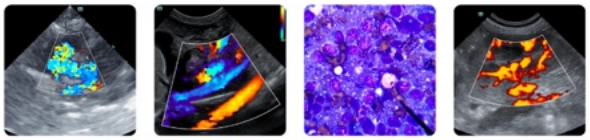


PATIENT

Beverly Kenny

SPECIES

Canine

BREED

Beagle Cross

SEX

Spayed female

AGE

11 years

WEIGHT

25.1 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Christian Diaz

HOSPITAL NAME

St Georges VH

REFERRING VET

Dr. Ng

INVOICE

78823

DATE

6/17/28

PRESENTING CLINICAL SIGNS

History: ALT 130, ALKP 272, MCV 57.6, MCH 21.1, LYM 1.02 presented for limping on inhouse bloods found elevated liver.

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 trigone and proximal urethra have a normal ultrasonographic appearance. No calculi are identified, and there is no ultrasonographic evidence of inflammatory or neoplastic disease.

The left kidney is normal in shape and size, measuring 4.86×2.62 cm, with a cortical thickness of 0.41 cm in the sagittal plane.

The right kidney is normal in shape and size, measuring 5.18×2.63 cm, with a cortical thickness of 0.49 cm in the sagittal plane.

Both kidneys demonstrate normal cortical echogenicity. Corticomedullary distinction and corticomedullary ratio are preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

Adrenal Glands

Both adrenal glands show normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane: The left adrenal gland measures 0.71 cm at the cranial pole and 0.68 cm at the caudal pole. The right adrenal gland measures 0.83 cm at the cranial pole and 0.57 cm at the caudal pole.

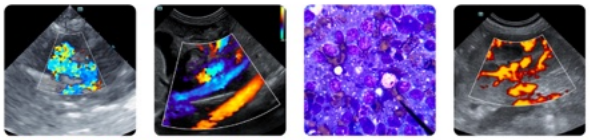
Spleen

Splenic thickness is 1.49 cm. The splenic parenchyma demonstrates normal echogenicity and a fine homogeneous echotexture. A very small hyperechoic splenic nodule consistent with myelolipoma is present. The splenic capsule is smooth and regular.

Liver

The liver is subjectively normal in size, with sharp edges and a regular contour. The liver parenchyma looks uniform and isoechoic compared to the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is observed.

The gallbladder lumen is normally distended. Mild mucosal hyperplasia is present along the gallbladder wall, associated with a very small amount of non-shadowing biliary sludge. No dilation of the cystic duct or common bile duct is identified.



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Gastrointestinal tract

The stomach is empty and folded. Gastric wall thickness measures 3.75 mm with preserved wall layering.

The pylorus measures 6.13 mm and maintains normal wall layering.

The duodenum measures 3.68 mm.

The jejunum measures 4.15 mm and demonstrates normal wall layering.

No evidence of gastrointestinal obstruction, foreign material, focal mural masses, or ileus is identified.

The colon measures 2.09 mm in wall thickness and is empty.

Pancreas

The pancreatic regions included in the examination 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

- Adrenal glands mildly enlarged.

SECONDARY FINDINGS

- Mild gallbladder mucosal hyperplasia.
- Small incidental splenic myelolipoma.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The adrenal glands are within the upper limits of normal to mildly enlarged, particularly the cranial poles. While these findings are not diagnostic, mild adrenal hyperplasia and early hyperadrenocorticism remain differential considerations, particularly in the context of the reported biochemical abnormalities.

The liver maintains a normal size, contour, and echotexture, and there is no evidence of clinically significant hepatobiliary disease. Mild vacuolar hepatopathy or other diffuse hepatocellular processes below the threshold of ultrasonographic detection cannot be excluded.

Mild gallbladder mucosal hyperplasia and a very small amount of biliary sludge are present. These findings are commonly encountered in older dogs and are most consistent with mild chronic gallbladder change. No ultrasonographic evidence of biliary obstruction, cholecystitis, or gallbladder mucocele

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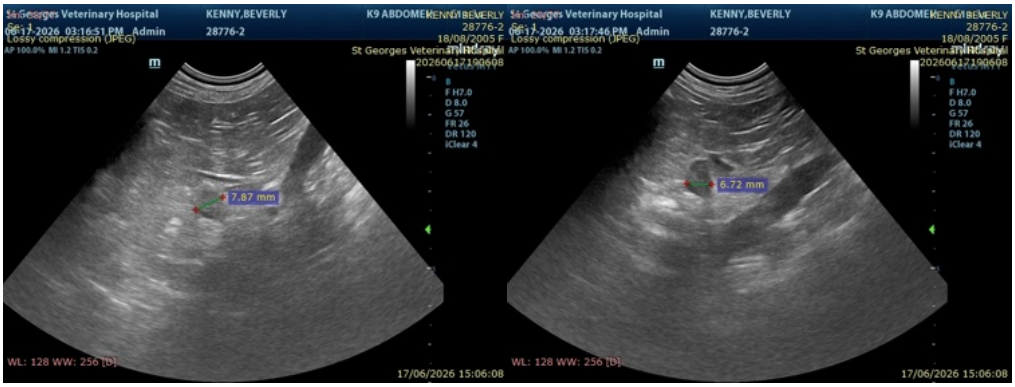
formation is identified.

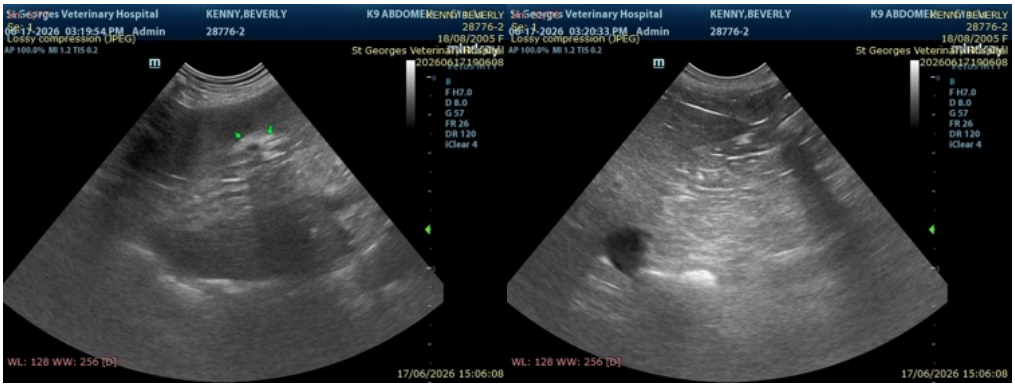
A small splenic myelolipoma is present and is considered an incidental age-related finding without apparent clinical significance.

Recommendations

- Continued monitoring of serum liver enzyme activities (ALT, ALP, and ideally GGT) is recommended.
- Correlation with the patient's clinical signs, medication history, cholesterol concentration, and endocrine status is advised, particularly regarding hyperadrenocorticism.
- Empirical hepatoprotective therapy may be reasonable while monitoring biochemical trends; however, identification of an underlying cause remains important if liver enzyme elevations persist or progress.

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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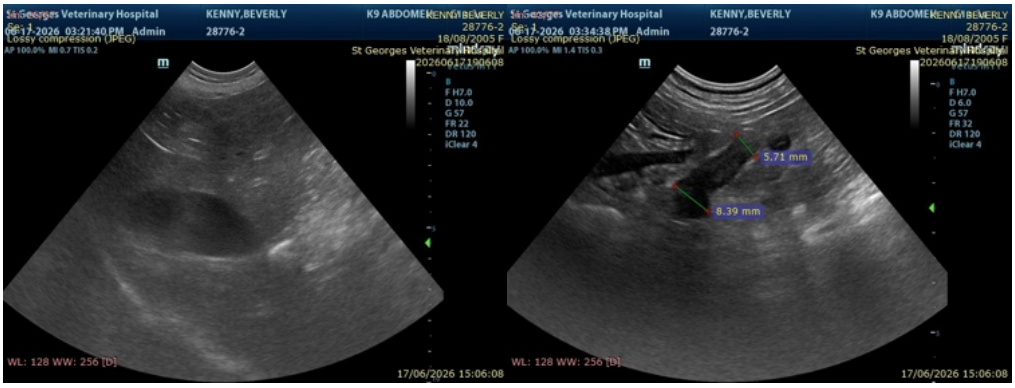

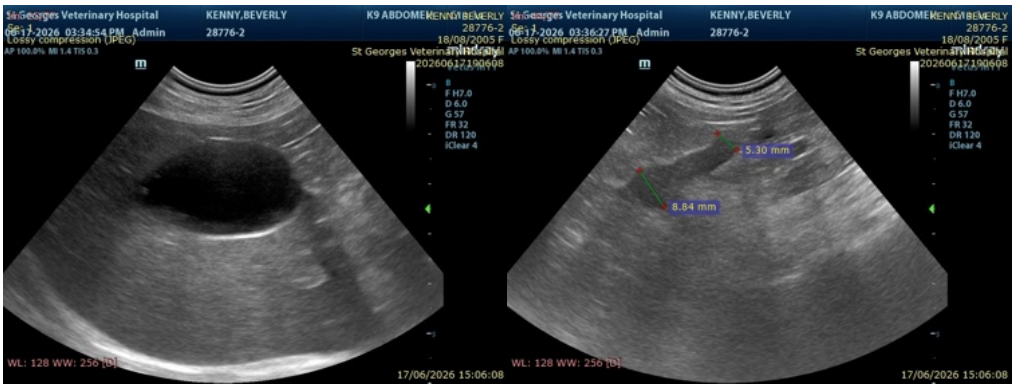

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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