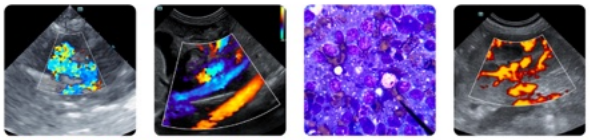


PATIENT

Emma Newman

SPECIES

Canine

BREED

Chihuahua

SEX

Spayed female

AGE

9 years

WEIGHT

9.8 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Eric Randall, DVM

HOSPITAL NAME

Petroglyph AH

REFERRING VET

Dr. Randall

INVOICE

74831

DATE

4/24/26

PRESENTING CLINICAL SIGNS

History: Patient presents for ultrasound due to persistent elevations in ALT. Patient prescribed Hepato-true benefits liver supplement.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is normally distended. The bladder wall is thin and smooth. The luminal contents are anechoic. The bladder neck and proximal urethra appear normal. No uroliths or ultrasonographic evidence of inflammatory or proliferative/neoplastic changes are identified.

The left kidney measures 3.21 × 1.61 cm, with a cortical thickness of 0.34 cm in the sagittal plane. The right kidney measures 3.57 × 1.68 cm, with a cortical thickness of 0.35 cm. Both kidneys are normal in shape and size for a dog of this size. The cortex is isoechoic relative to the liver. The corticomedullary ratio is preserved, and corticomedullary definition is maintained. No pyelectasia, nephrolithiasis, or hydronephrosis is identified. Doppler color demonstrates a normal vascular pattern.

Adrenal Glands

The left adrenal gland measures 0.41 cm at the cranial pole and 0.46 cm at the caudal pole. The right adrenal gland measures 0.59 cm at the cranial pole and 0.49 cm at the caudal pole.

Spleen

Splenic thickness is 0.85 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.

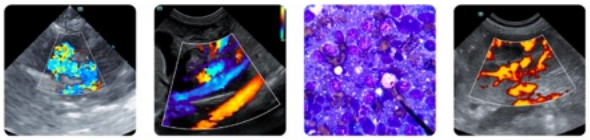
Liver

The liver is subjectively normal in size, with sharp edges and a regular contour. The liver parenchyma looks uniform and isoechoic compared to the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is observed.

The gallbladder lumen is moderately distended. The wall is thin and the contents are primarily anechoic with a very small amount of biliary sludge. No evident dilation of the cystic duct or common bile duct is observed.

Gastrointestinal

The stomach is empty and folded, with a mural thickness of 2.03 mm and preserved wall layering (within normal limits). The pylorus measures 4.15 mm. Duodenum: 2.24 mm. Jejunum: 2.14–2.45 mm. Wall layering is preserved throughout. No ultrasonographic evidence of inflammation, ileus, or foreign



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material is identified. The colon measures approximately 1.01 mm, within normal limits, with formed feces 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

- Normal ultrasound study.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This is a largely unremarkable abdominal ultrasound, with no significant structural abnormalities identified to explain the reported persistent elevation in ALT.

The liver appears normal in size, contour, and echotexture, with no ultrasonographic evidence of focal or diffuse hepatic disease.

A small amount of biliary sludge is present, which is a common and nonspecific finding, often incidental and not typically associated with clinically significant hepatobiliary disease in isolation.

Overall, the absence of ultrasonographic abnormalities suggests that the ALT elevation may be associated with early, mild, or functional hepatocellular changes that are not detectable on imaging, such as vacuolar hepatopathy, mild chronic hepatitis, or metabolic causes.

Recommendations

- Empirical use of hepatoprotective supplements may be considered, although no specific hepatobiliary disease is identified on this examination.
- Correlation with serial biochemical monitoring is recommended.
- If liver enzyme elevations persist or worsen, further evaluation may be considered, including bile acids testing and/or advanced diagnostics (liver cytology or biopsy), depending on clinical judgment.

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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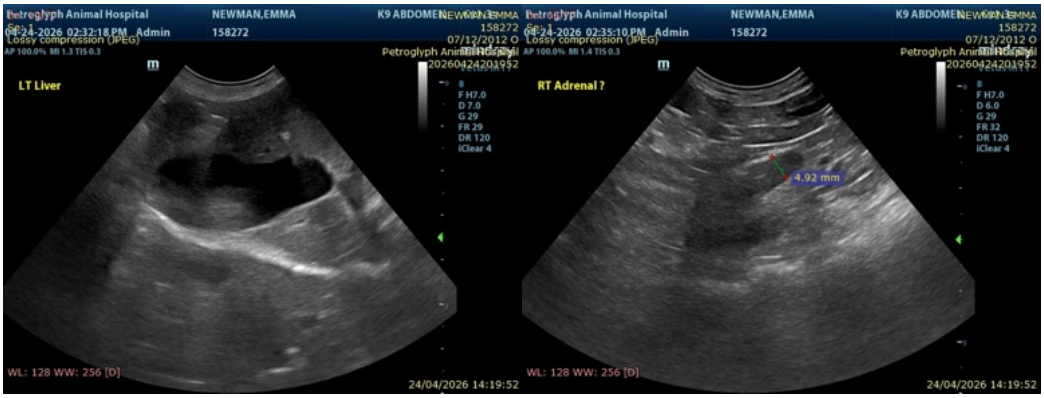

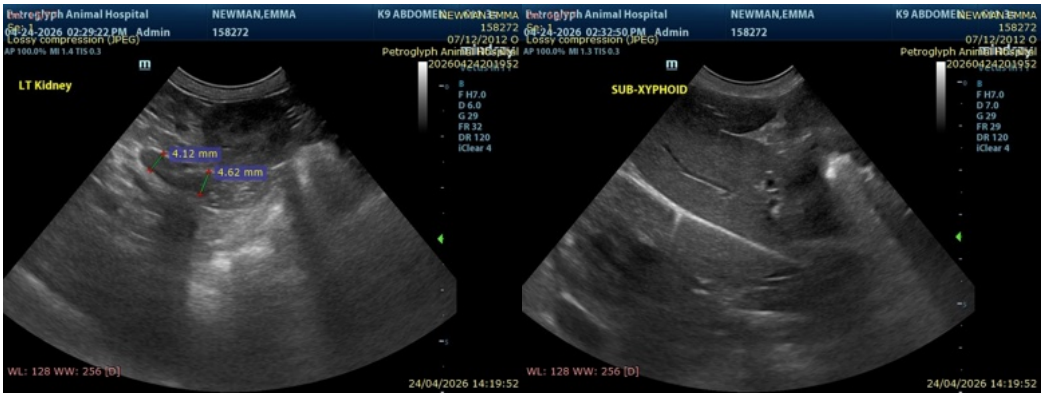

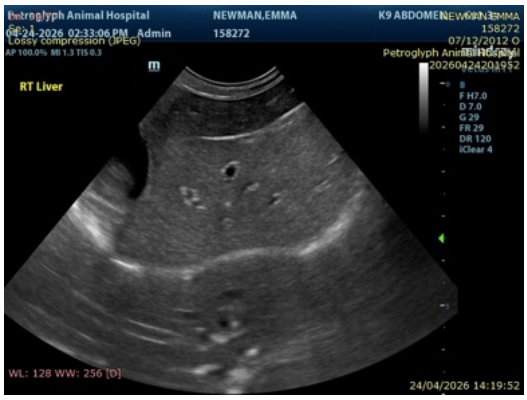

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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