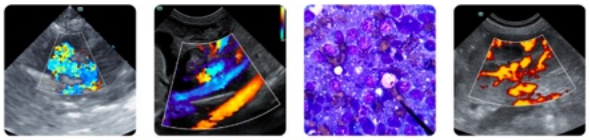


PATIENT

Stewart Briscoe

SPECIES

Canine

BREED

Terrier

SEX

Neutered male

AGE

9 years

WEIGHT

18.4 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Ryan Moreno

HOSPITAL NAME

Seven Fields VH

REFERRING VET

Dr. Pearson

INVOICE

75271

DATE

5/6/26

PRESENTING CLINICAL SIGNS

History: Presented for dental exam, doing well at home. Grade 3-4/4 dental disease. Recent labwork showed elevated liver enzymes with cholestatic pattern.
Abnormal PE/Chem/CBC/UA Results: 5/1/26: ALP: 1313 ALT: 611 AST: 144 Ca: 11.8 GGT: 33 TBili: 0.4 TP: 9.3 Glob: 5.3 FNA of Liver: - Mild to moderate vacuolar change (non-lipid) with possible moderate mixed neutrophilic and lymphoplasmacytic inflammation

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is normally 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 4.58×2.40 cm. Cortical thickness measures 0.43 cm in the sagittal plane. A small cortical cyst measuring approximately 0.45×0.47 cm is identified. The renal cortex is isoechoic relative to the hepatic parenchyma. Corticomedullary ratio and corticomedullary distinction are preserved. No pyelectasia, hydronephrosis, or nephrolithiasis is identified. Color Doppler evaluation demonstrates a subjectively normal vascular pattern.

The right kidney is normal in shape and size, measuring 4.55×2.33 cm. Cortical thickness measures 0.42 cm in the sagittal plane. The renal cortex is isoechoic relative to the hepatic parenchyma. Corticomedullary ratio and corticomedullary distinction are preserved. No pyelectasia, hydronephrosis, or nephrolithiasis is identified. Color Doppler evaluation demonstrates a subjectively normal vascular pattern.

Adrenal Glands

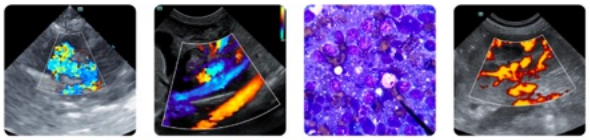
The left adrenal gland measures 0.49 cm at the cranial pole and 0.54 cm at the caudal pole. The right adrenal gland is only partially visualized and measures approximately 0.46 cm in dorsoventral dimension. The visualized adrenal tissue demonstrates normal echogenicity and morphology.

Spleen

Splenic thickness is 1.58 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.

Liver

The liver is subjectively mildly enlarged, with rounded margins and irregular contour. The hepatic parenchyma is predominantly homogeneous and isoechoic relative to the falciform fat, with preserved overall echotexture. Multifocal subtle nodular/remodeling-type contour changes are present without evidence of discrete mass lesions or overt parenchymal destruction. No hepatic lymphadenopathy is identified.



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The gallbladder is normally distended. The gallbladder wall is thin and regular. Mild to moderate dependent biliary sludge is present. No evidence of cystic duct or common bile duct dilation is identified.

Gastrointestinal System

The stomach is empty and folded with mild intraluminal gas content. Gastric wall thickness measures 2.74 mm with preserved mural layering. The pyloric wall measures 5.68 mm. Duodenal wall thickness measures 3.55 mm. Jejunal wall thickness measures 2.81 mm. Ileal wall thickness measures 2.34 mm. Preserved mural layering is identified throughout the evaluated intestinal tract. No evidence of focal gastrointestinal inflammation, obstructive ileus, or foreign material is identified.Colonic wall thickness measures approximately 0.96–1.11 mm, with formed fecal material present within the lumen.

Pancreas

The pancreas measures approximately 7.75 mm in thickness. Pancreatic parenchyma is isoechoic relative to the adjacent omental fat. No sonographic evidence of active pancreatitis, peripancreatic inflammation, or focal pancreatic mass lesions is identified.

Free Abdomen

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

PRIMARY FINDINGS

- Liver with rounded margins and mildly irregular/nodular remodeling of the hepatic contour.
- Mild to moderate biliary sludge.

SECONDARY FINDINGS

- Small left renal cortical cyst.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Mild hepatomegaly with rounded margins and subtle multifocal nodular/remodeling-type contour irregularity is present. Although no discrete hepatic mass lesions are identified, the hepatic appearance supports chronic diffuse hepatopathy. In conjunction with the marked mixed hepatocellular/cholestatic enzyme elevations and prior cytologic findings describing vacuolar hepatocellular change with suspected mixed inflammatory infiltrates, the current findings raise concern for a chronic mixed hepatopathy, including vacuolar hepatopathy with concurrent chronic inflammatory hepatobiliary disease.

The absence of biliary obstruction, marked ductal dilation, cavitary hepatic lesions, or overt hepatic mass lesions is noted. However, ultrasonography and cytology alone may incompletely characterize the

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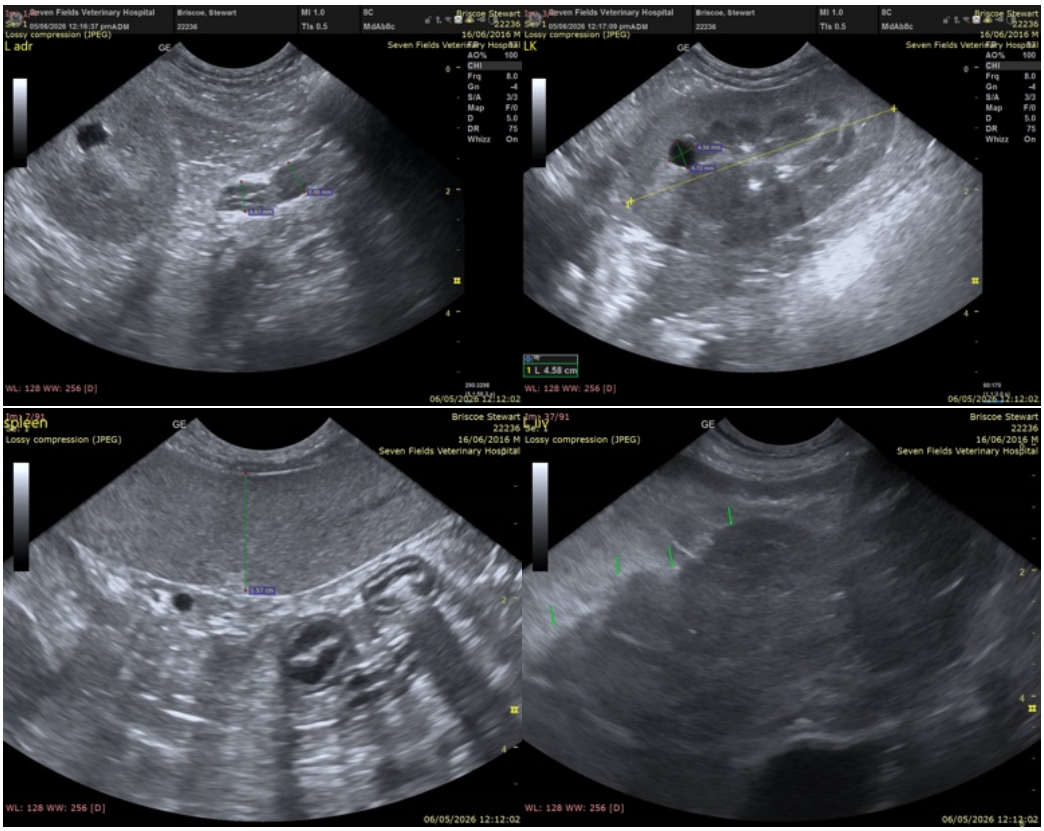
degree and nature of chronic hepatobiliary inflammation or fibrosis.

Mild to moderate biliary sludge is present without current sonographic evidence of gallbladder mucocele formation or extrahepatic biliary obstruction.
An incidental small left renal cortical cyst is identified.

Recommendations

- Supportive hepatoprotective therapy may be considered if clinically indicated.
- Continued monitoring of liver enzyme activity, bilirubin, albumin, cholesterol, and coagulation parameters is recommended.
- Assessment of hepatic function with serum bile acids testing could also be considered, particularly if further characterization of the clinical significance of the chronic hepatobiliary disease is desired.
- Given the combination of persistent marked enzyme elevations, hyperglobulinemia, cytologic inflammatory change, and chronic hepatic remodeling, hepatic histopathology may eventually be warranted for definitive characterization.
- If anesthesia is pursued for future procedures, careful peri-anesthetic monitoring and maintenance of adequate perfusion and hydration are recommended given the chronic hepatobiliary disease.

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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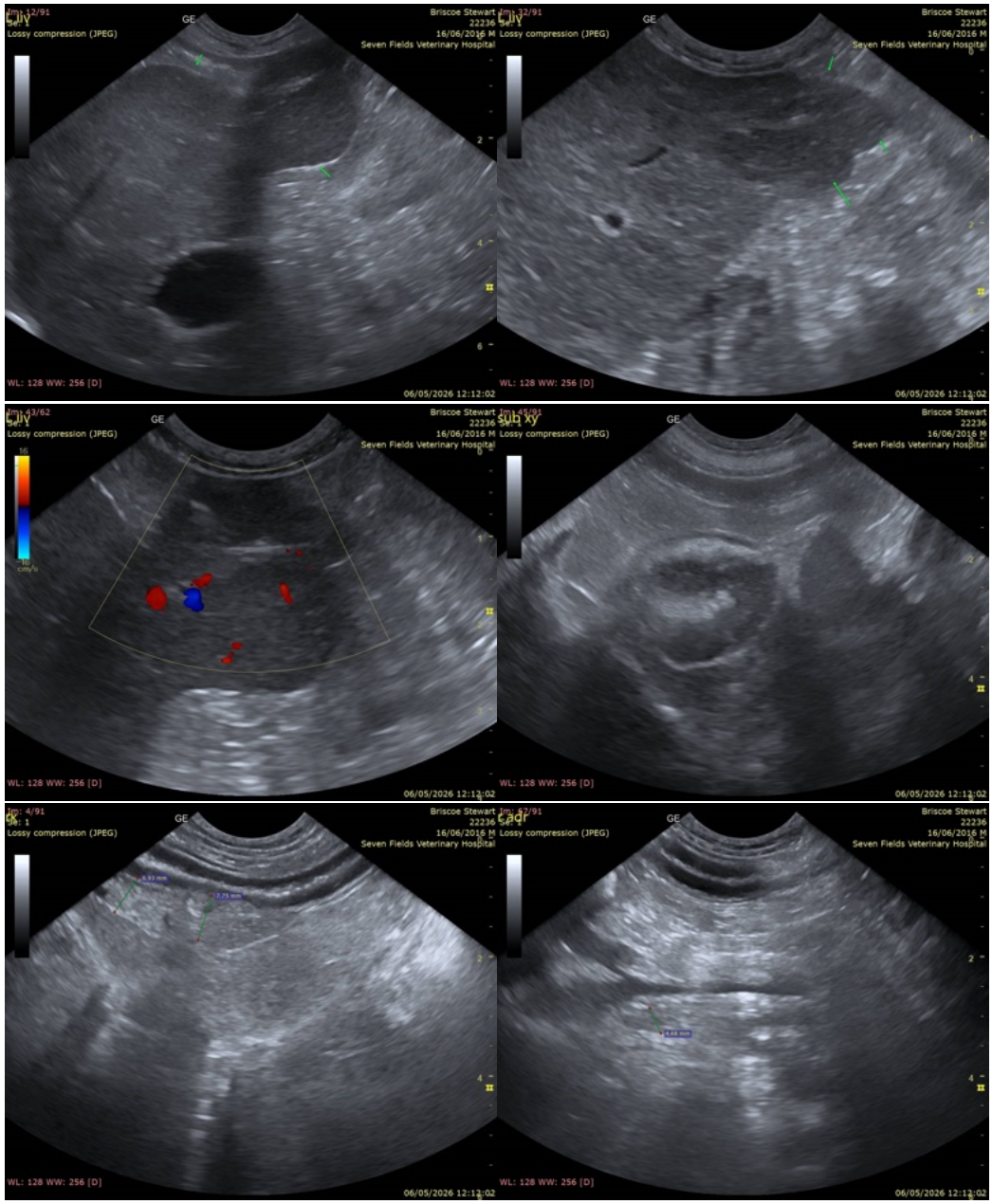

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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