



PATIENT

Bodhi Minnaugh

SPECIES

Canine

BREED

Tibetan Terrier

SEX

Intact male

AGE

7 years

WEIGHT

42.2 lbs

INTERPRETED BY

Alicia Angosto
Guerrero, DMV,
PgDip, MSc.

IMAGING PERFORMED BY

Ryan Moreno

HOSPITAL NAME

Seven Fields VH

REFERRING VET

Dr. Moreno

INVOICE

74245

DATE

4/7/26

PRESENTING CLINICAL SIGNS

- ALT value evaluation. P is doing well at home with no concerns with historic non-reducible hernia. Planned for neuter same day and based on ultrasound, proceeded with neuter and hernia repair.
- 3/16/26: ALT: 166 Inc PIt: 408 4/7/26: ALT 237

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 appearance. No calculi are identified, and there is no ultrasonographic evidence of inflammatory or neoplastic disease.

The left kidney is normal in shape and size (5.98×3.01 cm), with a cortical thickness of 0.37 cm in the sagittal plane. The cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio is within normal limits, 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 (6.40×3.45 cm), with a cortical thickness of 0.40 cm in the sagittal plane. The cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio is within normal limits, and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler demonstrates a normal vascular pattern.

Prostate

The prostate measures 3.72×2.23 cm. Multiple thin-walled, anechoic, intraparenchymal cystic structures are identified, the largest measuring 0.66×0.66 cm.

Adrenal Glands

The left adrenal gland measures 0.45 cm at the cranial pole and 0.44 cm at the caudal pole in the sagittal plane. The right adrenal gland is partially visualized and measures 0.45 cm at the caudal pole. These measurements are within normal limits for a dog of this size.

Spleen

The spleen measures 2.01 cm in thickness and demonstrates normal echogenicity and a fine, homogeneous echotexture. The splenic capsule is smooth and regular. Splenic vasculature appears normal.



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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, with a wall thickness of 2.21 mm and preserved layering. The pylorus measures 5.01 mm. The duodenum measures 3.61 mm, and the jejunum measures 3.41–3.97 mm, both with preserved wall layering.

No ultrasonographic evidence of ileus, obstruction, or foreign material is identified. The colon measures 0.96 mm and contains a small amount of fecal material and gas.

Pancreas

The pancreas is isoechoic relative to the adjacent omental fat. No peripancreatic fat changes are identified.

Free Abdomen

No sonographic evidence of abdominal effusion, peritonitis, or lymphadenomegaly is identified. The iliac trifurcation appears normal.

PRIMARY FINDINGS

- Mildly enlarged prostate with multiple intraparenchymal prostatic cysts.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The primary ultrasonographic abnormality identified is the presence of multiple intraparenchymal prostatic cysts, most consistent with benign prostatic hyperplasia with cystic change, a common hormonally driven condition in intact male dogs of this age.

Given the reported history of recent castration, these findings likely represent pre-existing prostatic changes, and gradual regression in prostatic size and cystic structures would be expected over time following androgen withdrawal. Residual cystic changes may persist transiently during this involution period.

The liver appears structurally unremarkable, with no focal or diffuse abnormalities identified. Importantly, no ultrasonographic changes are present to explain the reported mild to moderate ALT



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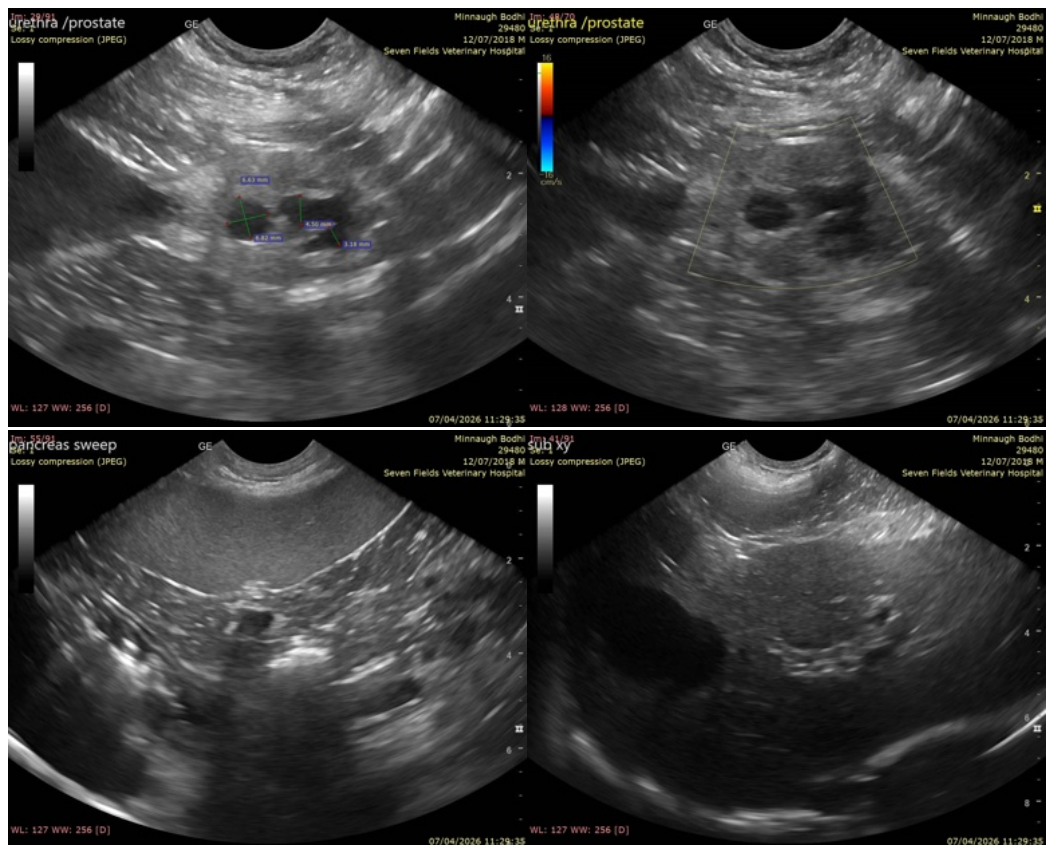
elevation. This is not uncommon, as hepatocellular injury may occur in the absence of detectable architectural changes on ultrasound. Differential considerations for the ALT elevation include reactive hepatopathy, metabolic or endocrine influences, or transient hepatocellular injury, particularly in the context of recent anesthesia or medical therapy.

No evidence of significant gastrointestinal, pancreatic, or adrenal disease is identified.

Recommendations

- Castration is expected to result in regression of prostatic size and cystic changes. If clinical signs related to the prostate are present, monitoring may be considered.
- Empirical hepatoprotective therapy may be considered, although its impact on outcome in mild cases is variable. If ALT elevation persists or worsens, further evaluation, including bile acids testing, may be warranted, with hepatic sampling considered 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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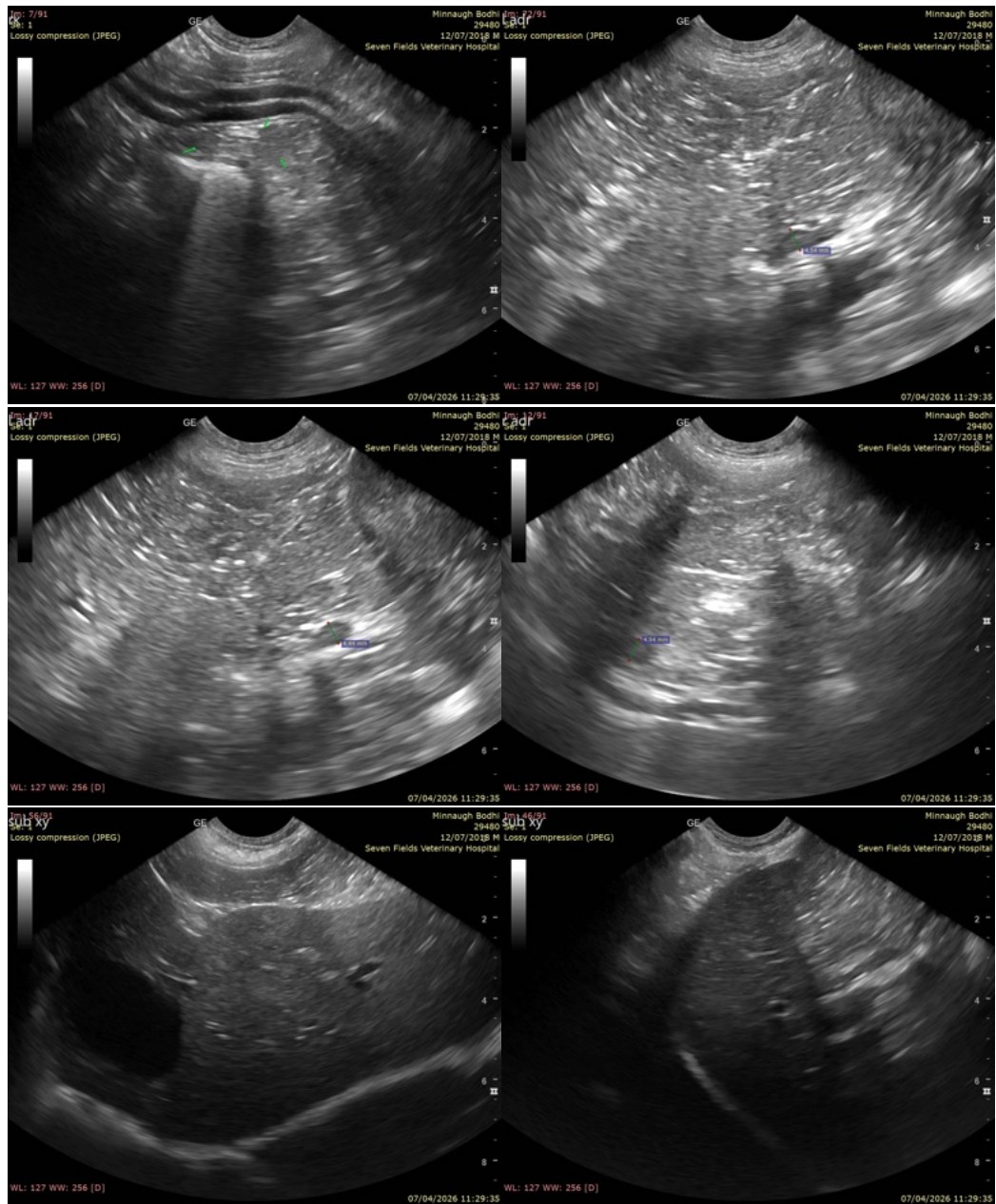
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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