

## PATIENT

Freddie Perez

## SPECIES

Canine

## BREED

Mixed

## SEX

Neutered Male

## AGE

4 Years

## WEIGHT

24.6

## INTERPRETED BY

Beth Johnson, DVM  
DACVIM

## IMAGING PERFORMED BY

Dr. Reyes

## HOSPITAL NAME

Graceful Paws Pet  
Clinic

## REFERRING VET

Dr. Reyes

## INVOICE

74789

## DATE

4/28/26

## PRESENTING CLINICAL SIGNS

Pet presented from another clinic for ultrasound due to elevated liver enzymes and jaundice. Pet started showing signs of decrease appetite about 2-3 weeks ago. Owner stated that pet chewed on a bottle of 600 mg Ibuprofen but unsure if ingested any. he also has access to a bird feeder. Pet is currently on Metronidazole due to previous bloody diarrhea, SamE and Mirtazapine. Eating very little and no vomiting. No Lepto vaccine given.

Abnormal PE/Chem/CBC/UA Results: CBC WBC: 18.1 Neut: 13.2 Chem Glu: 50 (they always have low glucose at that clinic) ALT: 1925 ALP: 897 AST: 400 T Bil: 4.25, slight hemolysis reported Chol: 395

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

The right kidney is normal is size (4.8 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 (4.3 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 areas of the adrenal glands are examined without evident adrenal gland pathology.

### 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.

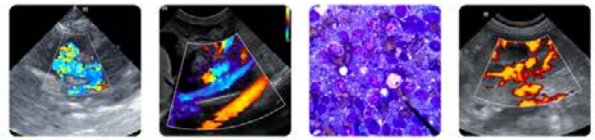
### Liver

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 mildly distended with a small to moderate amount of echogenic non-shadowing luminal contents and gas



**PATIENT**

Freddie Perez

consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

**SPECIES**

Canine

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta/chyme. There is no evidence of obstruction, foreign material or infiltrative disease.

**BREED**

Mixed

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

***Pancreas***

**SEX**

Neutered Male

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.

**AGE**

4 Years

***Free Abdomen***

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

**WEIGHT**

24.6

There is no apparent pathologic lymphadenopathy noted in these images.

**ULTRASONOGRAPHIC FINDINGS**

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

- Suspect subjective microhepatica, which is concerning for chronic end stage liver disease, vascular anomaly versus other. Having said that, ultrasound is not the most specific diagnostic for assessing liver size, and normal patient variant can't be ruled out.
- Otherwise, 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.

**IMAGING PERFORMED BY**

Dr. Reyes

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**HOSPITAL NAME**

Graceful Paws Pet  
Clinic

If patient's total bilirubin is high, bile acids do not add any diagnostic utility and are not recommended. Bile acids are, however, recommended if patient's total bilirubin is not increased.

**REFERRING VET**

Dr. Reyes

As is reportedly already in place, testing for Leptospirosis could be considered.

Ultimately, however, sampling of the liver may be necessary for a definitive diagnosis and to further guide medical management if patient's coagulation status is appropriate.

**INVOICE**

74789

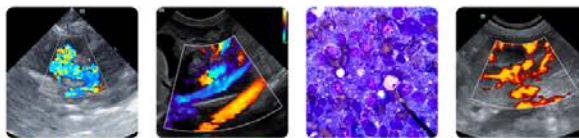
Fine needle aspirates could be considered to assess inflammatory cell type, rule in/out round cell neoplasia, etc., but ultimately in a small liver, a liver biopsy, being sure to include copper level assessment is likely of higher diagnostic value.

**DATE**

4/28/26

In the meantime, given patient's history, consultation with poison control could be considered.

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



## PATIENT

Freddie Perez

## SPECIES

Canine

## BREED

Mixed

## SEX

Neutered Male

## AGE

4 Years

## WEIGHT

24.6

## INTERPRETED BY

Beth Johnson, DVM  
DACVIM

## IMAGING PERFORMED BY

Dr. Reyes

## HOSPITAL NAME

Graceful Paws Pet  
Clinic

## REFERRING VET

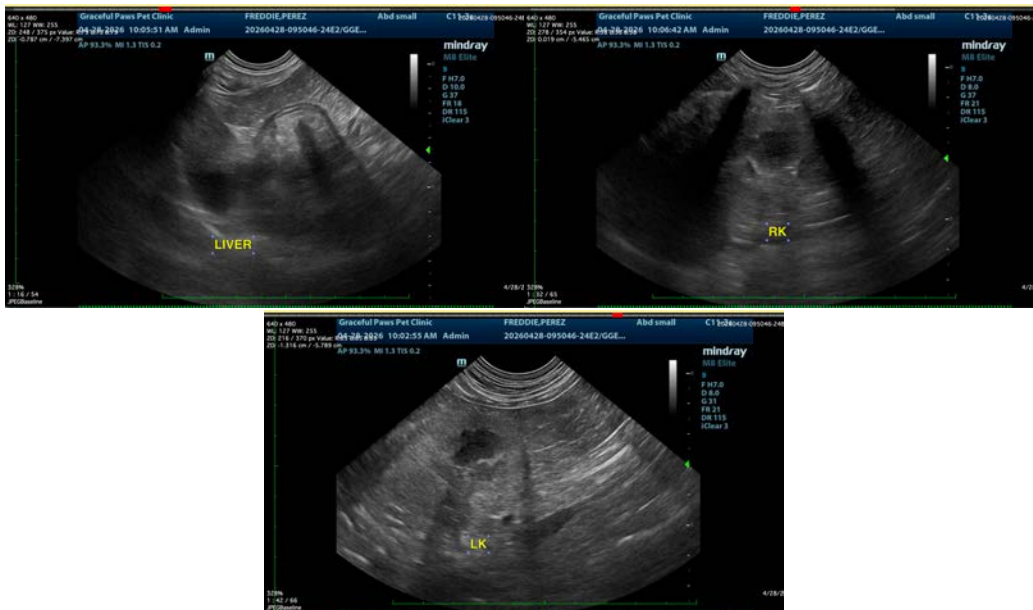
Dr. Reyes

## INVOICE

74789

## DATE

4/28/26



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