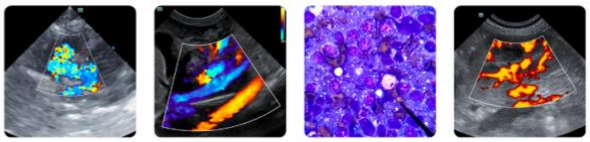

PATIENT

Sadie Webb

SPECIES

Canine

BREED

Scottish Terrier

SEX

Female Spayed

AGE

9

WEIGHT

32 lbs

INTERPRETED BY

Andrea Nicastro, DVM, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Jack Reese

HOSPITAL NAME

Willow Run VC

REFERRING VET

Anna Leppien DVM

INVOICE

22397

DATE

1-18-26

PRESENTING CLINICAL SIGNS

History: New patient presented for evaluation of loose stool and previously elevated liver enzymes. Treated for gastrointestinal upset and bloodwork recheck showed persistently elevated ALP. Ultrasound recommended as next step.

Abnormal PE/Chem/CBC/UA Results: CBC - Hct- 61.6 Chem: ALP > 2000 (was the same on bw checked at prev vet in Sept 2025)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface in the region of the apex is slightly irregular. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

The left kidney is normal in size (5.30 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (5.36 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.34 cm at cranial pole) (0.62 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.71 cm at cranial pole) (0.34 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (1.67 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is normal-to-prominent-in-size with smooth peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion.

The gallbladder is moderately distended. The wall is normal in thickness. A small-to-moderate amount of gravity-dependent, echogenic debris is observed within the lumen. Some debris also appears to be adhered to the mucosal surface. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet

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masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

Pancreas
The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Lymph Nodes
The abdominal lymph nodes are normal/not visible.

Free Abdomen
The peritoneal cavity is normal. There is no evidence of inflammation or effusion.

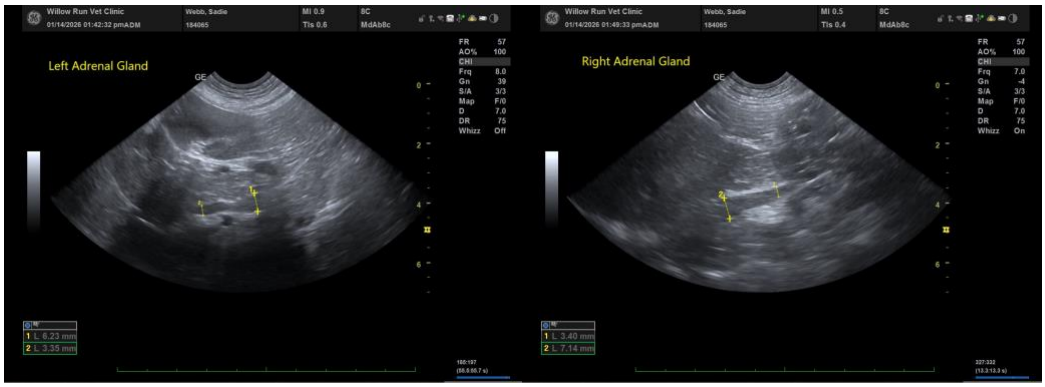
ULTRASONOGRAPHIC FINDINGS

- Given the patient's breed and sonographic changes, vacuolar hepatopathy of Scottish Terriers is the top differential, with a lower possibility of inflammatory disease, infiltrative neoplasia, or other hepatopathies. Vacuolar hepatopathy in Scottish Terriers can, in some instances, progress to hepatocellular carcinoma.

- Gallbladder debris, non-mucocele

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- To get a definitive diagnosis, hepatic tissue sampling (i.e., aspirates or biopsies) would be necessary. If biopsies are pursued, aerobic and anaerobic bile cultures and hepatic copper quantitation should also be performed. Clotting times and thoracic radiographs are recommended prior to anesthesia. If tissue sampling is not pursued, serial sonographic monitoring (i.e., every 6 months) of the patient's liver and gallbladder is recommended to assess for progressive disease. Liver values should also be monitored for further increases.



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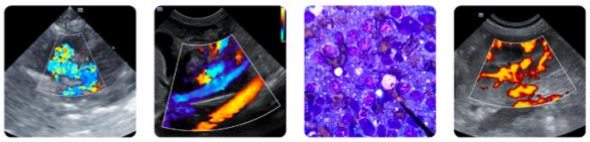

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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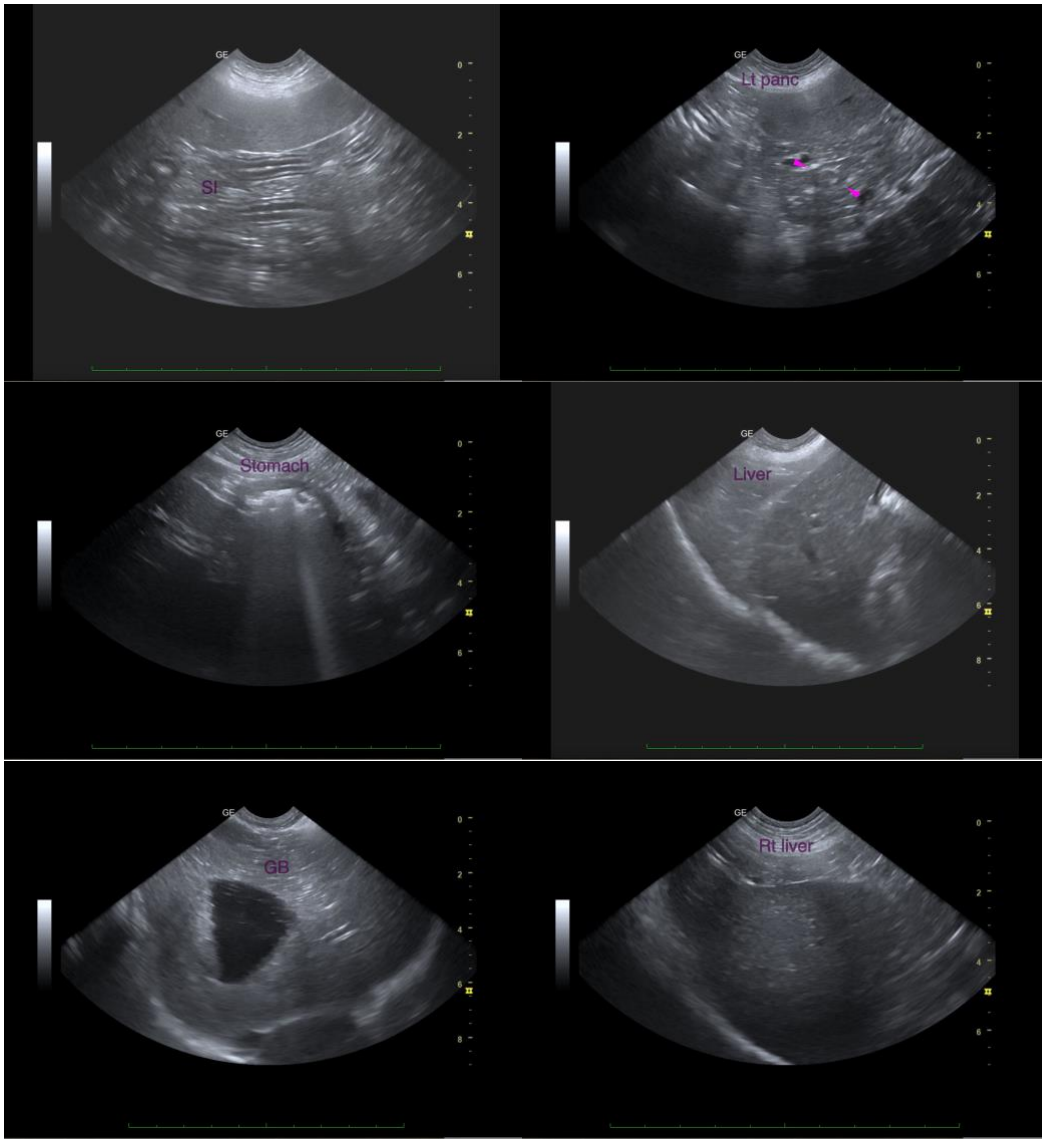

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com