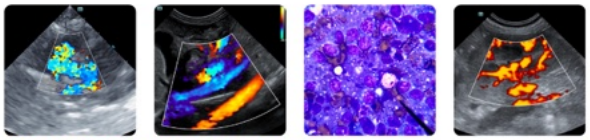


PATIENT

Bubbles Oakley

SPECIES

Canine

BREED

Mix

SEX

Spayed female

AGE

13 years

WEIGHT

22.9 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

JK

HOSPITAL NAME

Hamburg VC

REFERRING VET

Dr. Branning

INVOICE

74533

DATE

4/16/26

PRESENTING CLINICAL SIGNS

History: Acute vomiting, ataxia, elevated liver and pancreatic valves
ALT 192, AST 59, ALP 663, AMYLASE 360, LIPASE >1800

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

The left kidney is normal in shape and size, measuring 4.40×2.89 cm in the sagittal plane, with a cortical thickness of 0.57 cm. The right kidney is normal in shape and size, measuring 4.51×2.83 cm in the sagittal plane, with a cortical thickness of 0.50 cm. Both kidneys: The cortex is isoechoic relative to the liver parenchyma. A small cortical cyst measuring 1.74×2.09 mm is identified. The corticomedullary ratio and definition are preserved. No pyelectasia, nephroliths, or hydronephrosis are observed.

Adrenal Glands

Dorsoventral diameters measured in the sagittal plane: The left adrenal gland measures 0.5 cm at the cranial pole and 0.55 cm at the caudal pole. The right adrenal gland was not confidently visualized.

Spleen

Splenic thickness is 1.40 cm. The parenchyma demonstrates normal echogenicity and a fine homogeneous echotexture. A few small hyperechoic nodules consistent with myelolipomas are noted. The splenic capsule is smooth and regular. Splenic vasculature appears normal.

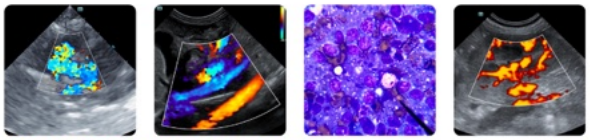
Liver

The liver is subjectively normal in size, with sharp margins and a regular contour. The parenchyma is homogeneous and isoechoic relative to the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is observed.

The gallbladder is normally distended. The wall shows mild changes consistent with mucosal hyperplasia. The contents are predominantly anechoic with a very small amount of biliary sludge. No dilation of the cystic duct or common bile duct is observed.

Gastrointestinal System

The stomach is empty and folded, with a mural thickness of 2.25 mm and preserved wall layering. Duodenum: 3.97 mm. Jejunum: 3.50 mm. Ileum: 1.43 mm. Wall layering is preserved throughout. No



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ultrasonographic evidence of obstruction, ileus, or foreign material is identified. Colon: 0.92–1.00 mm, containing formed feces.

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 is normal.

PRIMARY FINDINGS

- Mild gallbladder wall changes consistent with mucosal hyperplasia and minimal sludge.

SECONDARY FINDINGS

- Small right renal cortical cyst.
- Incidental splenic myelolipomas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt ultrasonographic evidence of pancreatitis is identified in the submitted study. Although ultrasonography has limited sensitivity for detecting early or mild pancreatic inflammation, correlation with pancreatic-specific lipase testing (cPLI) is recommended to better assess for the presence of clinically relevant pancreatic disease.

The gastrointestinal tract appears within normal limits, with no ultrasonographic evidence of obstruction or inflammatory change.

Mild hepatobiliary changes are noted, including minimal biliary sludge and subtle gallbladder wall changes consistent with mucosal hyperplasia. These findings are commonly incidental in older dogs and are of uncertain clinical significance in this context. Mild increases in liver enzymes may represent reactive or vacuolar hepatopathy, which is often not associated with overt ultrasonographic abnormalities.

Recommendations

- Correlate with pancreatic-specific testing (cPLI) if not already performed.
- Manage clinically as suspected pancreatitis.
- Monitor for development of worsening clinical signs or evidence of complications.
- Consider repeat ultrasound in 24–72 hours if clinical signs persist or worsen, as pancreatic changes may become more apparent over time.

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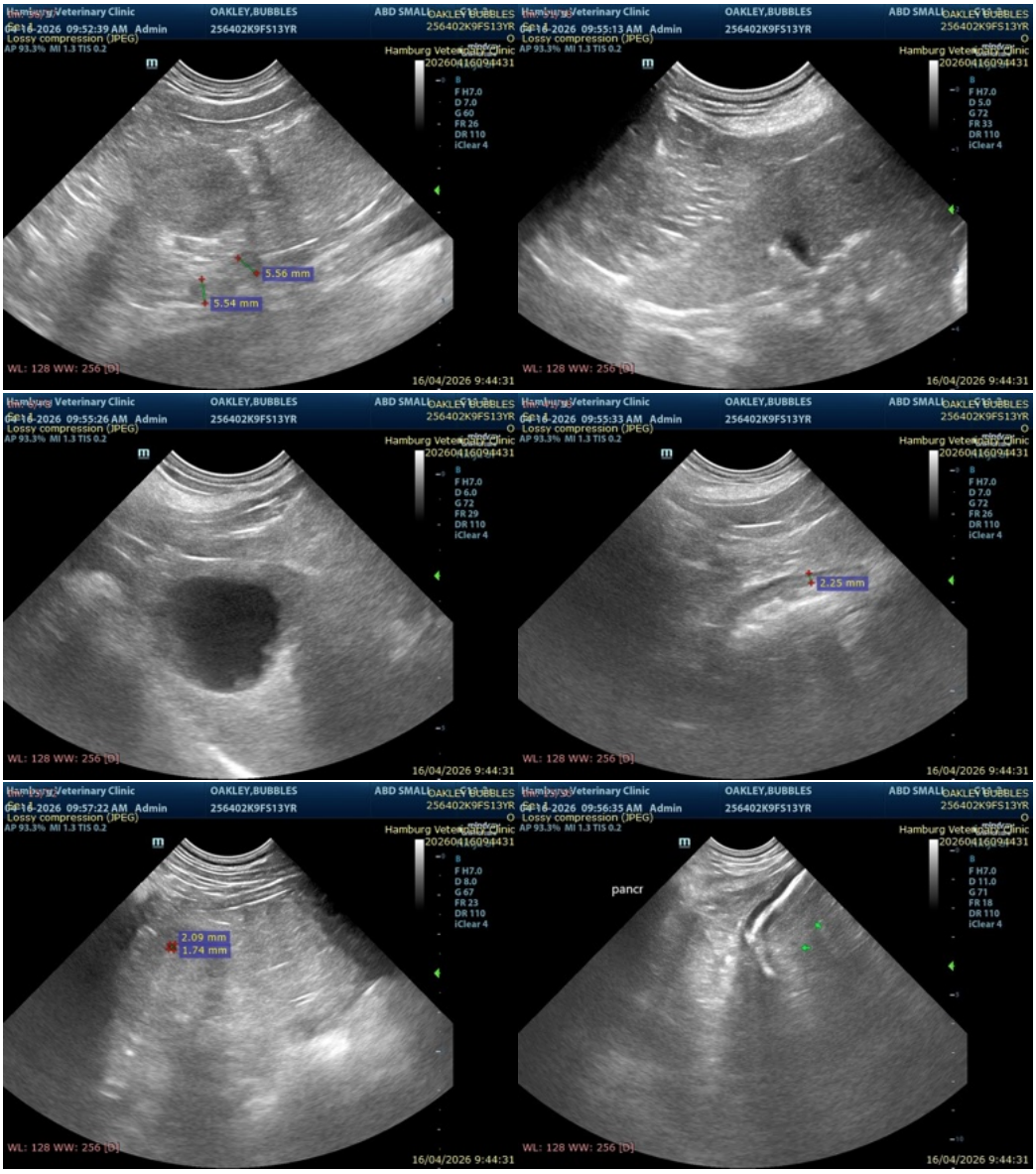
Final diagnostic and therapeutic decisions should be made by the attending veterinarian, who can best integrate these findings with the patient's clinical status.



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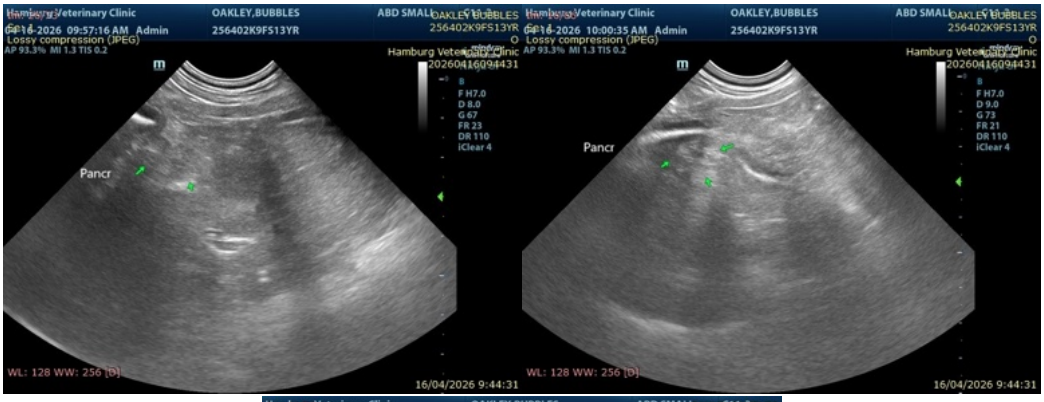

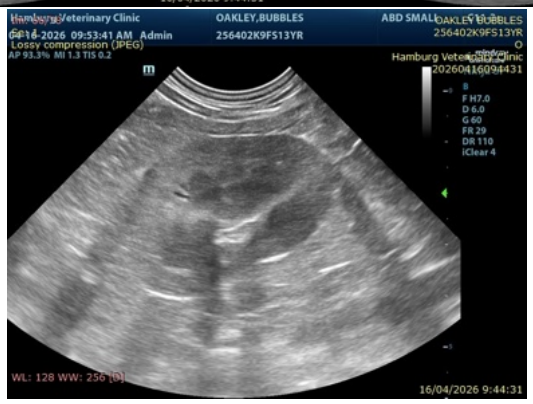

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

info@SonoPath.com