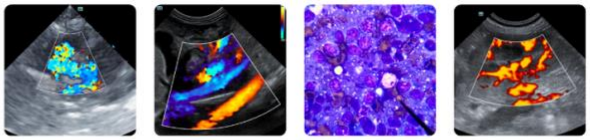


PATIENT

Shasta Beauregard

SPECIES

Canine

BREED

Lab Mix

SEX

Spayed Female

AGE

15 Years

WEIGHT

43.0

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Grace Jayne CVT

HOSPITAL NAME

Ark Animal Homecare

REFERRING VET

Dr. Claire Timbas

INVOICE

15384

DATE

04/23/26

PRESENTING CLINICAL SIGNS

No concerns at the annual exam. Chronic diarrhea controlled on diet.

Abnormal PE/Chem/CBC/UA Results: AST (SGOT) 102 ALT (SGPT) 565 Alk Phosphatase 2108 GGTP 32 Urea Nitrogen 57 SDMA 5.7 UN/Creatinine Ratio 36 Cholesterol 403 T4 <0.5 Lymphocytes 9 Eosinophils 0 Neutrophils 86 Platelet Count 445

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately distended. The wall is 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 disease.

The left kidney is normal in shape and size, measuring 5.73×3.87 cm, with a cortical thickness of 0.59 cm in the sagittal plane.
The right kidney is normal in shape and size, measuring 5.07×3.21 cm, with a cortical thickness of 0.60 cm in the sagittal plane.

Both kidneys: The cortex is isoechoic relative to the hepatic parenchyma. The corticomedullary ratio is normal and corticomedullary distinction is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler demonstrates a normal vascular pattern.

Adrenal Glands

Dorsoventral diameters measured in the sagittal plane: The left adrenal gland measures 0.9 cm at the caudal pole, the cranial pole is not clearly visualized. The right adrenal gland is not visualized.

Spleen

Splenic thickness is 2.10 cm, within normal limits for a dog of this size (typically <2–2.5 cm depending on body size). The parenchyma is homogeneous with normal echogenicity and fine echotexture. The splenic capsule is smooth and regular.

Liver

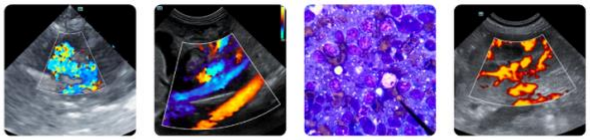
The liver is subjectively normal in size, with sharp margins and regular contour. The parenchyma is predominantly homogeneous and isoechoic relative to surrounding fat.

Within the region corresponding to the right hepatic lobes, most consistent with the right medial lobe, there is a focally heterogeneous and mildly hyperechoic area with a patchy echotexture. Hepatic architecture is preserved, with visible portal vasculature traversing the region, and there is no evidence of a mass effect or architectural distortion. A small focal mineralization measuring approximately 4 mm is also noted within this area. No hepatic lymphadenopathy is identified.

The gallbladder is adequately distended. The wall is thin and regular. The contents are anechoic. No dilation of the cystic duct or common bile duct is identified.

Gastrointestinal

The stomach is empty and folded, with mural thickness of 2.91 mm and preserved wall layering.



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Small intestines:
The pylorus measures 4.68 mm. The duodenum measures 2.84 mm. The jejunum measures 4.06 mm. Wall layering is preserved throughout.

No ultrasonographic evidence of ileus, obstruction, or intraluminal foreign material is identified.

Colon: wall thickness measures 0.97 mm, with mild fecal content present.

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

- Focal hepatic parenchymal heterogeneity (right medial lobe region) with small mineralization.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver is predominantly unremarkable in size and overall echotexture; however, a focal region of heterogeneous and mildly hyperechoic parenchyma is identified within the right hepatic lobes, without a clear mass effect or disruption of normal architecture. This pattern suggests a localized hepatocellular process rather than a discrete mass. However, ultrasound cannot reliably differentiate among certain hepatic processes, and tissue sampling is required to reach a definitive diagnosis. Differential considerations include focal nodular hyperplasia, vacuolar change, fibrosis, or neoplasia. The presence of a small mineralization supports a chronic or degenerative component.

Importantly, these findings should be interpreted in the context of the marked hepatocellular and cholestatic enzyme elevations. While endocrine-related hepatopathy (vacuolar hepatopathy associated with hyperadrenocorticism or hypothyroidism) remains a strong consideration, the focal nature of the hepatic change is atypical for a purely diffuse endocrine hepatopathy and suggests either a superimposed localized hepatic process or a more complex multifactorial hepatopathy.
The gallbladder and biliary system appear normal, with no ultrasonographic evidence of obstruction or mucocele formation, making a primary obstructive cholestatic process unlikely.

Adrenal glands are incompletely evaluated, and adrenal disease cannot be excluded based on imaging alone.

Recommendations

- Further endocrine evaluation is recommended, including assessment for hyperadrenocorticism and confirmation of hypothyroidism (complete thyroid panel), given the biochemical profile.
- Targeted evaluation of the focal hepatic region is recommended, ideally with ultrasound-guided biopsies of the affected hepatic lobe, to obtain a definitive diagnosis.
- Initiation of hepatoprotective therapy and serial monitoring of liver enzymes and ultrasonographic appearance is advised to assess progression or response to therapy.

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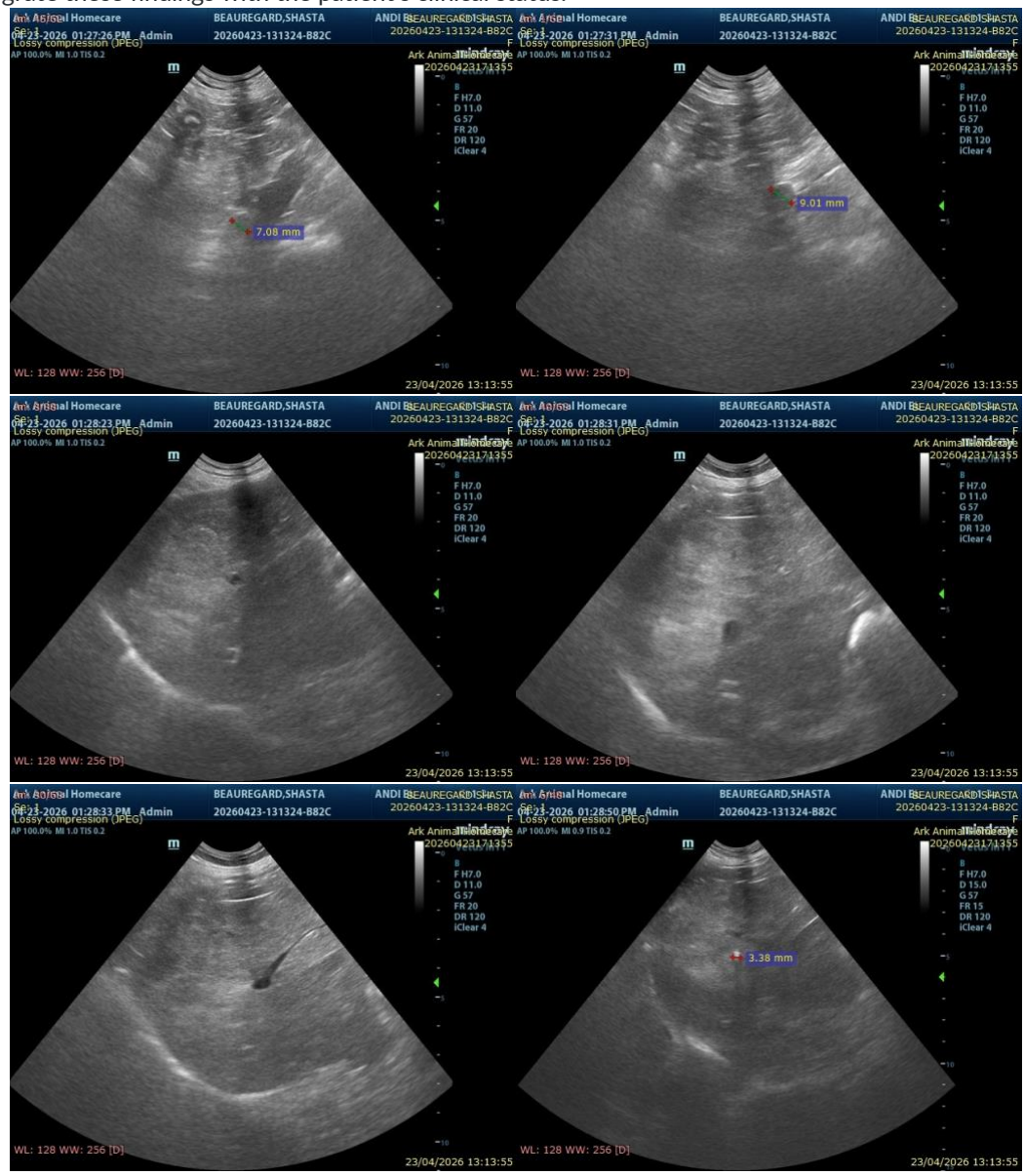
Final diagnostic and therapeutic decisions should be made by the attending veterinarian, who can best integrate these findings with the patient's clinical status.



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