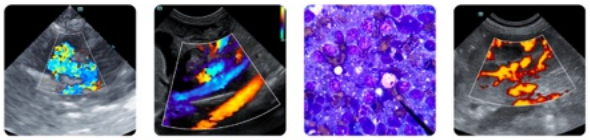


PATIENT

Babs Taylor

SPECIES

Canine

BREED

Labrador

SEX

Spayed female

AGE

5 years

WEIGHT

77 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Dr. Beth Coe

HOSPITAL NAME

Riverside Animal Clinic

REFERRING VET

Dr. Hannah Brenner

INVOICE

78142

DATE

5/29/26

PRESENTING CLINICAL SIGNS

History: Acute pain/hesitant to run/jump/stairs/etc 5/27/26. Seen at local ER - unable to examine well due to temperament. Sedated exam and rads showed possible narrowing at T-L jxn. Labwork showed elevated ALKP. Ultrasound recommended.
Abnormal PE/Chem/CBC/UA Results: PE here 5/28/26: Not able to examine fully d/t temperament, but did exhibit pain when touching/manipulating her caudal trunk/hind end. Suspect back pain. Today, very painful when positioning for ultrasound/labwork/etc, but not painful during scan itself. Elevated ALKP (~1600). ALT/AST/GGT/Tbili/Chem otherwise WRI. UAS: NSF UPC: Normal

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. Normal appearance of the bladder neck and proximal urethra. There are no calculi, and no evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size: 6.57x3.52 cm, and the thickness of the cortex is 0.62 cm, in the sagittal plane. The right kidney is normal in shape and size: 6.05x3.85 cm, and the thickness of the cortex is 0.63 cm, in the sagittal plane. Both renal cortices are isoechoic compared to the liver parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler demonstrates a normal vascular pattern.

Adrenal Glands

The left adrenal gland measures 0.65 cm at the caudal pole and 0.60 cm at the partially visualized cranial pole. The right adrenal gland is not confidently identified.

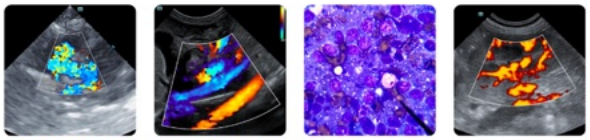
Spleen

Splenic thickness is 1.68 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.

Liver

The liver does not extend beyond the lesser curvature of the stomach and demonstrates sharp edges and a regular contour. The liver parenchyma appears 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 with a small amount of biliary sludge. No evident dilation of the cystic duct or common bile duct is observed.



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Gastrointestinal tract

The stomach is empty and folded, with mural thickness (2.99 mm) and preserved wall layering.

The pylorus (6.86 mm). Duodenum: 2.81 mm. Jejunum: 2.97-3.59 mm, normal wall layering.

No signs of inflammation, ileus, or foreign material are identified.

Colon: not measured, with formed feces in the descending segment.

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

- Small amount of biliary sludge.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No sonographic explanation for the marked ALP elevation is identified. Although the liver appears ultrasonographically unremarkable, early hepatocellular vacuolar change, steroid-induced hepatopathy, reactive hepatopathy, or early hyperadrenocorticism cannot be excluded, as these conditions may precede the development of detectable ultrasonographic abnormalities.

The absence of hepatomegaly, diffuse hepatic hyperechogenicity, gallbladder abnormalities, or biliary tract dilation makes clinically significant cholestatic hepatobiliary disease less likely.
Although not supported by the current biochemical pattern, breed-associated copper hepatopathy remains a remote consideration should hepatocellular enzyme elevations develop during follow-up.

Recommendations

- Correlation with medication history is recommended, including prior or current corticosteroid exposure.
- Hepatoprotective therapy and serial ALP trend monitoring may be considered given the marked enzyme elevation despite the absence of significant ultrasonographic hepatobiliary abnormalities.
- If clinical suspicion for hyperadrenocorticism persists despite the absence of supportive ultrasonographic findings, endocrine testing may be considered at the discretion of the attending veterinarian.
- If endocrine testing and other noninvasive investigations are unrevealing and liver enzyme abnormalities continue to progress despite medical management, further evaluation of hepatic

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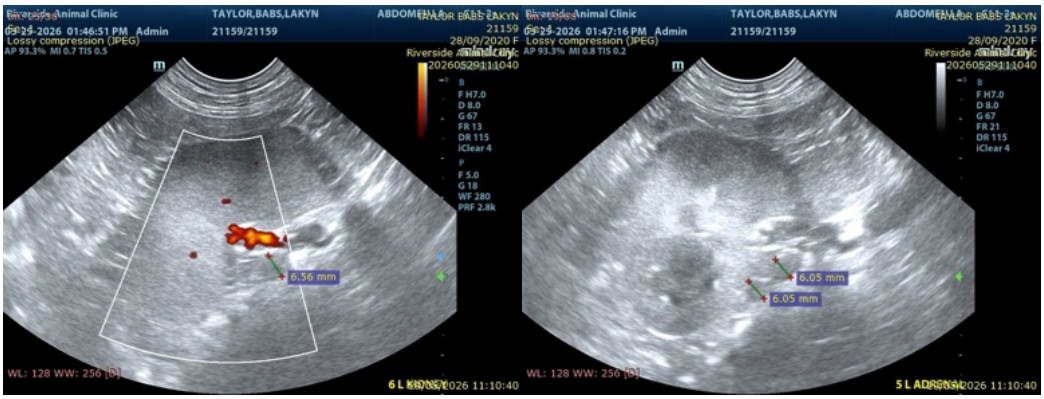
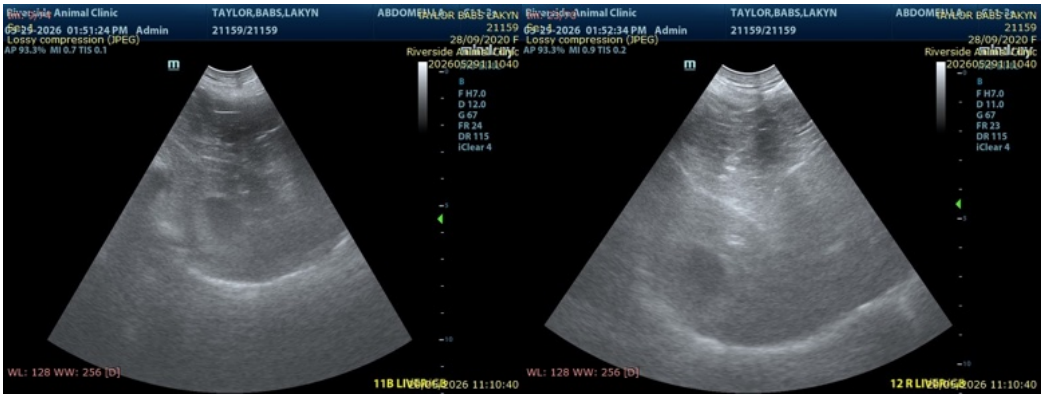
function and underlying hepatobiliary disease may be considered, including bile acid testing and/or hepatic cytology or biopsy as clinically indicated.

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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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