



**PATIENT**

Emilyah Celi

**SPECIES**

Canine

**BREED**

Shih Tzu x

**SEX**

Intact Female

**AGE**

1.5 Years

**WEIGHT**

8.7 kg

**INTERPRETED BY**

Beth Johnson, DVM  
 DACVIM

**IMAGING PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Novel Vet

**REFERRING VET**

Dr. Gibbs

**INVOICE**

72924

**DATE**

2/12/26

**PRESENTING CLINICAL SIGNS**

BAR and asymptomatic for liver concerns which were first caught on pre anesthetic BW for spay surgery and despite diet change and liver protectants her values continue to go up. FNA performed today.

Abnormal PE/Chem/CBC/UA Results: Please see attached previous US report. ALT was 424 U/L in November then greater than 1000 in January and now 642U/L AST normal but previous values were elevated Coags normal Fibrinogen 1.6 PT 8.0 PTT 11.9

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The right kidney is normal is size (4.09 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

The left kidney is normal is size (4.4 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

**Adrenal Glands**

The right adrenal gland is normal in size (0.93 cm at cranial pole and 0.34 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.40 cm at cranial pole and 0.27 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

**Spleen**

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

**Liver**

The liver is subjectively small in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

**Gastrointestinal**

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.



**PATIENT**

Emilyah Celi

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

**SPECIES**

Canine

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

**BREED**

Shih Tzu x

**Pancreas**

The pancreas that is observed appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

**SEX**

Intact Female

**Free Abdomen**

There is no visible free peritoneal effusion noted in these images.

**AGE**

1.5 Years

There is no apparent pathologic lymphadenopathy noted in these images.

**WEIGHT**

8.7 kg

Both ovaries are visualized. There is no ovarian or uterine pathology noted in these images at this time.

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**ULTRASONOGRAPHIC FINDINGS**

- This abdomen is static/unchanged from the previous exam, with the primary finding being subjective mild microhepatica. I do not see a definitive obvious extrahepatic portosystemic shunt, although portal vein branching and size for comparison are unable to be visualized well enough to definitively rule out an extrahepatic portosystemic shunt. Other vascular anomalies such as microvascular dysplasia, etc. are also possible.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Recommendations similarly are unchanged from the previous exam. If infectious, other benign inflammatory conditions, etc. have been ruled out, and not already evaluated, bile acids are strongly encouraged. If bile acids are suggestive of portosystemic shunting, then advanced imaging such as an abdominal CT scan could be considered prior to patient's planned ovariohysterectomy, at which time, if there is a defect, it could be corrected. If not, then at the time of the ovariohysterectomy, a liver biopsy is strongly encouraged.

**IMAGING PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Novel Vet

**REFERRING VET**

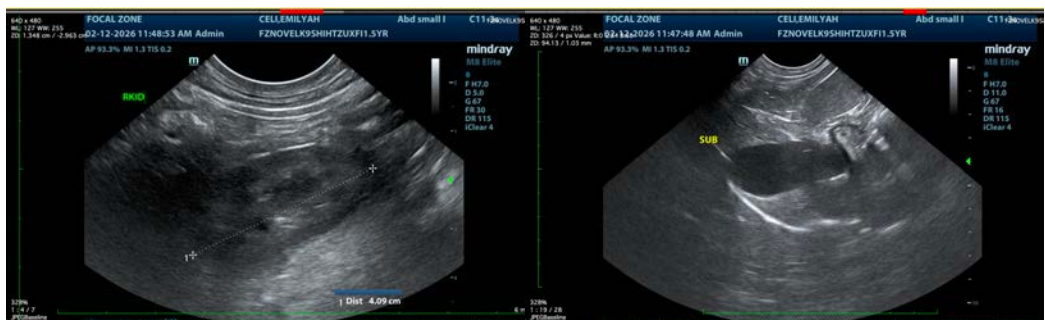
Dr. Gibbs

**INVOICE**

72924

**DATE**

2/12/26





**PATIENT**

Emilyyah Celi

**SPECIES**

Canine

**BREED**

Shih Tzu x

**SEX**

Intact Female

**AGE**

1.5 Years

**WEIGHT**

8.7 kg

**INTERPRETED BY**

Beth Johnson, DVM  
 DACVIM

**IMAGING PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Novel Vet

**REFERRING VET**

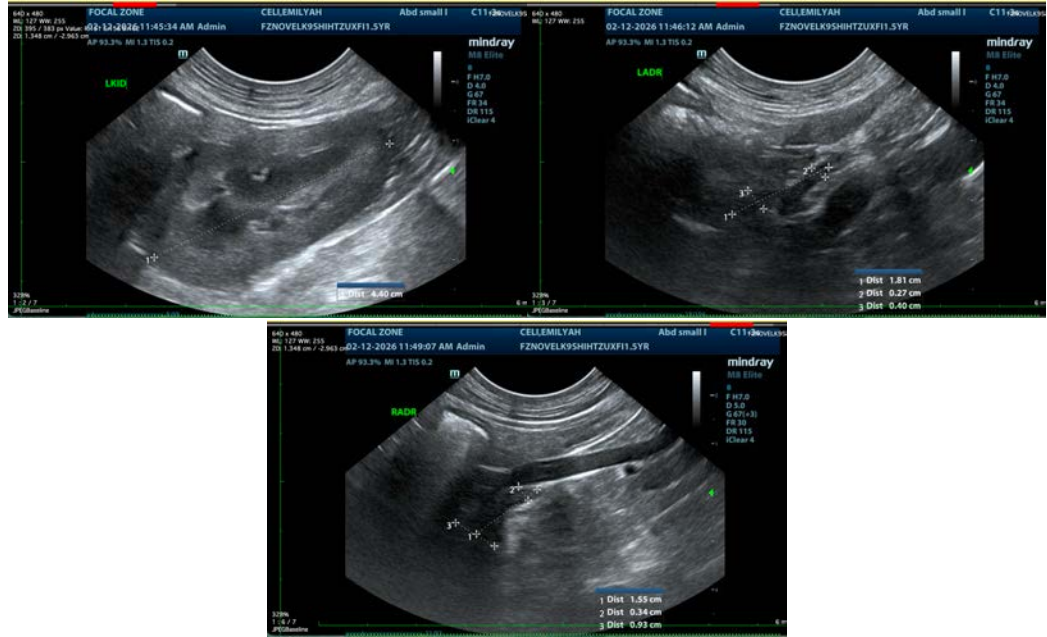
Dr. Gibbs

**INVOICE**

72924

**DATE**

2/12/26



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.

**Beth Johnson, DVM, DACVIM**  
 info@sonopath.com