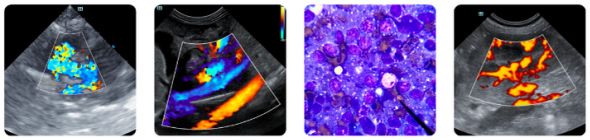

PATIENT

Peggy Falgueras

SPECIES

Canine

BREED

Labrador Retriever

SEX

Spayed Female

AGE

10 years

WEIGHT

50 lbs

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Dr. Gabriel Ferrer

HOSPITAL NAME

Pulse Pet Ulrasound Services

REFERRING VET

Dr. Jose Barrera

INVOICE

10697

DATE

11/7/2025

PRESENTING CLINICAL SIGNS

Presented as a referral for an abdominal ultrasound to evaluate elevated liver enzymes. Pt presented to rDVM with history of lethargy and inappetence. Diagnostics showed elevated ALT, ALP, GGT and mild neutrophilia. Suspected Cholangiohepatitis and rule out biliary obstruction.

Abnormal PE/Chem/CBC/UA Results: Bloodwork attached as supporting documents. FNA of the liver and mesenteric LNs: Pending.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.

The kidneys were both normal size and structure, with smooth capsule and normal corticomedullary definition and ratio. Medullary structure differed distinctly from that of the cortex. No evidence of pelvic dilation was present. Left kidney measures 6.68 cm in length. Cranial pole of right kidney was visualized, measurement not available.

Adrenal Glands

The right adrenal gland was visualized and recognized as having normal shape, size, position and echogenicity for this breed and age. The visible phrenic vasculature was unremarkable. Right adrenal gland measures 2.63 cm in length x 0.74 cm at the caudal pole and 0.64 cm at the cranial pole.

Left adrenal was not distinctly visualized.

Spleen

The spleen was normal with age appropriate homogeneous parenchyma and a smooth capsule with normal splenic vasculature with no signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarct changes were noted.

Liver

The liver is enlarged with a generally coarse echotexture. There are two distinct hepatic masses visualized. One in the left liver measuring at least 2.74 cm x 3.71 cm, and one on the periphery of a left liver lobe measuring at least 2.35 cm x 1.79 cm. Remainder of liver parenchyma has multifocal, variably sized hyperechoic nodules noted throughout.

Gall bladder is moderately distended. The gallbladder wall is thickened and hyperechoic, and somewhat irregular. There is hyperechoic non-shadowing gravity dependent debris visualized.

Gastrointestinal

The stomach contains a small amount of ingesta. It measures at a normal thickness of with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate. No masses or focal lesions were observed.

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The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. There were no focal lesions consistent with obstruction or a mass effect observed.

Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The visible pancreas was observed to be largely isoechoic to surrounding omental fat.

Lymph Nodes

Mesenteric lymph node is enlarged and rounded measuring 2.8 cm x 1.8 cm.

Free Abdomen

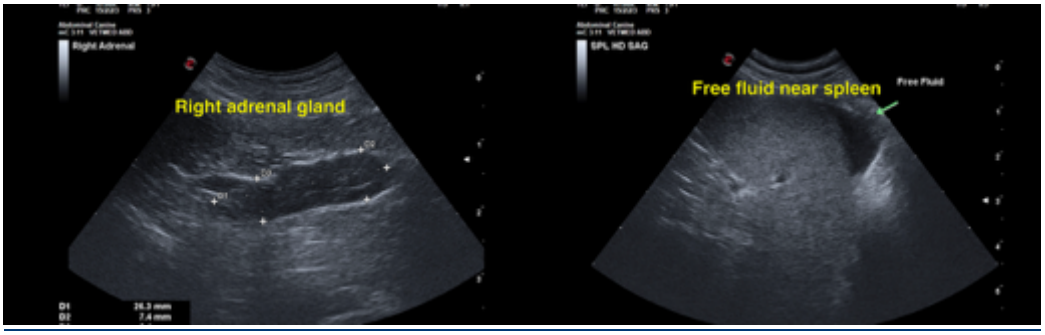
There is scant free fluid near the spleen.

ULTRASONOGRAPHIC FINDINGS

- Multiple liver masses with generally abnormal liver parenchyma.
- Cholangitis with gallbladder debris.
- Scant free fluid.
- Mesenteric lymphadenopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Gallbladder wall thickening and hyperechogenicity are consistent with cholangitis. It is possible given the bloodwork findings that this is the underlying cause of clinical signs for this patient, and liver masses are incidental. It is also possible that gallbladder wall changes are subclinical and that patient is clinical due to liver masses. Abdominocentesis is recommended as this may help differentiate these two causes. A hemorrhagic effusion is more likely to be caused by liver masses. A inflammatory effusion is more likely to be caused by cholangitis. Liver and mesenteric aspirates were appropriate.



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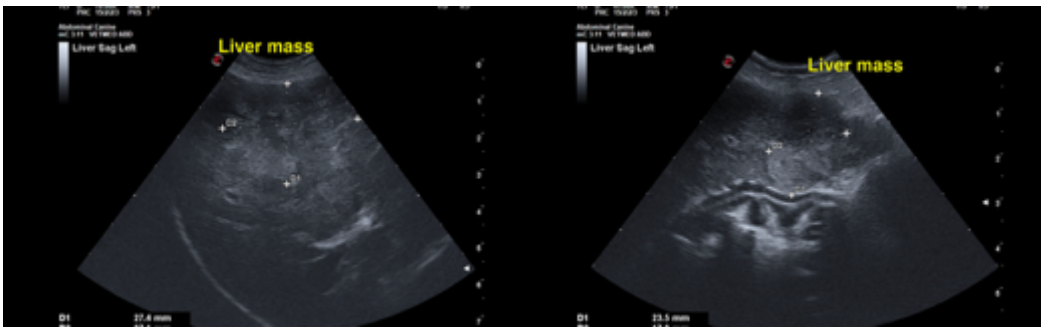

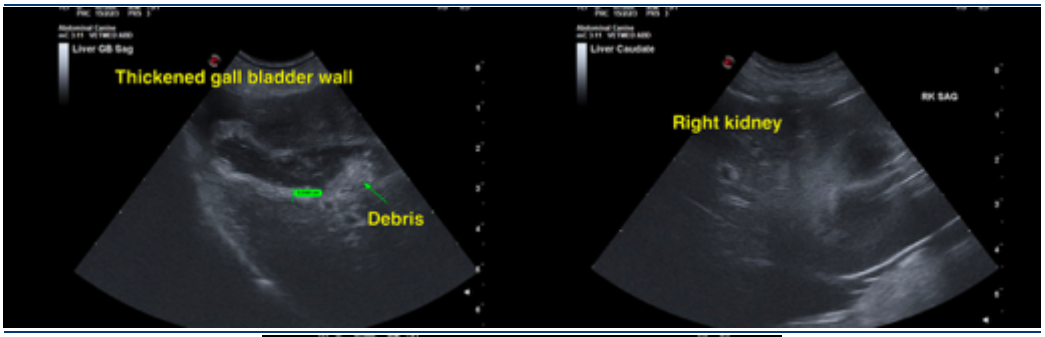

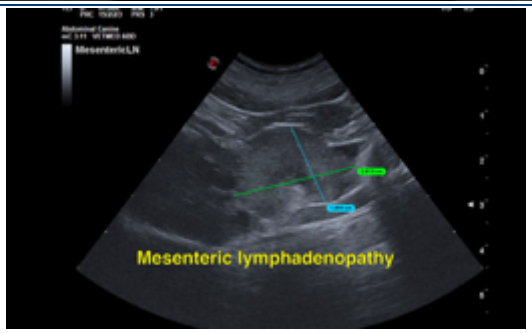

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Dr Brittany Sinclair, BVSc(hons), DACVECC

info@SonoPath.com