



PATIENT

Bandit Witt

SPECIES

Canine

BREED

Shih tzu

SEX

FS

AGE

5 years 10 months

WEIGHT

11.6

INTERPRETED BY

Alicia Angosto
Guerrero, DMV,
PgDip, MSc.

IMAGING PERFORMED BY

Dr. Celia Galanti

HOSPITAL NAME

Craig Road Animal
Hospital

REFERRING VET

Dr. Wylie Cooper

INVOICE

11684

DATE

4/10/2026

PRESENTING CLINICAL SIGNS

P is a 5yr 10mo FS shih tzu presenting for abdominal ultrasound for ALT elevation. Ps wellness bloodwork performed on 2/27 revealed a mildly elevated ALT (168). P completed a month of denamarin supplementation and liver values were rechecked. ALT still persistently elevated with little improvement (161). Doing well. Eating, drinking, defecating, and urinating within normal limits. No coughing, sneezing, vomiting, or diarrhea noted by owner. No known allergies to vaccines/ medication.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

Both kidneys are normal in shape and size. The left kidney measures 3.24×1.78 cm with a cortical thickness of 0.28 cm, and the right kidney measures 3.37×1.95 cm with a cortical thickness of 0.34 cm (sagittal plane). The renal cortex is isoechoic relative to the hepatic parenchyma. The corticomedullary ratio is within normal limits 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 0.39 cm at the cranial pole and 0.34 cm at the caudal pole. The right adrenal gland measures 0.28 cm at the cranial pole and 0.32 cm at the caudal pole.

Spleen

Splenic thickness is 0.85cm. 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 liver parenchyma looks uniform and isoechoic compared to the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is observed.

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

Gastrointestinal

The stomach is empty and folded, containing a small amount of fluid and gas. Wall layering is preserved (thickness not recorded).

The pylorus measures 4.01 mm.

The duodenum measures 2.25 mm, the jejunum 2.52 mm, and the ileum 1.71 mm. These measurements fall within accepted normal ranges for dogs (typically <3–5 mm depending on segment and size).



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

The colon measures 0.95 mm and is relatively empty, with some intraluminal gas.

Pancreas

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

Free Abdomen

No abdominal effusion, peritonitis, or lymphadenomegaly is identified. Cranial mesenteric lymph nodes measure 0.29–0.33 cm and have normal morphology. The iliac trifurcation appears unremarkable.

PRIMARY FINDINGS

- No significant ultrasonographic abnormalities are identified.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no ultrasonographic evidence of hepatocellular, biliary, or structural hepatic disease that would explain the mild, persistent elevation in ALT. The liver appears normal in size, echogenicity, and architecture, and there is no evidence of biliary obstruction or gallbladder pathology.

Given that ALT is a hepatocellular leakage enzyme, mild elevations (as in this case) may occur in the absence of detectable structural abnormalities on ultrasound.

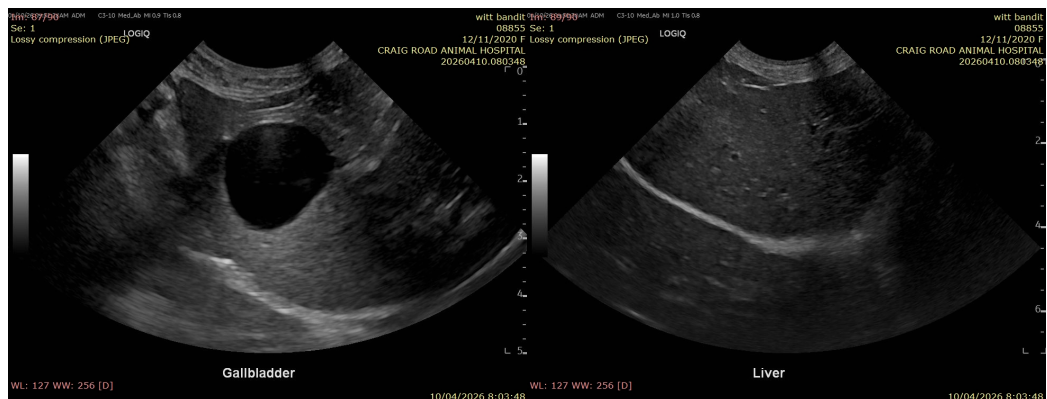
In a clinically normal dog with mild, stable ALT elevation, a normal ultrasound most commonly supports:

- Mild, subclinical hepatocellular change (early vacuolar hepatopathy).
- Transient or reactive hepatocellular enzyme elevation.
- Early or low-grade hepatocellular disease below the resolution of ultrasound.

Recommendations

- Serial monitoring of liver enzymes.

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





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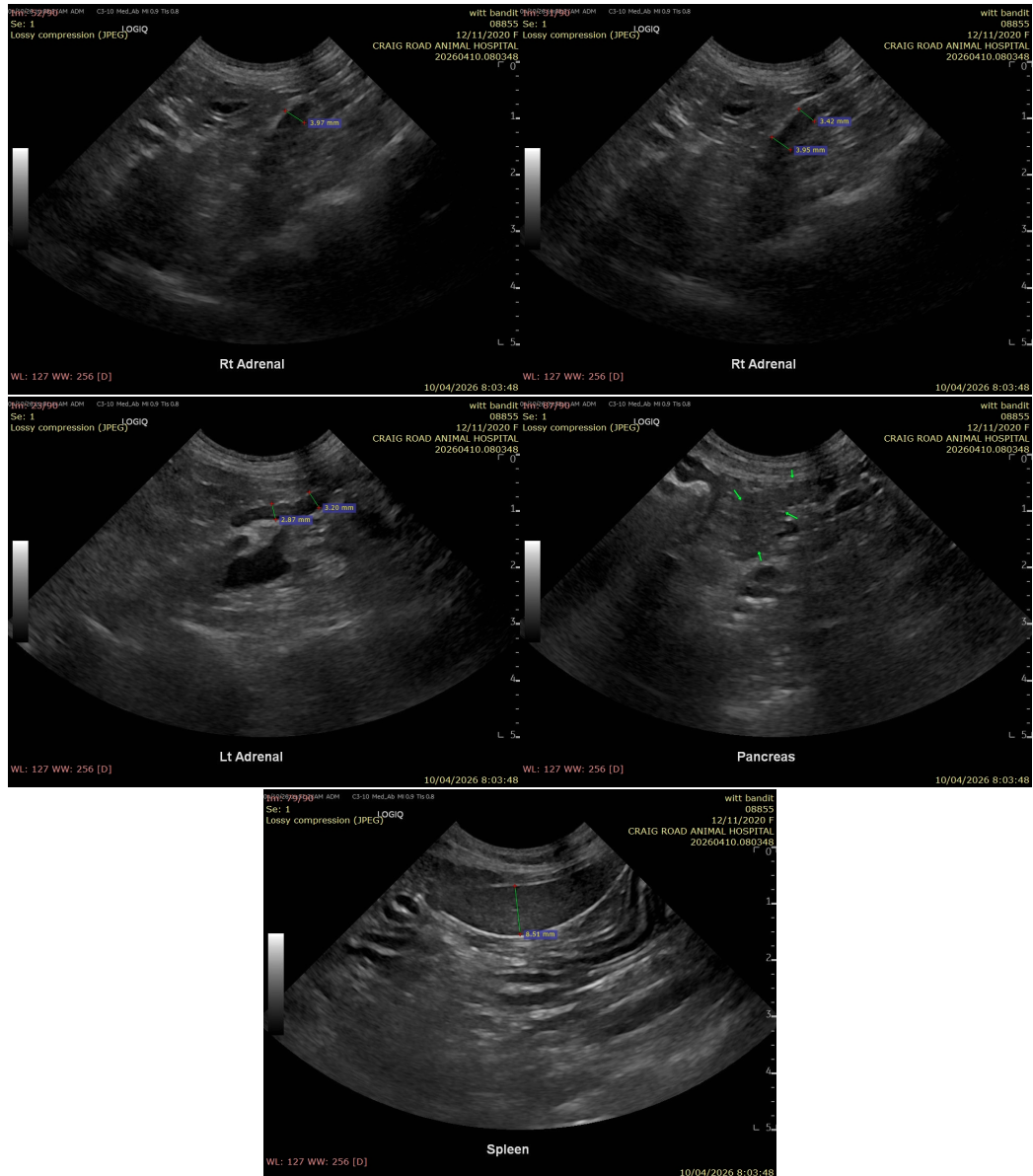
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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