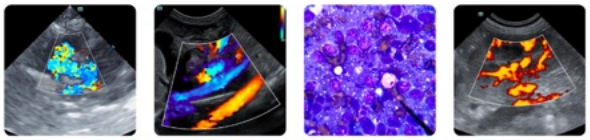


PATIENT

Stanisilaus Lightcap

SPECIES

Canine

BREED

Cocker Spaniel

SEX

Neutered male

AGE

6 ½ years

WEIGHT

32.1 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Arms

HOSPITAL NAME

Gilbertsville VH

REFERRING VET

Dr. Reist

INVOICE

75482

DATE

5/13/26

PRESENTING CLINICAL SIGNS

History: Elevated LES, decreased appetite, weight loss, orange urine
Abnormal PE/Chem/CBC/UA Results: elevated ALT + ALKP, bilirubinuria initially improved with amoxi 5/2/26; (4/25/26)—-alt 162 (12-118) prev 965, ALKP 647 (5-131) prev 1597 recheck values today pending (submitted to lab)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder lumen is normally distended, and the wall of the urinary bladder appears thin and smooth. The urine is anechoic. The bladder neck, trigone region, and proximal urethra are unremarkable. There are no calculi, and no evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size: 5.23×2.98 cm, and the thickness of the cortex is 0.47 cm, in the sagittal plane. The right kidney is normal in shape and size: 5.84×3.03 cm, and the thickness of the cortex is 0.50 cm, in the sagittal plane. Both kidneys: the cortex is isoechoic compared to liver parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths, or hydronephrosis.

Adrenal Glands

Both adrenal glands show normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane: The left adrenal gland measures 0.52 cm at the cranial pole and 0.56 cm at the caudal pole. The right adrenal gland measures 0.48 cm at the cranial pole and 0.48 cm at the caudal pole.

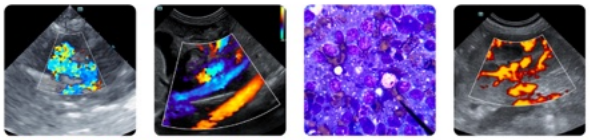
Spleen

Splenic thickness is 1.58 cm. The parenchyma demonstrates normal echogenicity and a mildly heterogeneous echotexture with multiple subtle small hypoechoic foci. The splenic capsule is smooth and regular.

Liver

The liver is subjectively within normal size limits to mildly enlarged. The hepatic margins remain relatively sharp without convincing rounded lobar enlargement, although the liver extends slightly beyond expected limits along the lesser curvature region of the stomach. The hepatic parenchyma appears uniform and isoechoic relative to the falciform fat, with an overall normal echotexture. No focal hepatic lesions or hepatic lymphadenopathy are identified.

The gallbladder lumen is normally distended. The wall is thin and smooth. Mild-to-moderate dependent biliary sludge is present. No evident dilation of the cystic duct or common bile duct is observed.



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Gastrointestinal Tract

The stomach is moderately distended with luminal ingesta, with mural thickness measuring 1.45 mm and preserved wall layering. The pylorus measures 6.10 mm. The duodenum measures 3.09 mm. The jejunum measures 3.52-3.71 mm with preserved wall layering. No evidence of gastrointestinal inflammation, obstructive pattern, ileus, or foreign material is identified. Formed fecal material is present within the descending colon.

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

- Liver subjectively within normal limits to mildly enlarged
- Mild-to-moderate biliary sludge

SECONDARY FINDINGS

- Subtle heterogeneous spleen with multiple subtle small hypoechoic foci

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The ultrasonographic hepatobiliary abnormalities identified on this study are relatively mild and nonspecific, consisting primarily of possible borderline mild hepatomegaly and mild-to-moderate biliary sludge. No ultrasonographic evidence of extrahepatic biliary obstruction, gallbladder mucocele, focal hepatic mass lesion, or severe diffuse hepatopathy is identified at this time.

Based on the current ultrasonographic findings, the reported hyperbilirubinemia/bilirubinuria appears more likely hepatocellular or intrahepatic cholestatic in origin rather than secondary to complete post-hepatic biliary obstruction.

Despite the relatively subtle ultrasonographic findings, the marked historical ALT and ALP elevations, bilirubinuria, decreased appetite, and partial biochemical improvement following antibiotic therapy remain clinically significant and suggest underlying hepatobiliary disease. Differential considerations based on the combined clinical and laboratory picture include inflammatory hepatobiliary disease, reactive hepatopathy, or less likely, vacuolar hepatopathy and infectious hepatopathy including leptospirosis where regionally appropriate. Given the breed predisposition of Cocker Spaniels, chronic hepatopathy including copper-associated hepatopathy should also remain a clinical consideration.

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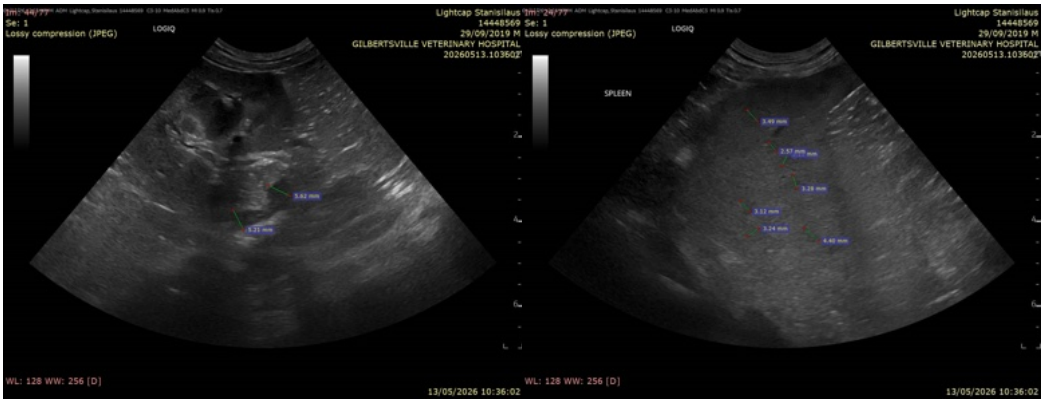
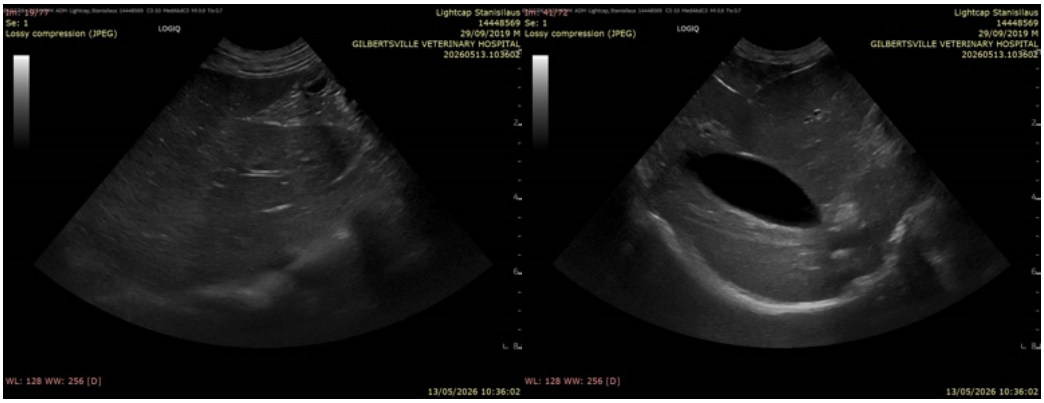
The splenic changes are mild and nonspecific. Multiple subtle small hypoechoic splenic foci are commonly associated with benign lymphoid hyperplasia, extramedullary hematopoiesis, or reactive inflammatory change.

Recommendations

- Continued clinical monitoring of liver enzyme trends is advised given the marked prior hepatocellular/cholestatic enzyme elevations, with correlation to the laboratory results submitted today once available.
- If liver enzyme abnormalities persist or worsen despite medical management, further investigation such as bile acids testing, copper quantification, or hepatic sampling/biopsy may eventually be warranted to better characterize underlying chronic hepatopathy.
- Leptospirosis testing could be considered if supported by clinical suspicion, exposure risk, or persistent unexplained hepatopathy, although the absence of ultrasonographic renal abnormalities or reported renal dysfunction makes clinically significant hepatorenal leptospirosis less likely at this time.

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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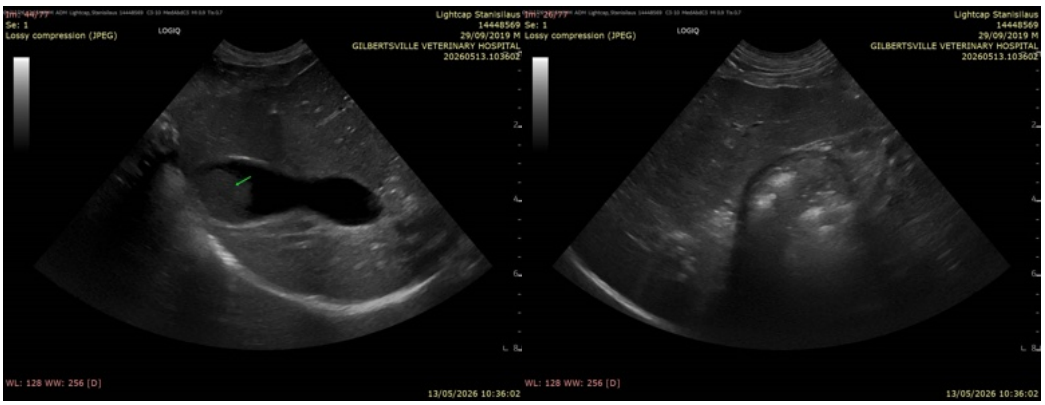

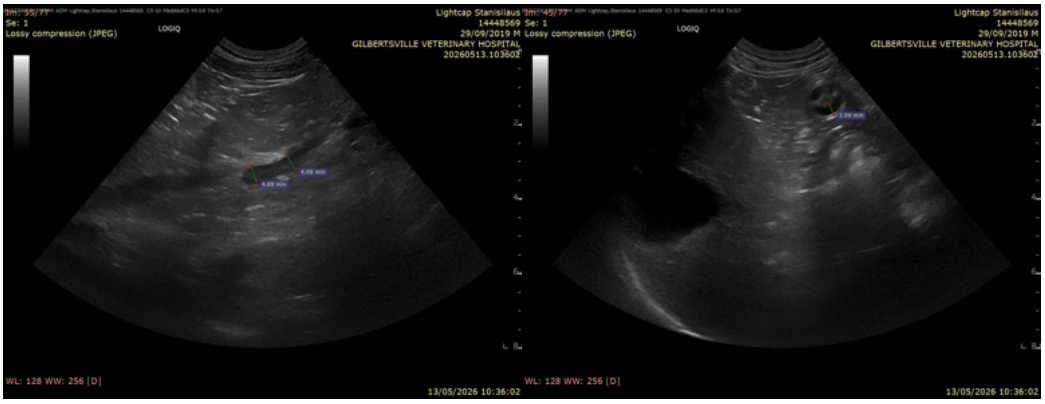

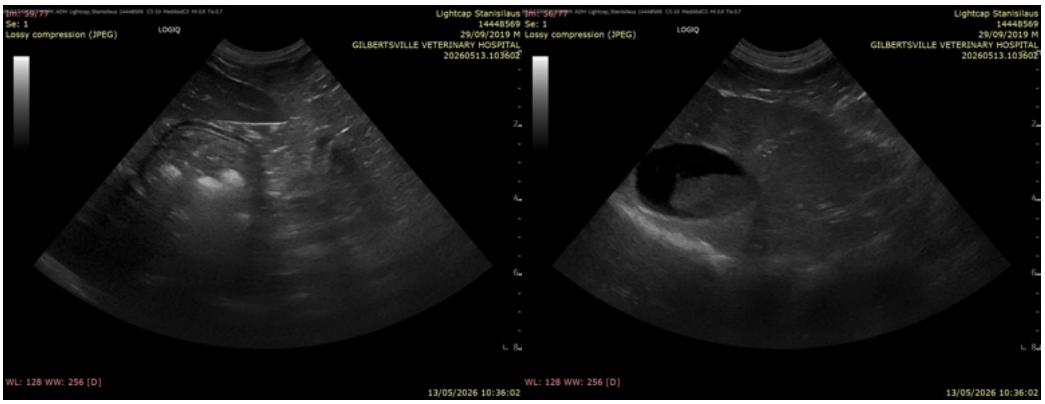

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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