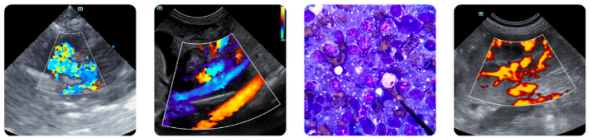


PATIENT

Pepe Maldomado

SPECIES

Canine

BREED

Chihuahua

SEX

Male

AGE

2 years

WEIGHT

17 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Heather

HOSPITAL NAME

Animal Care Clinic of Flanders

REFERRING VET

Dr. Hallihan

INVOICE

11750

DATE

4/21/2026

PRESENTING CLINICAL SIGNS

Icteric, anorexia, ataxic, obvious icterus - sclera and gingiva yellow, thin, ataxic, head tilt. tenst abd on palpation, tested lepto negative at emergency clinic.

Abnormal PE/Chem/CBC/UA Results: alt(hi) - 538, alk phos - 450,pcv 66%, neuts - 13,050.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with a mild amount of echogenic non-shadowing debris, most consistent with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can present with echogenic debris. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The prostate is unable to be well visualized in these images.

The right kidney is small is size (4.5 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 right kidney measures small in size but it's only well imaged in an oblique, almost transverse view versus a full sagittal view, making accurate measurement difficult, and I believe it's normal.

The left kidney is normal is size (5.3 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 adrenal glands are unable to be visualized in these images.

Spleen

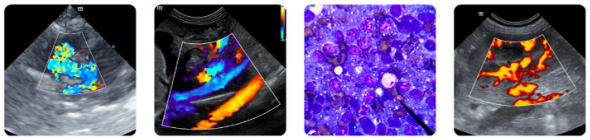
The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

The liver is subjectively normal to small/decreased in size. With a diffusely moderately coarse architecture and increased portal markings. Mildly mixed echogenic changes are noted diffusely. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

The gallbladder is not adequately distended/empty. Resulting in a subjectively thick, irregular echogenic wall. The contents that are visible are anechoic and there is no evidence of cystic or common bile duct dilation. There is no effusion or inflammation around the gallbladder.

Gastrointestinal



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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.

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.

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

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.

Free Abdomen

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

There is no apparent pathologic lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

- The liver changes are non-specific without a definitive obvious cause. Differentials for microscopic hepatopathy include infectious disease such as leptospirosis versus other bacterial hepatitis or cholangiohepatitis, chronic active hepatitis, copper associated hepatotoxicity, other hepatotoxicity, other reactive hepatopathy. Given the small size a vascular anomaly can't be definitively ruled out, etc.
- A mild amount of echogenic urinary bladder debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Bile acids are recommended if patient's total bilirubin is not increased.

Thorough historical evaluation for any possible toxin exposure is recommended.

Ultimately, however, advanced imaging such as an abdominal contrast CT scan and/or ideally biopsies of the liver, being sure to include copper level assessment, may be necessary for a definitive diagnosis and therefore to further guide medical management.

Assessment of patient's coagulation status is recommended prior to any sampling.

Other than supportive/symptomatic medical management of clinical signs, further treatment recommendations are largely dependent on results of the above.

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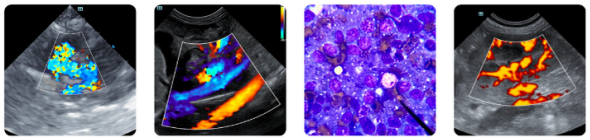

Clinical Sonography & Telecytology
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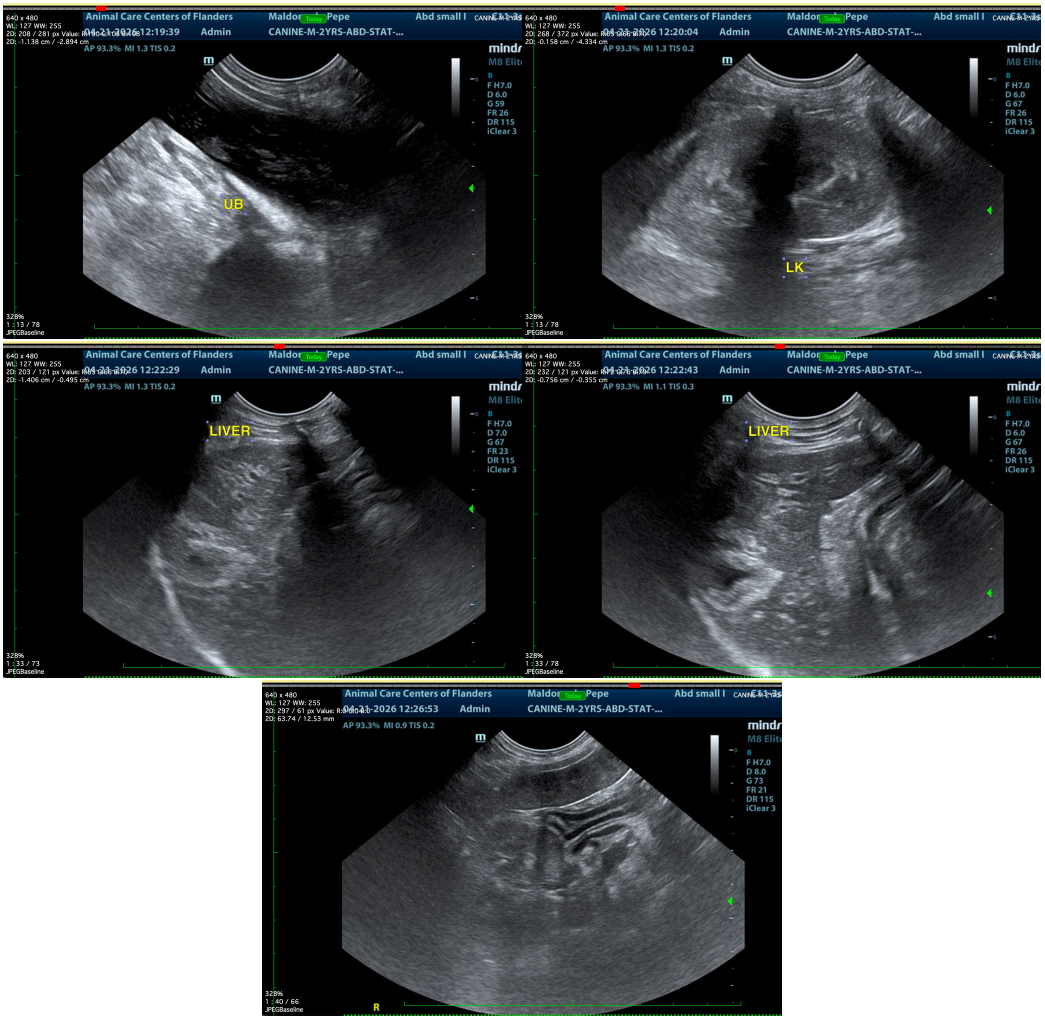

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM, DACVIM
info@sonopath.com