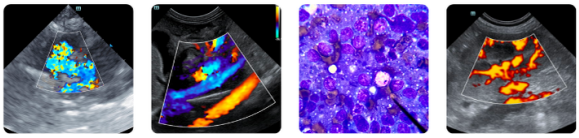

SonoPath www.thefocalzone.com
info@thefocalzone.com 289.808.2608

PATIENT

Bella Viau

SPECIES

Canine

BREED

Doodle

SEX

FS

AGE

7 years

WEIGHT

52.8 lbs

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Millen Road AH

REFERRING VET

Dr. Sandhu

INVOICE

12038

DATE

5/29/2026

PRESENTING CLINICAL SIGNS

P came for dental in October 2025 and pre-anesthetic BW showed elevated ALT(1081U/L) AST(189) and Bilirubin (10.2). P was clinically normal, PE unremarkable. Postponed Dental and started Zentonil and has continued on it until now. Lastest BW showed ALT 830, AST 170. Recommend Abdominal US.

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. Resolution of the right kidney is somewhat limited by overlying gas filled GI Tract.

Left kidney measures 6.84 cm in length, and the right kidney measures 5.38 cm in length.

Adrenal Glands

Both adrenal glands were visualized and recognized as having normal shape, size, position and echogenicity for this breed and age. The visible phrenic vasculature was unremarkable.

Left adrenal measures 1.89 cm in length, 0.5 cm at the caudal pole and 0.58 cm at the cranial pole. Right adrenal measures 2.27 cm in length, 0.52 cm at the caudal pole and 0.85 cm at the cranial pole.

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 subjectively mildly enlarged in size. The parenchyma is diffusely abnormal with a nodular appearance with multiple hyperechoic striations throughout the parenchyma. No specific masses are visualized.

Gall bladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally.

Gastrointestinal

The stomach contains gas shadowing obstructing visualization of contents with no overt distension. 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.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with gas throughout with no overt distension. Wall thickness is normal. Bowel loops follow a curvilinear path

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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 gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

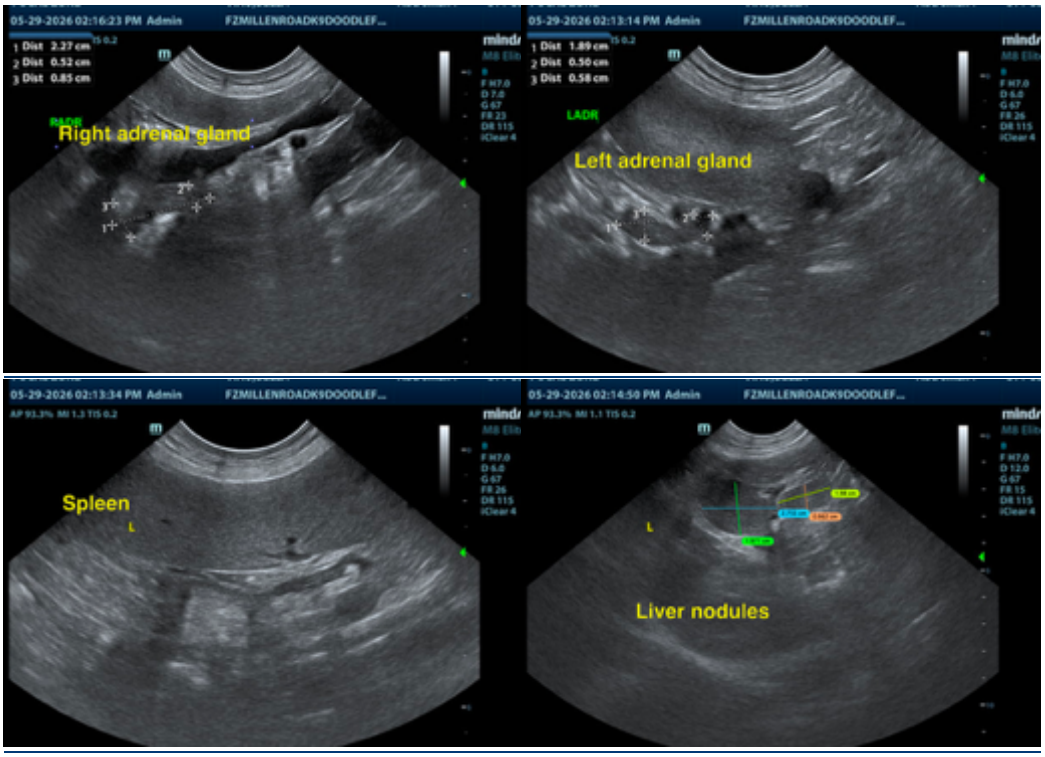
The area of the pancreas was isoechoic to surrounding tissue with no overt inflammation. Pancreatic tissue was not distinctly visualized which is common.

ULTRASONOGRAPHIC FINDINGS

- Nodular liver with hyperechoic striations.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Liver changes may represent reactive, regenerative or inflammatory changes, or infiltrative disease (lymphoma, MCT, other). They are likely at least partially chronic in nature but may represent an acute on chronic hepatopathy. Evaluation of a bile acid profile is recommended to further define the degree of liver dysfunction. Liver FNA is recommended to further characterize parenchymal changes. Ultimately liver biopsy is often required for more definitive diagnosis.



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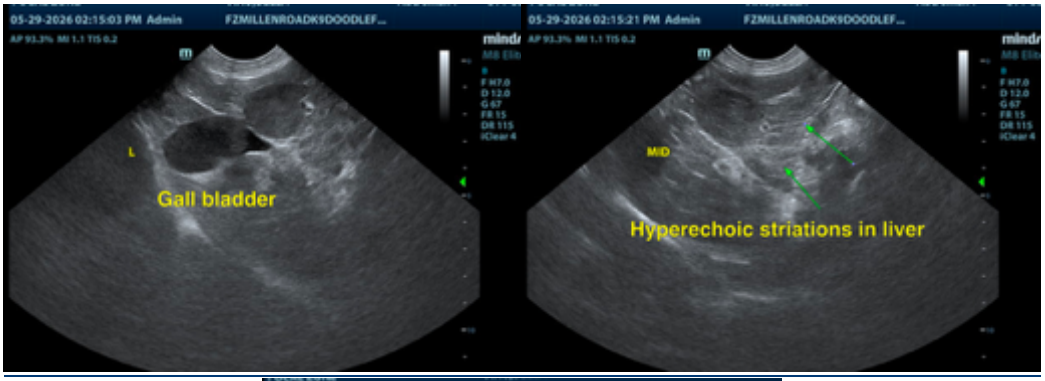

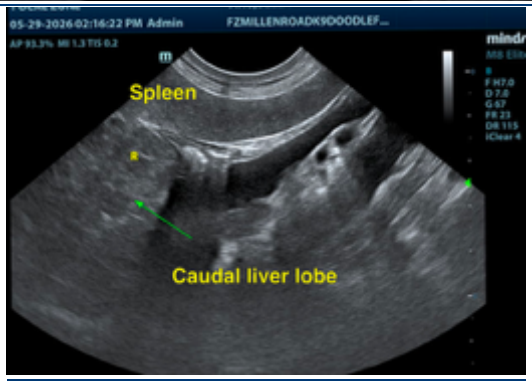

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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