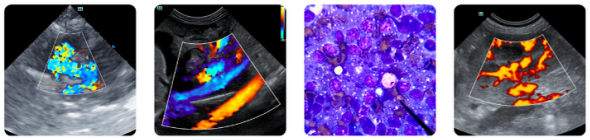


PATIENT

Bailey Thomas

SPECIES

Canine

BREED

Bassett Hound

SEX

FS

AGE

12 years

WEIGHT

26.4 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr. Gira

HOSPITAL NAME

Southpointe PH

REFERRING VET

Dr. NadBrzezna

INVOICE

12071

DATE

6/3/2026

PRESENTING CLINICAL SIGNS

Moderate to marked elevation in ALT: 368 (RR: 18 - 121). Has been trending up since June 2025.

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 (7.15 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 (6.91 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 (0.77 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 (0.68 cm at cranial pole and 0.69 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

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). Multifocal well-demarcated hyperechoic homogenous nodules are noted. Splenic vasculature appears normal. Additionally, there are several subtle, discrete, non-capsular disrupting, hypo to anechoic nodules measuring approximately 0.5 cm in diameter.

Liver

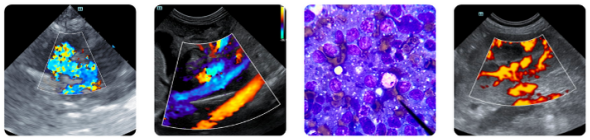
Liver is subjectively enlarged with mildly irregular margins. Parenchyma is mildly heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. Visible vasculature and biliary tree appear normal without distension or congestion.

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.

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.

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 mildly distended with



PATIENT

Bailey Thomas

SPECIES

Canine

BREED

Bassett Hound

SEX

FS

AGE

12 years

WEIGHT

26.4 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr. Gira

HOSPITAL NAME

Southpointe PH

REFERRING VET

Dr. NadBrzezna

INVOICE

12071

DATE

6/3/2026

echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction or foreign material noted.

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

- Mild gallbladder debris (canine) - 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.

- Hypo to anechoic splenic nodules – likely represents a benign lesion such as a cyst, hematoma, nodular hyperplasia, extramedullary hematopoiesis, etc., however while considered less likely, infiltrative neoplasia can mimic benign lesions, and cannot be ruled out. Hyperechoic splenic nodules – most consistent with benign myelolipomas. Other differentials such as fibrosis or calcification caused by old hematomas or infarcts, chronic inflammation, granulomatous disease or metastatic disease cannot be ruled out, but are considered less likely.

- An obvious cause for the subtle liver changes 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, etc. cannot be definitively ruled out.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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 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).

PATIENT

Bailey Thomas

SPECIES

Canine

BREED

Bassett Hound

SEX

FS

AGE

12 years

WEIGHT

26.4 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr. Gira

HOSPITAL NAME

Southpointe PH

REFERRING VET

Dr. NadBrzezna

INVOICE

12071

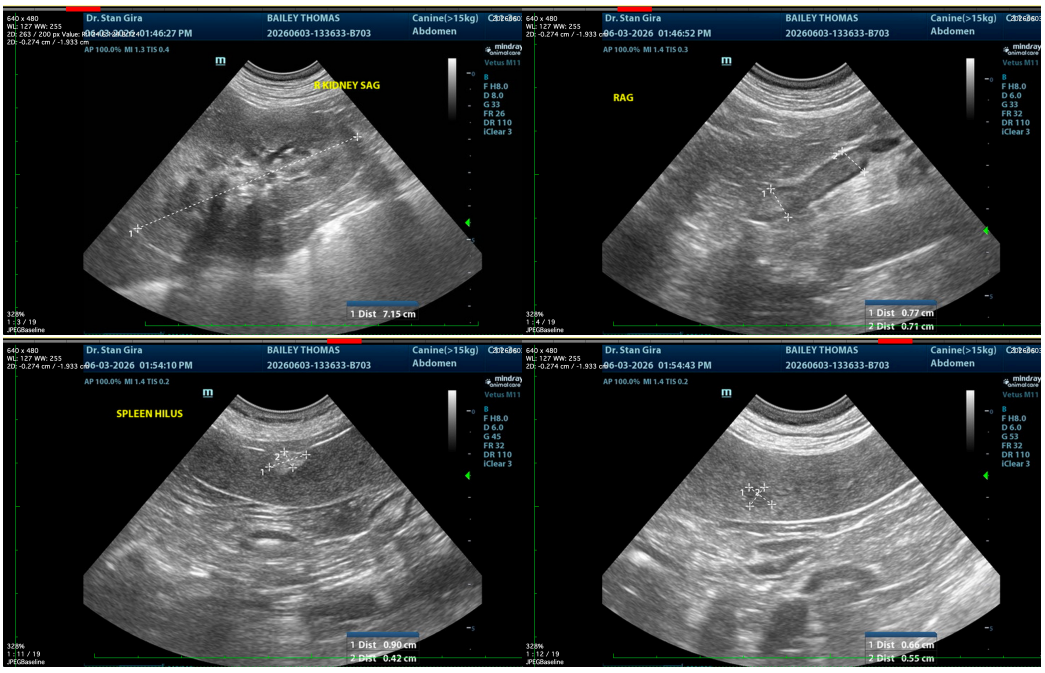
DATE

6/3/2026

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.

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

- Testing for Leptospirosis could be considered.
- Bile acids could be considered, if tbili 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.
- 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.



PATIENT

Bailey Thomas

SPECIES

Canine

BREED

Bassett Hound

SEX

FS

AGE

12 years

WEIGHT

26.4 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr. Gira

HOSPITAL NAME

Southpointe PH

REFERRING VET

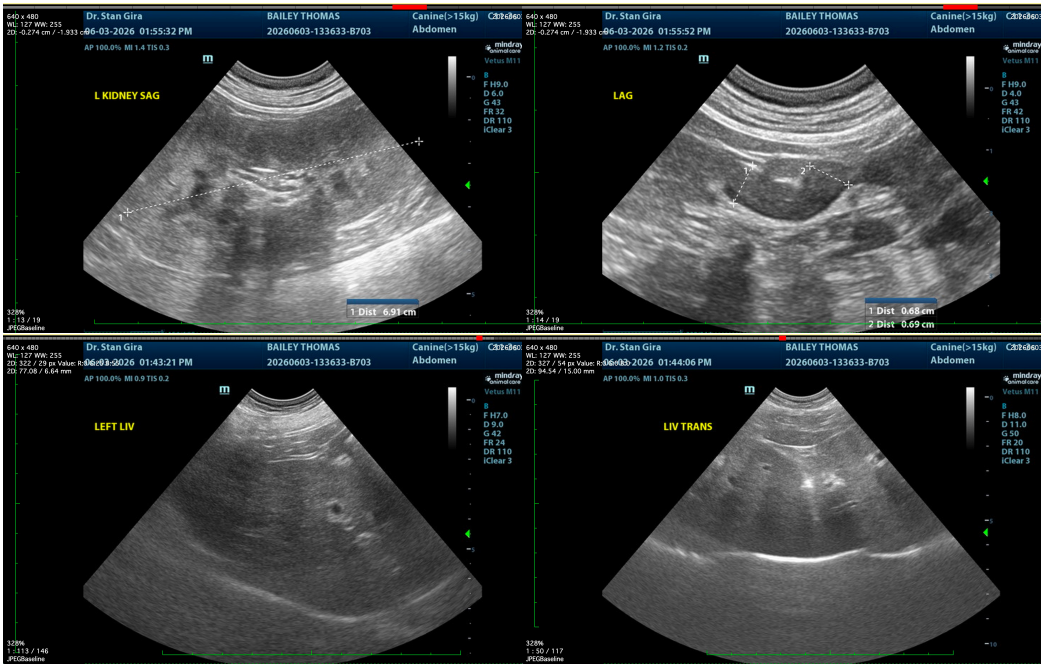
Dr. NadBrzezna

INVOICE

12071

DATE

6/3/2026



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