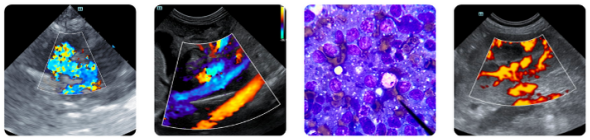


PATIENT

Watson Brooks

SPECIES

Canine

BREED

Terrier Mix

SEX

MN

AGE

9 years

WEIGHT

13 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Mark Reser

HOSPITAL NAME

Harvest Hills Veterinary Hospital

REFERRING VET

Dr. Camille Sieger

INVOICE

12110

DATE

6/5/2026

PRESENTING CLINICAL SIGNS

Dog has been slowing down on walks, increasing liver enzymes.

Abnormal PE/Chem/CBC/UA Results: Normal PE, chest rads normal. Prev. labs showed mild ALT (129) and GGT (21) elevations from a few months ago. Current labs showed ALT up to 340, GGT at 61. T. bili and ALP normal but both have risen since March.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is normally distended, and the urinary bladder wall appears thin and smooth. The urine is anechoic. Normal appearance of the trigone and proximal urethra is observed. There are no calculi, and no evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size, measuring 3.76×2.11 cm, with a cortical thickness of 0.38 cm in the sagittal plane. The renal cortex demonstrates normal echogenicity. The corticomedullary ratio is normal, and corticomedullary distinction is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler evaluation demonstrates a normal vascular pattern.

The right kidney is normal in shape and size, measuring 4.04×2.44 cm, with a cortical thickness of 0.35 cm in the sagittal plane. The renal cortex demonstrates normal echogenicity. The corticomedullary ratio is normal, and corticomedullary distinction is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler evaluation demonstrates a normal vascular pattern.

Adrenal Glands

Both adrenal glands show normal shape and echogenicity. Maximum dorsoventral diameters obtained from three measurements in the sagittal plane are as follows: The left adrenal gland measures 0.49 cm at the cranial pole and 0.60 cm at the caudal pole. The right adrenal gland measures 0.59 cm at the cranial pole and 0.48 cm at the caudal pole.

Spleen

Splenic thickness is 1.11 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.

Liver

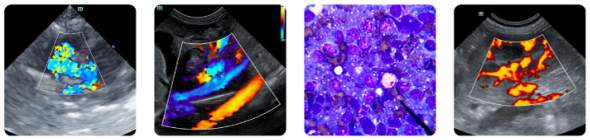
The liver is normal in size and does not extend beyond the lesser curvature of the stomach. Hepatic margins are sharp and the contour is regular. The hepatic parenchyma is homogeneous with normal echogenicity and echotexture. No focal hepatic lesions or hepatic lymphadenopathy are identified.

The gallbladder is moderately distended. The wall is thin and smooth. A moderate amount of biliary sludge is present within the lumen. No evidence of cystic duct or common bile duct dilation is identified.

Gastrointestinal tract

The stomach contains ingesta. Gastric mural thickness measures 1.78 mm with preserved wall layering.

The duodenal wall measures 3.64 mm.



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The jejunal wall measures 3.05 mm.

Normal wall layering is preserved throughout the evaluated gastrointestinal tract. No evidence of gastrointestinal obstruction, inflammatory mural changes, ileus, or foreign material is identified.

The colonic wall measures 0.75 mm and contains formed fecal material within the descending colon.

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

- Moderate amount of biliary sludge within the gallbladder.

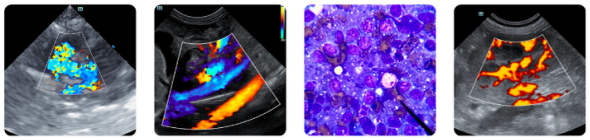
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The only significant abnormality identified on this examination is a moderate amount of biliary sludge within the gallbladder. No evidence of biliary obstruction, gallbladder wall disease, mucosal hyperplasia, cholecystitis, or extrahepatic biliary tract dilation is identified.
No sonographic explanation for the progressive elevation in ALT and GGT activities is identified. The liver is normal in size, contour, echogenicity, and echotexture, and no focal hepatic lesions are observed.
These findings do not exclude clinically relevant hepatobiliary disease. Mild to moderate hepatocellular injury, early chronic hepatitis, reactive hepatopathy, vacuolar hepatopathy without significant architectural change, or early biliary disease may be present despite a largely unremarkable ultrasonographic appearance. Ultrasound is relatively insensitive for detecting microscopic or functional hepatic disorders.

Both adrenal glands are within generally accepted size limits, although the left caudal pole measurement is near the upper end of the expected range for a dog of this size. No definitive morphologic evidence of adrenal disease is identified. Functional adrenal disease cannot be excluded by ultrasonography alone; however, the previously normal low-dose dexamethasone suppression test substantially decreases the likelihood of clinically significant hyperadrenocorticism.

Recommendations

- Hepatoprotective therapy and treatment with ursodeoxycholic acid may be considered at the discretion of the attending veterinarian, provided no evidence of biliary obstruction is present.
- Serial monitoring of liver enzyme activities is recommended.
- If liver enzyme activities continue to rise or clinical signs develop, additional investigation of primary hepatobiliary disease may be warranted. Depending on clinical progression, this could include repeat abdominal ultrasonography, advanced liver function testing, endocrine testing, or hepatic sampling.



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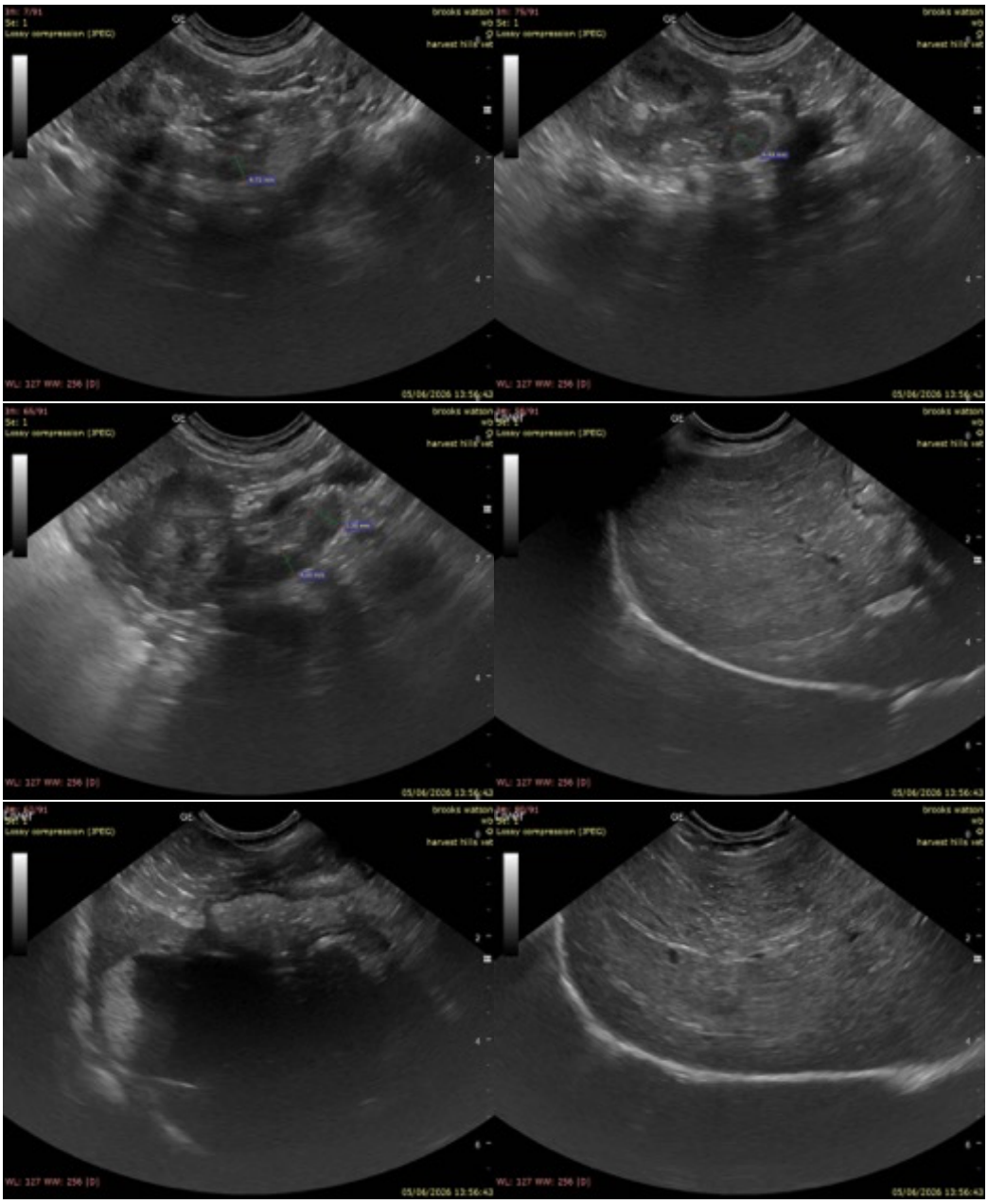
Final diagnostic and therapeutic decisions should be made by the attending veterinarian, who can best integrate these findings with the patient's clinical status.



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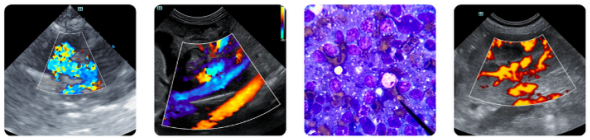

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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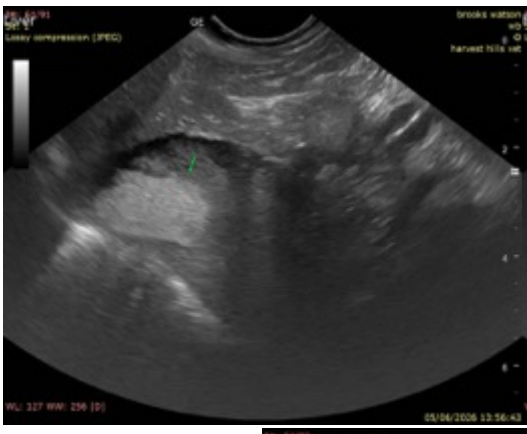

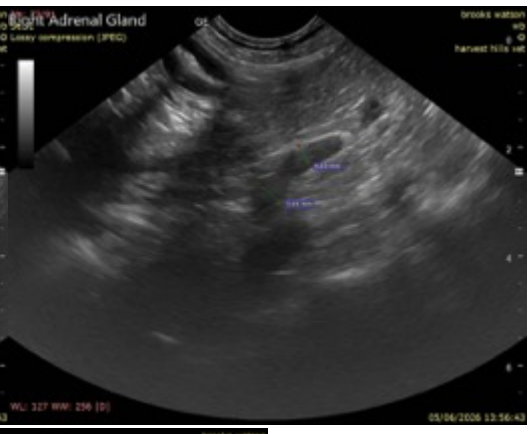

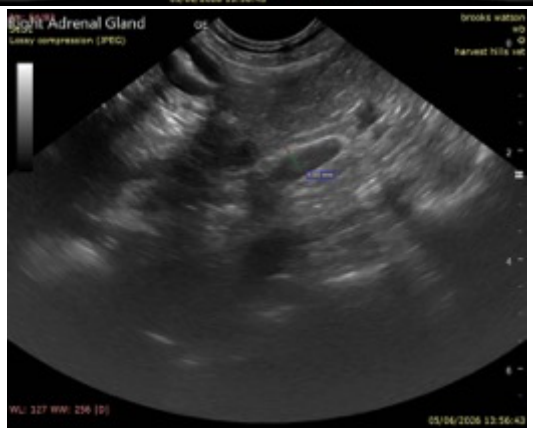

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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