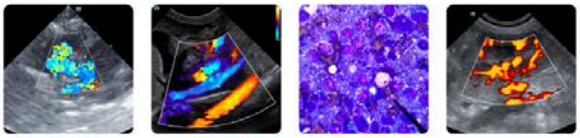

SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Charlotte Anscombe

SPECIES

Canine

BREED

Mini Schnauzer

SEX

Spayed Female

AGE

9 Years

WEIGHT

8.7 kg

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Clarkson Village Animal Hospital

REFERRING VET

Dr. Mundi

INVOICE

74032

DATE

3/26/26

PRESENTING CLINICAL SIGNS

03/14/26: Came in for new pre-op BW for previously postponed dental. BW showed persistent/progressive elevated liver enzymes. Last PE: 02/24/26 for PC of a hot spot behind Left ear - since resolved, PE everything was WNL/NSF. mHX of elevated liver enzymes since Sept/Oct 2025 - MOVEH Visit for eating 5 bran muffins. P has since had rcheck BW + recheck Abd US's (Abd US done on Nov 5th 2025 with The Focal Zone). Ursodiol + Zentional started end of January 2026 for support. Due to persistent/progressively elevated liver enzymes from 03/14/26 BW, DVM recommended Bile acid testing + recheck Abd US

Current Medications: Zentonil Advance 200mg- 0.5 tab PO SID, Ursodiol 125 mg PO SID - BUT DISCONTINUED 24-48 hours prior to ultrasound as doing the Bile Acid testing same day and Ursodiol my falsely elevate results.

Abnormal PE/Chem/CBC/UA Results: prev US report and labs attached

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder is moderately distended with anechoic urine. No uroliths are seen. The bladder wall is normal in appearance and thickness. No masses are seen.

The right kidney presents normal size (3.8 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (4.6 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

Adrenal Glands

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 13.2 mm and the caudal pole measures 5.2 mm.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 5.2 mm and the caudal pole measures 6.6 mm.

Spleen

The spleen is normal in size, shape, margination and echogenicity. No masses are seen.

Liver

The liver remains diffusely hyperechoic and subjectively mildly enlarged. There are hyperechoic nodules present within the liver parenchyma consistent with benign regenerative nodules and myelolipomas. The portal and hepatic vasculature are normal in size and appearance with no evidence of congestion or thrombosis.

The gallbladder is moderately distended with anechoic contents and a small amount of freely moveable echogenic sludge. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal/in places not visible.

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Gastrointestinal

The stomach and intestines have normal wall layering and thickness. Colon contains normal contents with normal wall thickness.

Pancreas

The visible pancreas is normal in size with normal echogenic parenchyma and surrounded by normal peri-pancreatic mesentery.

Free Abdomen

There are no enlarged abdominal lymph nodes seen on this exam. No free abdominal fluid is seen.

ULTRASONOGRAPHIC FINDINGS

- Enlarged, hyperechoic liver with hyperechoic nodules.
- Gallbladder debris.

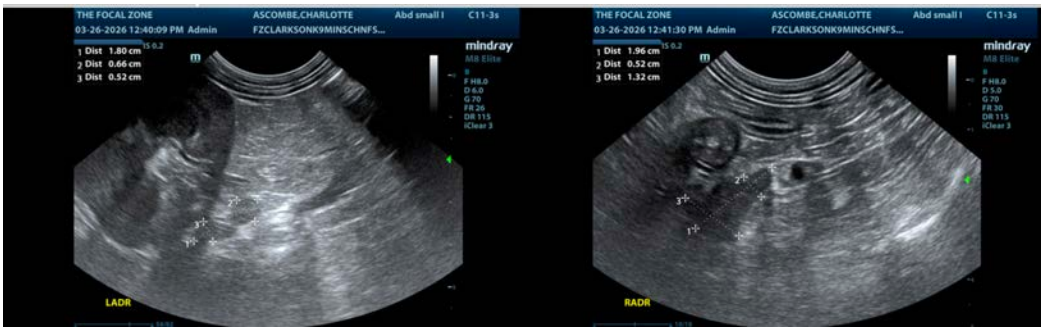
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Interpretation and recommendations for the liver are the same as on the previous report from 10/2025. The primary care veterinarian is reported to have run a bile acid recently. I do not see that result.

Also consider a thyroid panel to rule out hypothyroidism that could potentially be causing dyslipidemia that may be responsible for the elevated cholestatic liver enzymes and the suspected reactive hepatopathy.

Given that the patient's ALT is very mildly elevated at this time, which is a new finding, I would recommend continued monitoring for progressive ALT elevation. If ALT continues to progressively elevate, then a liver biopsy would be recommended at that time. Recommend rechecking ALT every 2-3 months. Also, if the pending bile acids are suggestive of significant liver dysfunction, then a liver biopsy would be recommended at this time.

If a liver biopsy is performed, recommend submitting samples from at least three different liver lobes for histopathology. Recommend submitting a bile sample for aerobic and anaerobic bacterial culture. Recommend submitting a liver sample for copper quantitation and a liver sample for aerobic and anaerobic bacterial culture if a liver biopsy is performed. However, it is still strongly suspected that the patient has a reactive hepatopathy, not a primary hepatopathy, and continued diagnostics to identify the cause of the reactive hepatopathy is recommended at this time unless bile acids suggest significant hepatic dysfunction.



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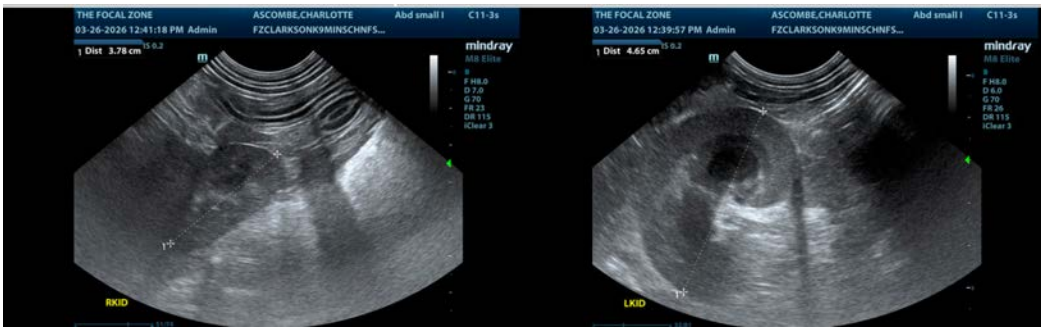

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Greg Kuhlman, DVM, DACVIM (SAIM)

Veterinary Internal Medicine Specialist
info@SonoPath.com