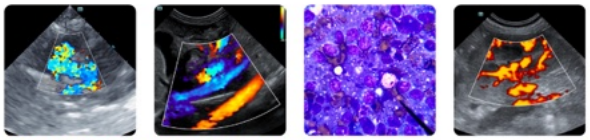


PATIENT

Libby McHugh

SPECIES

Canine

BREED

Jindo

SEX

Spayed female

AGE

9 years

WEIGHT

39.9 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Ryan Moreno

HOSPITAL NAME

Seven Fields VH

REFERRING VET

Jamie Griffin

INVOICE

75305

DATE

5/11/26

PRESENTING CLINICAL SIGNS

History: Increasing liver value elevations. Trialed Metro with no changes in bloodwork. ~7lb weight loss over the past year. Doing well otherwise
Abnormal PE/Chem/CBC/UA Results: 5/5/26: - ALP: 811 - ALT: 316 - Glob: 3.9

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is normally distended, and the wall of the urinary bladder appears thin and smooth. The urine is anechoic. Normal appearance of the bladder neck and proximal urethra. No calculi are identified, and there is no ultrasonographic evidence of inflammatory or neoplastic change.

The left kidney is normal in shape and size, measuring 5.69×2.80 cm, with a cortical thickness of 0.51 cm in the sagittal plane. The right kidney is normal in shape and size, measuring 6.04×2.96 cm, with a cortical thickness of 0.56 cm in the sagittal plane. Both kidneys demonstrate cortical echogenicity similar to the hepatic parenchyma, with mild hyperechogenicity of the outer medulla. The corticomedullary ratio and corticomedullary definition are preserved. No evidence of pyelectasia, nephrolithiasis, or hydronephrosis is identified. Color Doppler demonstrates a normal vascular pattern.

Adrenal Glands

Adrenal glands: the left adrenal gland is normal in size and echogenicity. Dorsoventral diameters measured in the sagittal plane are 0.51 cm at the cranial pole and 0.55 cm at the caudal pole. The right adrenal gland is not confidently visualized.

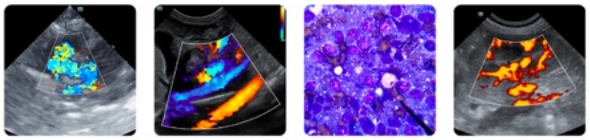
Spleen

Splenic thickness is 1.88 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular. Splenic vasculature appears normal.

Liver

The liver is subjectively mildly decreased in size for a dog of this size, with sharp margins and a regular contour. The hepatic parenchyma appears homogeneous and isoechoic relative to the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is identified.

The gallbladder lumen is normally distended. The wall is thin, and the contents are predominantly anechoic with a small amount of dependent sediment. No dilation of the cystic duct or common bile duct is identified.



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Gastrointestinal Tract

The stomach is empty and folded, with mural thickness measuring 3.09 mm and preserved wall layering. The duodenum measures 3.52 mm. The jejunum measures 3.84 mm, with preserved wall layering. No ultrasonographic evidence of gastrointestinal inflammation, ileus, or foreign material is identified. The colon measures 1.88 mm in thickness and is largely empty/collapsed. The evaluated pancreatic regions do not demonstrate ultrasonographic evidence of overt inflammation or neoplastic disease. No sonographic evidence of abdominal effusion, peritonitis, or lymphadenomegaly is identified. The iliac trifurcation region is unremarkable.

Pancreas

The evaluated pancreatic regions 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

- Subjectively small liver for patient size.

SECONDARY FINDINGS

- Mild biliary sediment
- Subtle bilateral outer medullary hyperechogenicity

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hepatic parenchyma is relatively unremarkable sonographically, without evidence of nodular hepatopathy, marked vacuolar change, biliary obstruction, focal mass lesion, or diffuse infiltrative hepatopathy.

Importantly, mild-to-moderate ALT and ALP elevations may occur in the absence of substantial structural ultrasonographic abnormalities, particularly during earlier or more functional stages of hepatobiliary disease. Therefore, a relatively normal hepatic ultrasonographic appearance does not exclude clinically significant hepatocellular disease, chronic hepatopathy, endocrine hepatopathy, mild vacuolar hepatopathy, or early inflammatory hepatobiliary disease.

The liver also appears subjectively mildly decreased in size for a dog of this size, which raises consideration for chronic hepatocellular disease, fibrosis, or mild microhepatia. However, no definitive secondary ultrasonographic signs of portal hypertension, acquired portosystemic shunting, or advanced end-stage hepatic remodeling are identified on the current study.

The small amount of gallbladder sediment is mild and likely incidental at this stage, without evidence of

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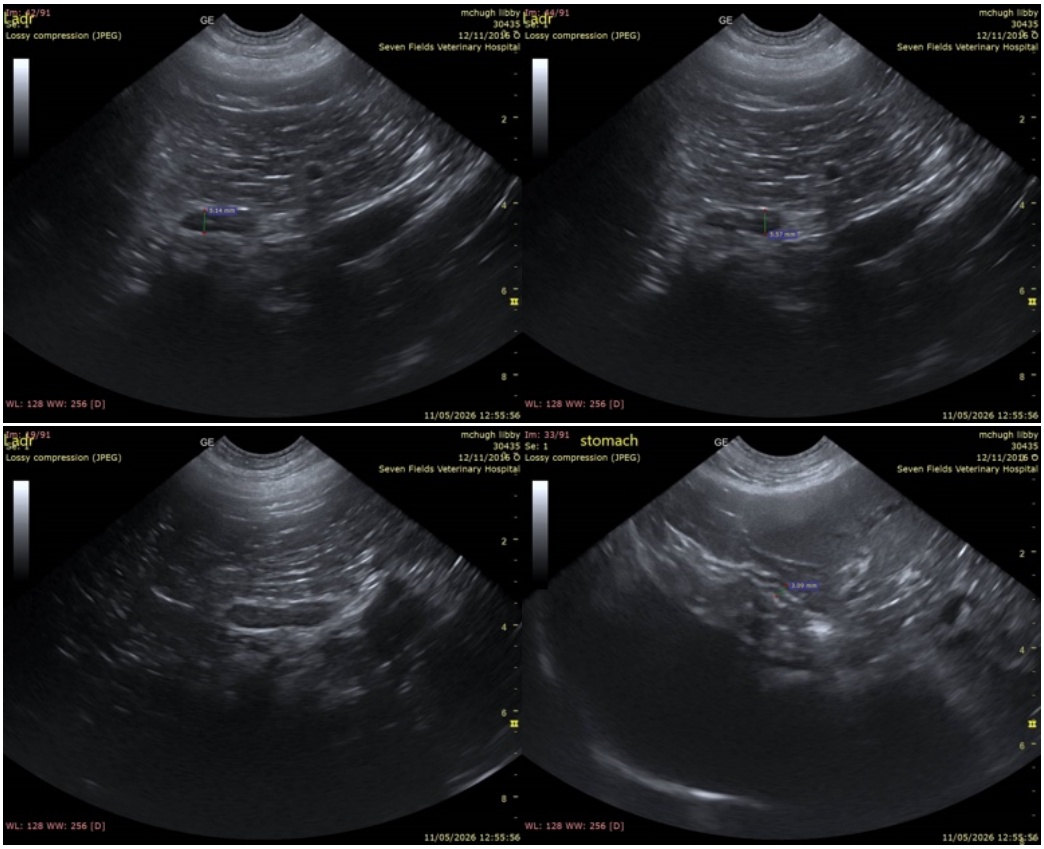
clinically significant biliary disease or gallbladder mucocele formation.

The mild bilateral outer medullary hyperechogenicity is nonspecific and may represent an incidental finding commonly identified in dogs.

Recommendations

- Hepatoprotective therapy may be reasonable clinically; however, continued investigation for an underlying primary cause of the enzyme elevations remains important.
- Correlation with complete liver profile testing, including fasting/postprandial bile acids and coagulation testing, may be useful given the possibility of occult functional hepatopathy despite limited structural ultrasonographic abnormalities.
- If liver enzyme elevations continue to progress or clinical signs worsen, advanced hepatic diagnostics, including aspirates or biopsy, may eventually be warranted.

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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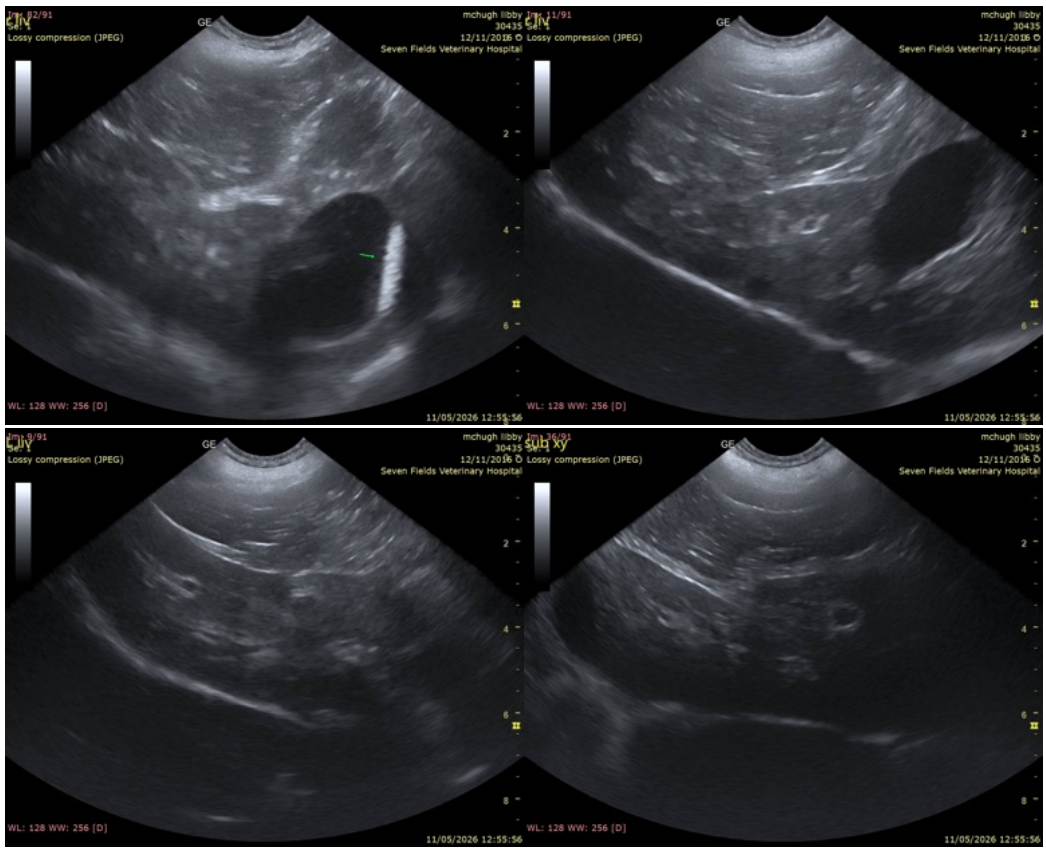

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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