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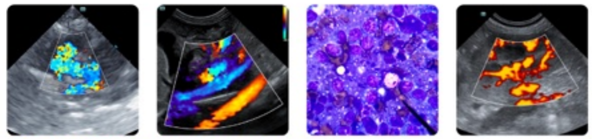


Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Akuma Springsted

SPECIES

Canine

BREED

Shiba Inu

SEX

Neutered male

AGE

8 years

WEIGHT

10.3 kg

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Michelle DeMelo, RVT

HOSPITAL NAME

Woodstock VH

REFERRING VET

Dr. Spagnoletti

INVOICE

74710

DATE

4/21/26

PRESENTING CLINICAL SIGNS

History: - P was scheduled for a routine dental procedure and liver elevations notes on pre-anesthetic bloodwork
-most of preanesthetic bloodwork/fecal WNL except mild elevations in both ALT and AlkPhos, discussed differentials, large number of things that can be causing it, liver disease vs disease in surrounding organs, infect/inflamm/pancreatitis/IBD (known food sensitivities)/hyperplasia/neoplastic/gall bladder disease/etc - recc return in a few weeks for NSAID profile +/- PANCREATIC LIPASE +/- AUS
- P was administered 0.2 mg/kg of Butorphanol IV and had Gabapentin and Trazodone prior to appt.

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 have a normal appearance. No calculi or evidence of inflammatory or neoplastic changes are identified.

The left kidney is normal in shape and size, measuring 4.49×2.42 cm, with a cortical thickness of 0.40 cm in the sagittal plane. The cortex is isoechoic relative to the hepatic parenchyma. The corticomedullary ratio is normal, and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler demonstrates a normal vascular pattern.

The right kidney is normal in shape and size, measuring 4.90×2.54 cm, with a cortical thickness of 0.45 cm in the sagittal plane. The cortex is isoechoic relative to the hepatic parenchyma. The corticomedullary ratio is normal, and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler demonstrates a normal vascular pattern.

Adrenal Glands

Adrenal glands are not confidently visualized due to technical limitations.

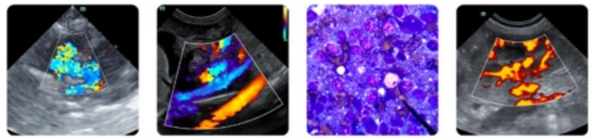
Spleen

Splenic thickness is 1.35 cm. 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 hepatic parenchyma is uniform and isoechoic compared to the falciform fat, with a fine echotexture and mild attenuation of the ultrasound beam. No hepatic lymphadenopathy is observed.

The gallbladder is normally distended. The wall is thin, and the lumen contains a moderate amount of biliary sludge. No dilation of the cystic duct or common bile duct is observed.



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Gastrointestinal

The stomach contains a small amount of ingesta, with a mural thickness of 3.08 mm and preserved wall layering. The pylorus measures 4.76 mm. The duodenum measures 3.30 mm, and the jejunum measures 2.81–3.31 mm, all within normal limits (<5 mm), with preserved wall layering. No mucosal abnormalities or evidence of lacteal dilation are identified. No signs of inflammation, ileus, or foreign material are observed. The colon measures 0.75 mm, with formed feces in the descending segment.

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 diffuse hepatic attenuation with otherwise normal echotexture.
- Moderate biliary sludge.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver is normal in size and echotexture, with only mild attenuation of the ultrasound beam. This finding is nonspecific and may be associated with mild hepatocellular change, such as early vacuolar hepatopathy or metabolic/hepatocellular response, but there is no evidence of clinically significant structural hepatic disease (nodularity, mass lesions, or architectural distortion) to account for the mild elevations in ALT and ALP. Reactive hepatopathy (secondary to gastrointestinal or metabolic factors) remains a reasonable consideration in this context.

The presence of moderate biliary sludge is a common incidental finding and may reflect biliary stasis, but there is no evidence of gallbladder wall thickening, biliary obstruction, or mucocele formation.

The gastrointestinal tract, pancreas, spleen, and kidneys are within normal ultrasonographic limits.

Recommendations

- Re-evaluation of liver enzymes over time is recommended to assess persistence or progression. If enzyme elevations persist or increase, hepatoprotective therapy may be considered.
- Consider correlation with pancreatic lipase testing if clinically indicated.

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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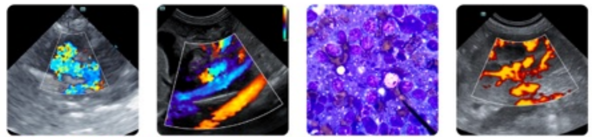

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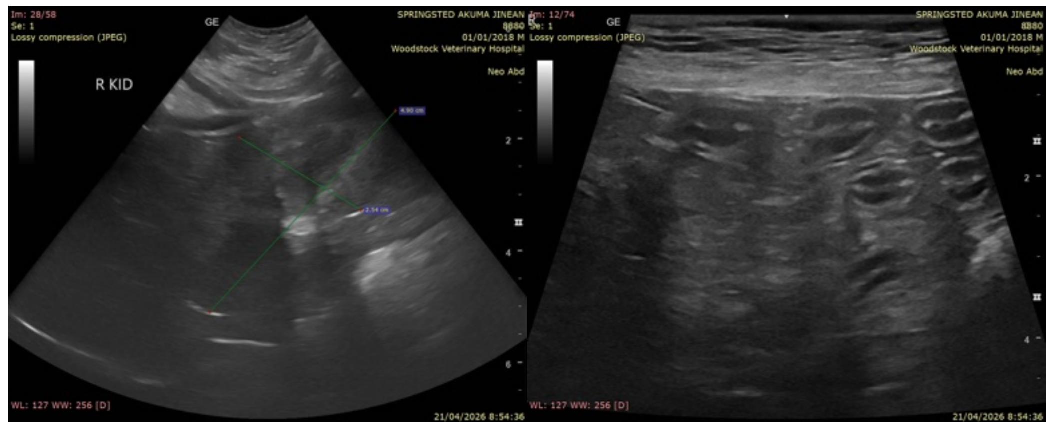

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

info@SonoPath.com