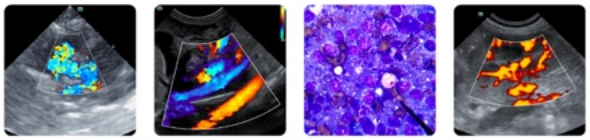


PATIENT

Dakota McKenna

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered male

AGE

14 years

WEIGHT

67.4 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

MEW

HOSPITAL NAME

Weddington AH

REFERRING VET

Dr. Walker

INVOICE

78333

DATE

6/2/26

PRESENTING CLINICAL SIGNS

History: 13 yo MN golden retriever with subtle weight loss over past 6 months. P otherwise asymptomatic. (72 lb in Dec). P on carprofen for several years and librela for over a year with historically normal liver enzymes except mild-mod ALP elevation climbing with age. Dec 2025 had mild GGT/ALP elevation. P has had history of intermittent elevated pancreatic enzymes and has been on I/D low fat. Annual labs had marked changes. AUS to rule out neoplasia vs liver disease vs other causes. Abnormal PE/Chem/CBC/UA Results: 5/31/26: CBC: Normal leukocyte count, mild lymphocytosis - stress Chemistry: Mildly elevated ALT (239), markedly elevated ALP (1659), mildly elevated GGT (41). Markedly elevated PSL (583) T4: 0.7 - euthyroid sick HWT/FF: Neg 11/2025: CBC: normal leukocyte count, mild monocytosis - inflammation Chemistry: moderately elevated ALP (808, prev 639), mildly elevated GGT (24, prev WNL), mild hypercholesterolemia, mild hypertriglyceridemia T4: 1.1

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is normally distended, and the urinary bladder wall appears thin and smooth. The urine is anechoic. The bladder neck and proximal urethra appear normal. No calculi or sonographic evidence of inflammatory or proliferative disease are identified.

The left kidney is normal in shape and size, measuring 6.35×3.56 cm. Cortical thickness measures 0.46 cm in the sagittal plane. The renal cortex is mildly hyperechoic relative to the hepatic parenchyma. A small cortical cyst measuring 4.61×5.15 mm is present. Corticomedullary definition and corticomedullary ratio are preserved. No pyelectasia, nephrolithiasis, or hydronephrosis is identified. Color Doppler evaluation demonstrates a normal vascular pattern.

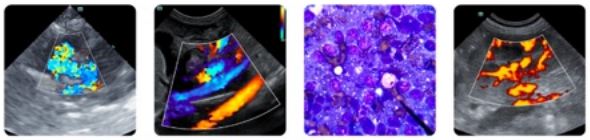
The right kidney is normal in shape and size, measuring 6.69×3.71 cm. Cortical thickness measures 0.50 cm in the sagittal plane. The renal cortex is isoechoic to the hepatic parenchyma. Corticomedullary definition and corticomedullary ratio are preserved. No pyelectasia, nephrolithiasis, or hydronephrosis is identified. Color Doppler evaluation demonstrates a normal vascular pattern.

Adrenal Glands

The left adrenal gland measures 0.67 cm at the caudal pole. The right adrenal gland is not visualized.

Spleen

Splenic thickness measures 2.07 cm. The splenic parenchyma demonstrates normal echogenicity and a fine homogeneous echotexture. A well-defined hyperechoic nodule measuring 6.74×6.79 mm is present and is most consistent with a benign myelolipoma-like lesion. The splenic capsule is smooth and regular. Splenic vasculature appears normal.



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Liver

The liver is subjectively enlarged, with rounded margins and mildly irregular contours. The hepatic parenchyma demonstrates a mildly coarse heterogeneous echotexture. Multiple small poorly defined hypoechoic foci are scattered throughout the hepatic parenchyma. Additionally, two well-defined homogeneous hyperechoic nodules are identified, measuring 2.50×2.80 cm and 3.33×4.01 cm, respectively. No hepatic lymphadenopathy is observed.

The gallbladder is moderately distended. The gallbladder wall is mildly thickened, measuring 3.06 mm. The lumen contains abundant mineralized biliary sludge. A small sessile polypoid mural lesion is also suspected. No dilation of the cystic duct or common bile duct is identified.

Gastrointestinal tract

The stomach is empty and folded. Gastric wall layering is preserved.

The pyloric wall measures 6.79 mm. The duodenal wall measures 3.15 mm. The jejunal wall measures 3.85 mm. Intestinal wall layering is preserved throughout the examined segments.

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

The colonic wall measures 1.02 mm and contains formed fecal material 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

- Hepatomegaly with mildly heterogeneous coarse hepatic echotexture. Multiple small scattered hypoechoic hepatic foci and two focal homogeneous hyperechoic hepatic nodules measuring 2.50×2.80 cm and 3.33×4.01 cm.
- Mild gallbladder wall thickening.
- Abundant mineralized biliary sludge.

SECONDARY FINDINGS

- Suspected small gallbladder polypoid lesion.
- Small left renal cortical cyst.
- Small splenic myelolipoma-like nodule.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver demonstrates changes consistent with chronic hepatic remodeling, characterized by hepatomegaly, mildly irregular contours, heterogeneous parenchymal echotexture, and multifocal nodular parenchymal alterations.

In an elderly dog, the focal hyperechoic lesions most likely represent benign hepatic nodular hyperplasia, regenerative nodules, or other age-related hepatocellular proliferative changes. However, ultrasonographic appearance alone cannot definitively distinguish these entities from other primary hepatic nodular processes.

Concurrent gallbladder abnormalities, including abundant mineralized biliary sludge, mild gallbladder wall thickening, and a suspected small polypoid mural lesion, suggest chronic hepatobiliary disease and may contribute to the marked cholestatic enzyme elevations.

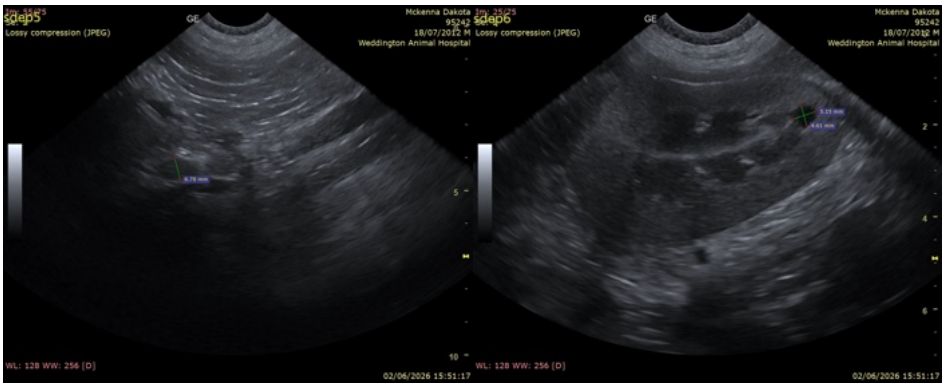
No sonographic evidence of extrahepatic biliary obstruction or biliary mucocele is identified.

No ultrasonographic evidence of clinically significant pancreatitis is detected in the videos provided despite the elevated pancreatic lipase concentration. Mild chronic pancreatic disease below the threshold of sonographic detection cannot be excluded.

The overall findings are most compatible with chronic hepatobiliary disease with concurrent age-related nodular hepatic change.

Recommendations

- Serial monitoring of liver enzyme activities and pancreatic lipase concentration.
- Medical management for chronic hepatobiliary disease may be considered at the discretion of the attending veterinarian, including hepatoprotective supplementation (SAMe and/or silybin-containing products) and ursodeoxycholic acid, as no sonographic evidence of extrahepatic biliary obstruction is identified.
- Ultrasound-guided fine-needle aspiration of the hepatic nodules may be considered if definitive characterization is clinically desired, recognizing the limitations of cytology for some hepatocellular lesions.
- Additional endocrine screening (particularly for hyperadrenocorticism) may be considered if clinically indicated given the marked ALP elevation and chronic hepatobiliary changes.



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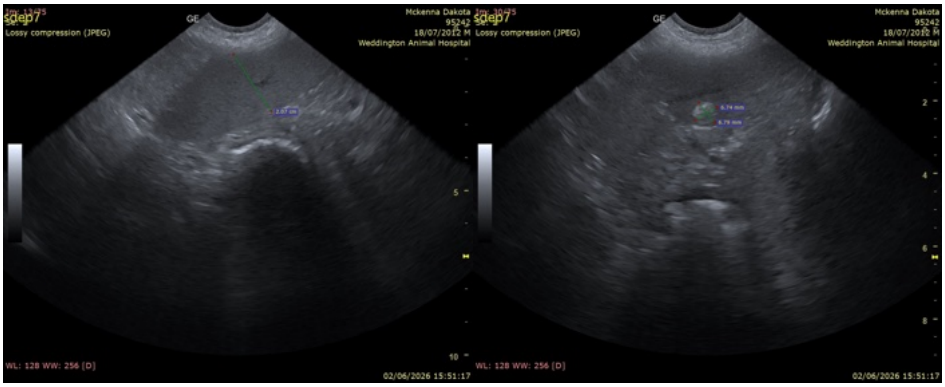

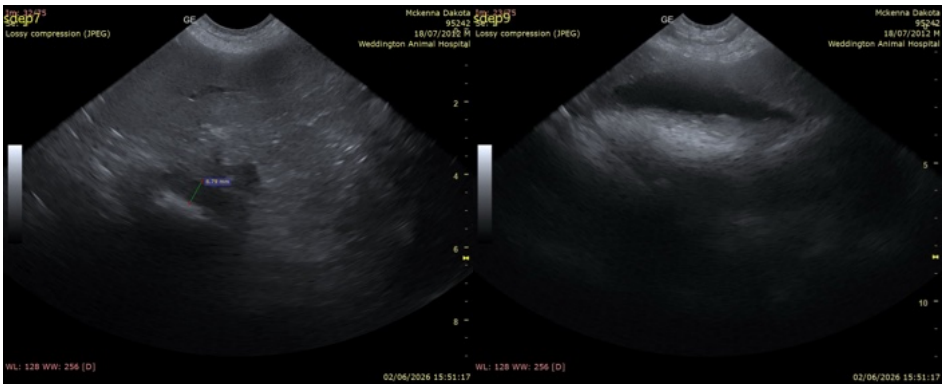

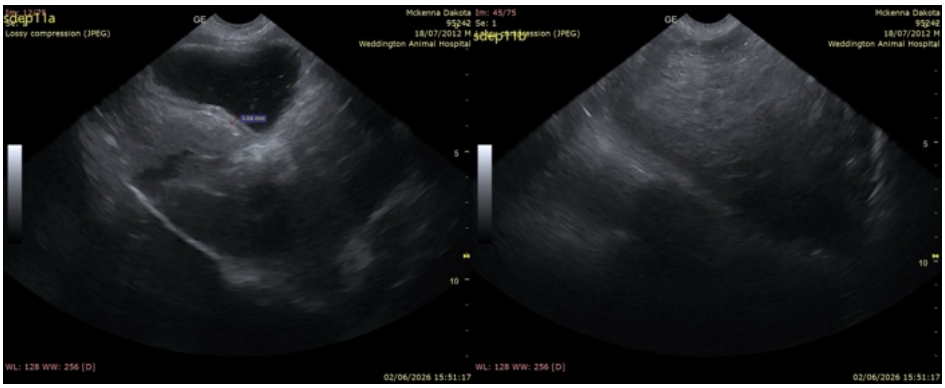

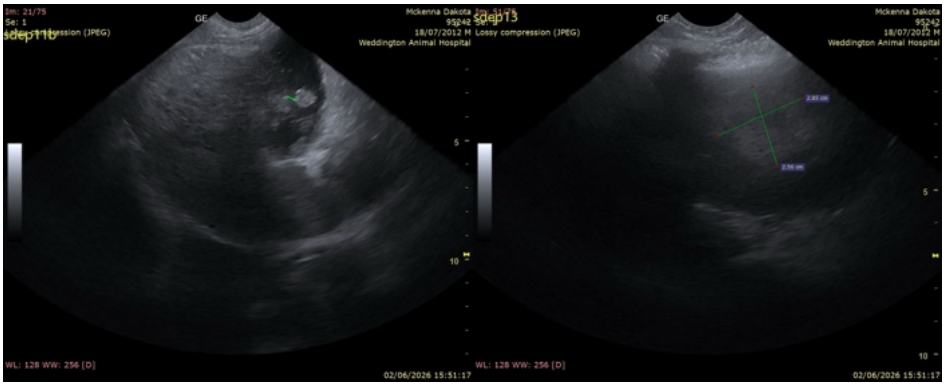

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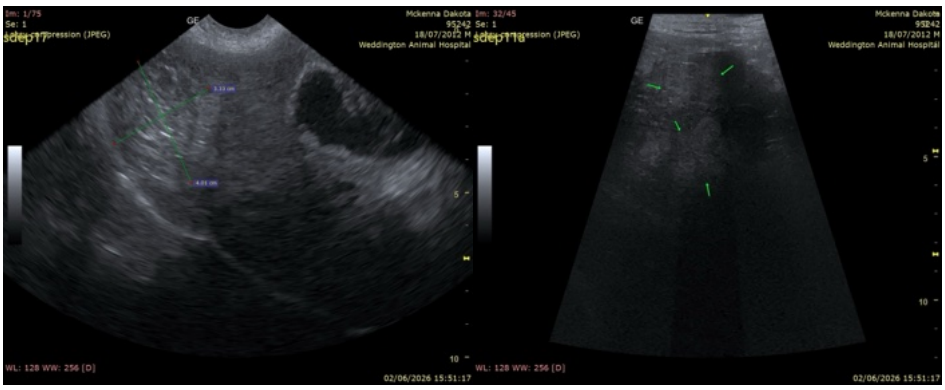

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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