



PATIENT

Cooper Everton

SPECIES

Canine

BREED

Mixed

SEX

MN

AGE

11 years

WEIGHT

28 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

**IMAGING
PERFORMED BY**

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

Incline Veterinary
Hospital

REFERRING VET

Dr. Kateryna Sovik

INVOICE

11808

DATE

4/27/2026

PRESENTING CLINICAL SIGNS

Came in for a senior wellness examination on 4/13/26. Primary concern identified: elevated ALT at 246 (normal 18-121), nearly twice normal, though AST within normal limits and ALP 143 (normal 5-160). Bilirubin 0.1 (normal 0-0.3) indicating good liver function. Cholesterol elevated at 500 (normal 131-345). Discussed two treatment options: abdominal ultrasound for definitive diagnosis versus trial of liver supplements with NSAIDs and monitoring. Explained risks of NSAIDs potentially worsening liver enzymes if underlying liver disease present.

Medication: Galaprant 60 mg and Gabapentin 100mg.

Food Allergies: Extensive list including rice, peas, tomatoes, and peanuts. Mild allergy to chicken

Abnormal PE/Chem/CBC/UA Results: ALT 246 18 - 121 U/L HIGH ALP 243 5 - 160 U/L HIGH CHOLESTEROL 508 131 - 345 mg/dL HIGH LIPASE 266 0 - 250 U/L HIGH CREATINE KINASE 224 10 - 200 U/L HIGH.

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.

Prostate is normal in size, echotexture, and echogenicity for a neutered male.

The right kidney is normal is size (6.8 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 (6.58 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 (0.76 cm at cranial pole and 0.71 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.72 cm at cranial pole and 0.97 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 normal 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.



PATIENT

Cooper Everton

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

SPECIES

Canine

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction or foreign material noted. Pyloric outflow tract appears patent.

BREED

Mixed

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. In the mid abdomen, there's a loop of jejunum that's subjectively mildly corrugated/hyperperistaltic.

SEX

MN

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

AGE

11 years

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.

WEIGHT

28 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

Free Abdomen

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

There is no apparent pathologic lymphadenopathy noted in these images.

IMAGING PERFORMED BY

Loetitia Saint-Jacques,
LVT

ULTRASONOGRAPHIC FINDINGS

- Focal gastroenteritis/hyperperistalsis of a loop of jejunum is suspected.
- Mild gallbladder debris - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.
- An obvious cause for the reported increased liver enzymes is not identified in these images. Microscopic disease such as Leptospirosis, bacterial cholangiohepatitis, chronic active hepatitis, copper-associated hepatotoxicity, other hepatotoxicity, other reactive hepatopathy, infiltrative neoplasia (considered unlikely), etc. cannot be definitively ruled out.

HOSPITAL NAME

Incline Veterinary
Hospital

REFERRING VET

Dr. Kateryna Sovik

INVOICE

11808

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

DATE

4/27/2026

Differentials for a primary hepatocellular injury liver enzyme pattern (increased ALT) depend partially on the level of increase. Mild increases (less than 2 times normal) are often a "reactive hepatopathy" or the liver's response to an insult elsewhere in the body including, but not limited to, pancreatitis, gastroenteritis, parasitic disease, dental disease, vacuolar or endocrine hepatopathy from diabetes



PATIENT

Cooper Everton

mellitus or hyperadrenocorticism (steroid-induced), hypoadrenocorticism, certain drugs (e.g. phenobarbital, corticosteroids, azathioprine, etc.), and muscle ALT (more likely if AST and CK concurrently increased).

SPECIES

Canine

It is a good indicator of active liver damage (cell membrane disruption, cellular necrosis), however, if the value is increased by at least 3-4 times normal. Differentials include infectious disease, including Leptospirosis, inflammatory disease (ie. active hepatitis, copper, other), toxic insult as well as infiltrative neoplasia.

BREED

Mixed

ALT levels vary in cases of vascular anomalies such as microvascular dysplasia and portosystemic shunts (PSS), but are often less significantly increased.

SEX

MN

- Testing for Leptospirosis could be considered.
- Bile acids could be considered, if tбили is not increased.
- An empirical course of antibiotics and empirical hepatic nutraceuticals may be tried, with monitoring of ALT for improvement. If improvement is noted, antibiotics should be continued until liver enzymes either normalize or plateau (recheck every 2-3 weeks); however, if improvement is not noted and/or enzyme increase progresses, antibiotics should not be continued long term and liver tissue sampling is recommended.

AGE

11 years

WEIGHT

28 kg

- FNA of the liver can be performed to assess inflammatory cell type, rule in/out round cell neoplasia, etc. (if patient's coagulation status is appropriate).
- If round cell neoplasia is not diagnosed, a liver biopsy (including copper level assessment) may be required to definitively diagnose the underlying hepatopathy.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

The bowel changes are of unknown, if any significance and should be interpreted in combination with patient's clinical history, including any signs of abdominal pain, gastrointestinal upset, etc. Ultrasonographic monitoring of the area to help monitor any early focal infiltrative disease, if occurring, could be considered pending the ALT workup results.

IMAGING PERFORMED BY

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

Incline Veterinary
Hospital

REFERRING VET

Dr. Kateryna Sovik



INVOICE

11808

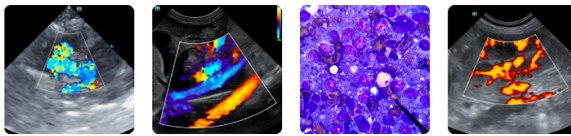
DATE

4/27/2026

Imaging performed by



Virtual Animal Wellness Sonography, Inc.
pawsonography@gmail.com
530-786-8340



Clinical Sonography & Telectology
Educational Teleconsultation Services™

SonoPath

FOSTERING THE ART OF VETERINARY MEDICINE™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Cooper Everton

SPECIES

Canine

BREED

Mixed

SEX

MN

AGE

11 years

WEIGHT

28 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

Incline Veterinary
Hospital

REFERRING VET

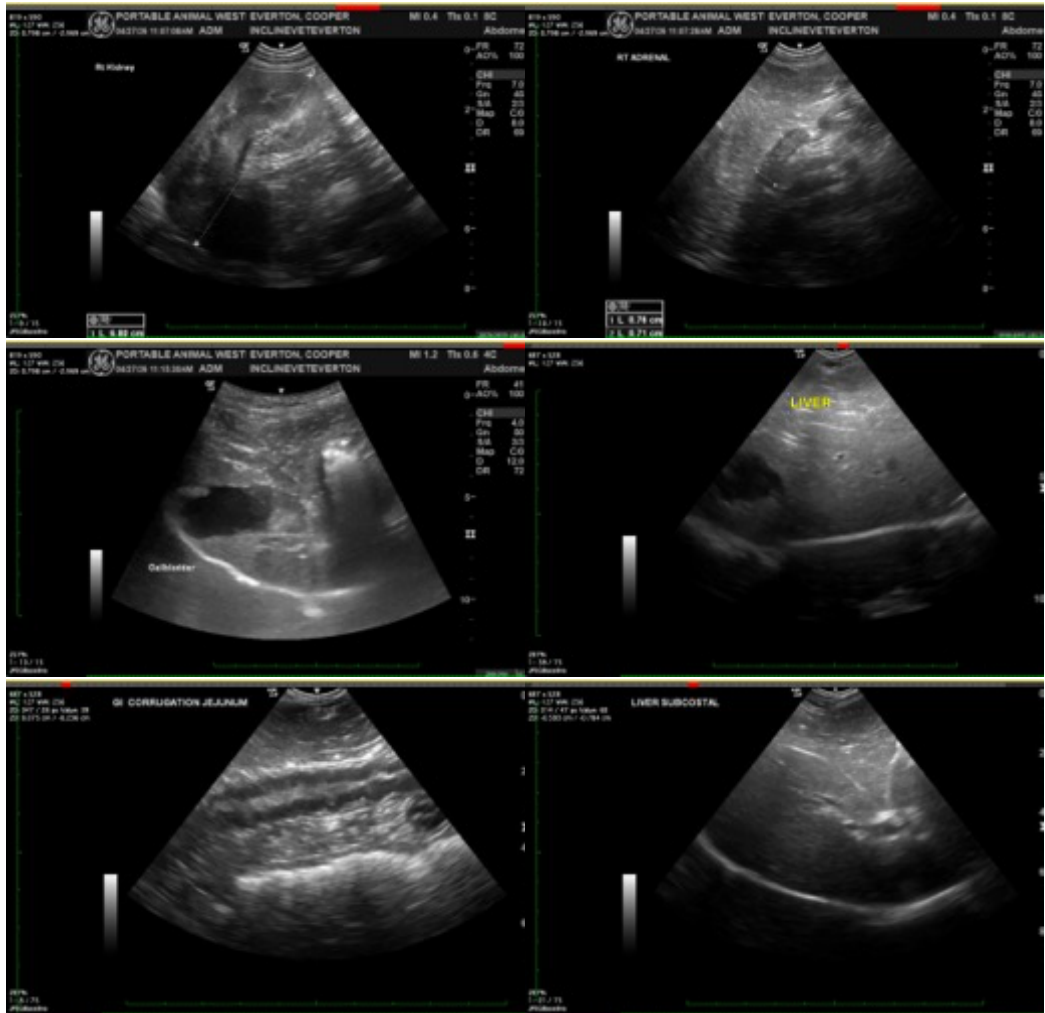
Dr. Kateryna Sovik

INVOICE

11808

DATE

4/27/2026



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