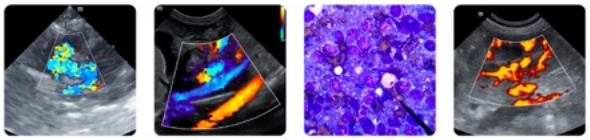


PATIENT

Macy Maddern

SPECIES

Canine

BREED

Shih Tzu

SEX

Spayed female

AGE

3 years

WEIGHT

19.2 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Julie Kang

HOSPITAL NAME

Sabino VC

REFERRING VET

Dr. Cortez

INVOICE

75237

DATE

5/5/26

PRESENTING CLINICAL SIGNS

History: P was sedated with 0.05mL Dexdomitor and 0.3mL Butorphanol IV.
AUS to investigate liver enzyme elevations.
Abnormal PE/Chem/CBC/UA Results: 4/29/2026: CBC - PLT 594. Chem - ALT 132, ALKP 1921, IRIS stage 1 kidneys. T4 - 2. 5/5/2026: CBC - Monocytes 1356, PLT 568. Chem - ALT 161, ALKP 1696, Globulin 3.7, IRIS stage 1. PT/APTT - WNL.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is moderately distended. The urinary bladder wall is thin and smooth. The urine is anechoic. The bladder neck and proximal urethra are unremarkable. No cystoliths or sonographic evidence of inflammatory or neoplastic urinary bladder disease are identified.

The left kidney is normal in shape and size, measuring 4.08×2.51 cm. Cortical thickness measures 0.47 cm in the sagittal plane.
The right kidney is normal in shape and size, measuring 4.57×2.49 cm. Cortical thickness measures 0.44 cm in the sagittal plane.

Both kidneys demonstrate normal corticomedullary ratio and preserved corticomedullary distinction. The renal cortices are isoechoic relative to the hepatic parenchyma. No pyelectasia, hydronephrosis, or nephrolithiasis is identified. Color Doppler evaluation demonstrates a subjectively normal vascular pattern.

Adrenal Glands

Both adrenal glands demonstrate normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane are as follows: the left adrenal gland measures 0.37 cm at the cranial pole and 0.49 cm at the caudal pole. The right adrenal gland measures 0.45 cm at the cranial pole and 0.56 cm at the caudal pole. These measurements are within accepted limits for a dog of this size.

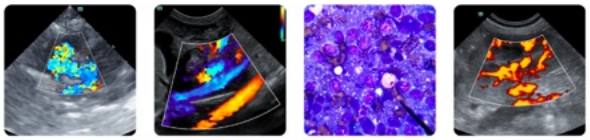
Spleen

Splenic thickness is 1.17 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. Mild rounding of the hepatic margins is present. Hepatic contour is otherwise regular. The hepatic parenchyma is homogeneous and isoechoic relative to the falciform fat, with preserved echotexture. No focal hepatic lesions or hepatic lymphadenopathy are identified.

The gallbladder is normally distended. The gallbladder wall is thin and regular. The contents are predominantly anechoic. No evidence of cystic duct or common bile duct dilation is identified.



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Gastrointestinal System

The stomach is empty and folded. Gastric wall thickness measures 2.67 mm with preserved mural layering. The pyloric wall measures 5.15 mm. Duodenal wall thickness measures 3.37 mm. Jejunal wall thickness measures 4.56 mm. Intestinal wall layering is preserved throughout the evaluated segments. No evidence of focal gastrointestinal inflammation, obstructive ileus, or foreign material is identified. Colonic wall thickness measures 0.92 mm, with formed fecal material present within the descending colon.

Pancreas

The pancreas measures approximately 0.69 cm in thickness. Pancreatic parenchyma is isoechoic relative to the adjacent omental fat. No sonographic evidence of peripancreatic inflammatory change, pancreatic enlargement, or focal pancreatic lesions is identified.

Free Abdomen

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

PRIMARY FINDINGS

- Mild rounding of the hepatic margins.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Mild rounding of the hepatic margins is present without additional significant hepatobiliary ultrasonographic abnormalities. The hepatic parenchyma and gallbladder appear otherwise unremarkable sonographically. In the context of the marked predominantly cholestatic hepatopathy (marked ALKP elevation with comparatively milder ALT increase), the current findings may be compatible with early or mild diffuse hepatocellular change, including vacuolar hepatopathy or metabolic/endocrine-associated hepatopathy.
No ultrasonographic evidence of biliary obstruction, gallbladder mucocele formation, focal hepatic mass lesions, clinically significant adrenal enlargement, or active abdominal inflammatory disease is identified.

Overall, the current ultrasonographic findings are relatively mild and nonspecific despite the marked cholestatic enzyme elevation. Diffuse metabolic/vacuolar hepatocellular change remains a consideration, and no overt ultrasonographic evidence of advanced hepatobiliary or obstructive disease is identified at this time.

Recommendations

- Supportive hepatoprotective therapy such as S-adenosylmethionine (SAMe) and/or silybin may be considered.
- Continued clinical and biochemical monitoring is recommended. Further diagnostic

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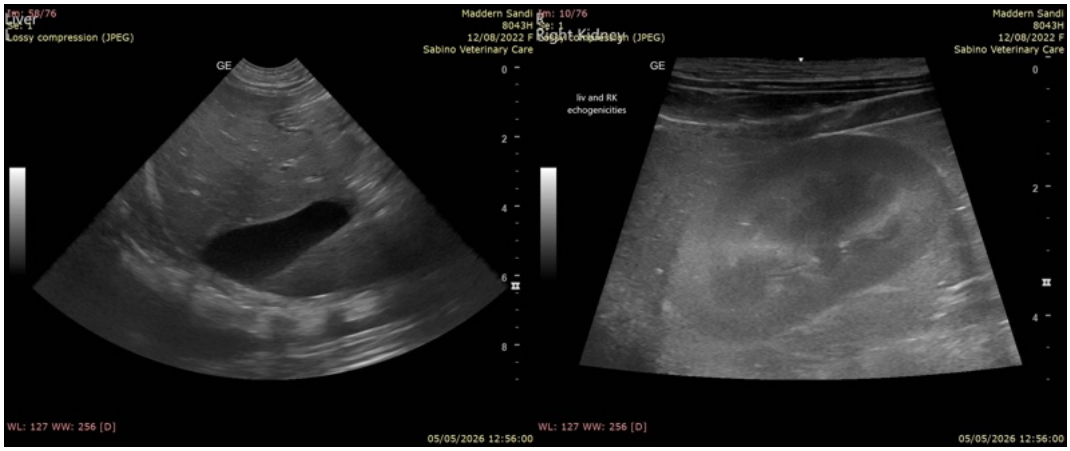
investigation, including endocrine testing or hepatic sampling, could be considered if clinicopathologic abnormalities progress or compatible clinical signs emerge.

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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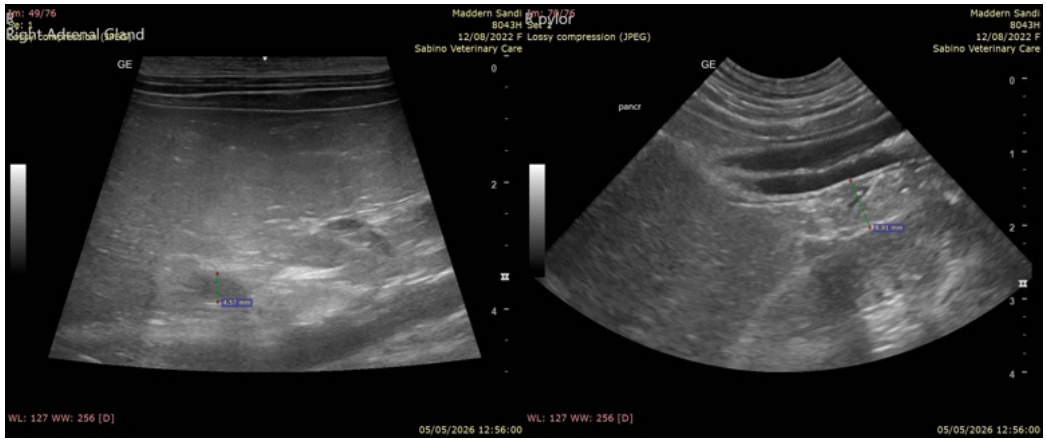

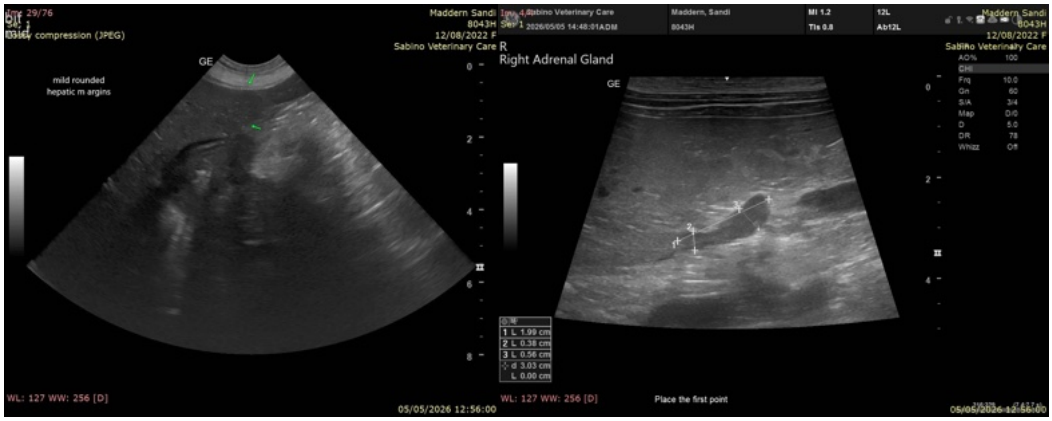

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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