid gallbladder wall lesion with mild biliary sludge.

INCIDENTAL FINDINGS

- Small left renal cortical cyst.
- Small splenic myelolipoma.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver appears within normal ultrasonographic limits, without hepatomegaly, parenchymal heterogeneity, or focal hepatic lesions. In dogs with endocrine disease or metabolic hepatopathies, liver enzyme elevations may occur without overt ultrasonographic abnormalities.

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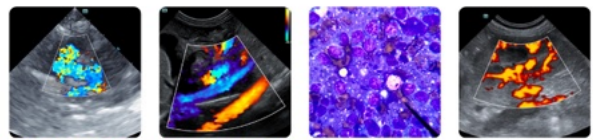
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A small polypoid lesion of the gallbladder wall is identified with mild biliary sludge. Gallbladder polyps and mucosal hyperplasia may occur as incidental findings in older dogs and are often associated with mild biliary stasis or chronic hepatobiliary changes.

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Overall, this examination does not identify a structural hepatic lesion explaining the elevated liver enzymes. In this context, metabolic or endocrine hepatopathy, early chronic hepatopathy, or drug-related hepatic enzyme induction remain possible considerations.



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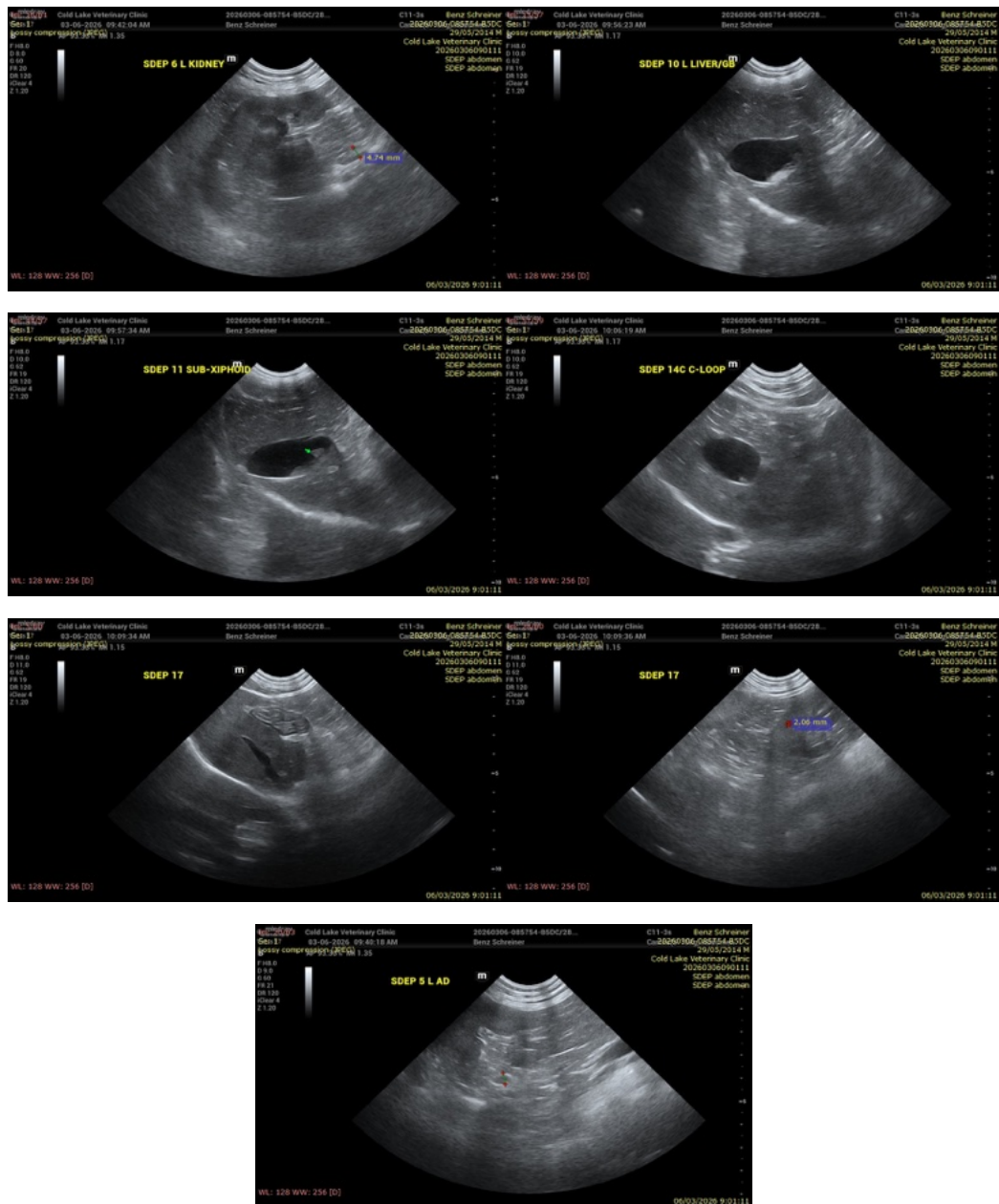
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Recommendations

- Correlation with repeat liver enzyme monitoring and hepatic function testing may be considered.
- If liver enzyme elevations persist or worsen, further hepatobiliary evaluation (bile acids testing or liver sampling) could be considered at the discretion of the attending veterinarian.



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.



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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

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