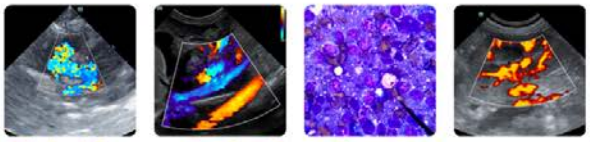

PATIENT

Twinkie Escobar

SPECIES

Canine

BREED

Chihuahua

SEX

Neutered Male

AGE

8 Years

WEIGHT

8.8

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Celia Galanti, DVM

HOSPITAL NAME

Craig Road Animal Hospital

REFERRING VET

Dr. Bustria

INVOICE

73481

DATE

3/7/26

PRESENTING CLINICAL SIGNS

Elevated ALT 366 high (12-118). Screening prior to anesthesia for dental. Severe dental disease.

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 (3.6 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (3.6 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 4.5 mm and the caudal pole measures 3.9 mm.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 3.9 mm and the caudal pole measures 3.5 mm.

Spleen

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

Liver

The liver is normal in size and has normal echogenicity and echotexture. Hepatic vasculature appears normal. Diffusely, there are multifocal ill-defined hyperechoic lesions throughout the parenchyma. Three of these lesions were measured at 5.0 mm, 2.0 mm, and 2.9 mm in width.

The gallbladder presents normal size and contains a mild amount of suspended echogenic debris, which appears insignificant. No evidence of gallbladder mucocele seen. Normal gallbladder wall. No evidence of bile duct distention or obstruction.

Gastrointestinal

The stomach contains a moderate amount of what appears to be recently eaten food. Diffusely the gastric wall appears to have normal layering and thickness. The intestines have normal wall layering and thickness. Colon contains normal contents with normal wall thickness.

Pancreas

The pancreas is mildly diffusely hypoechoic. No surrounding steatitis. Multifocal hyperechoic pinpoint foci are present throughout the parenchyma.

Free Abdomen

No free abdominal fluid is seen.

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There is a mildly enlarged mesenteric lymph node present that measures x 0.39 cm. This appears reactive and unlikely to be enlarged due to neoplasia.

ULTRASONOGRAPHIC FINDINGS

- Ill-defined hyperechoic lesions throughout the liver – most likely benign regenerative nodules, much less likely round cell or metastatic neoplasia.
- Mildly hypoechoic pancreas with hyperechoic foci throughout the parenchyma.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend fine needle aspirate of the liver with submission for cytology to rule out neoplastic cause. Recommend screening for Leptospirosis as cause for the elevated ALT.

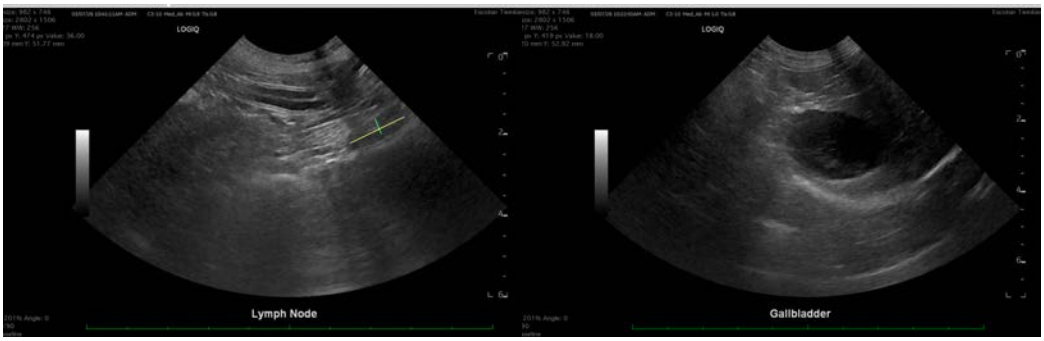
It does not appear that the patient currently has significant acute pancreatitis. However, recommend submitting a Texas A&M GI panel to confirm or rule out presence of acute pancreatitis. The hyperechoic foci throughout the parenchyma of the pancreas may suggest fibrosis, which may be due to chronic intermittent low-grade pancreatitis. This may be the cause for the elevated ALT.

Also recommend submitting a fasted triglyceride to determine if hypertriglyceridemia may be the cause of the patient's suspected chronic low-grade pancreatitis.

If pancreatitis is ruled out as a cause for the patient's elevated ALT, look for other secondary causes. Rule out hyperadrenocorticism, hypothyroidism (which could be causing dyslipidemia). The Texas A&M GI panel will help determine if occult gastrointestinal disease is present, which could be contributing to the elevated ALT.

Ultimately, if not secondary cause is identified for the patient's ALT elevation, consider a liver biopsy.

At this time there does not appear to be any reason that the patient could not have anesthesia for the recommended dental procedure. The mildly elevated ALT does not contraindicate anesthesia at this time.



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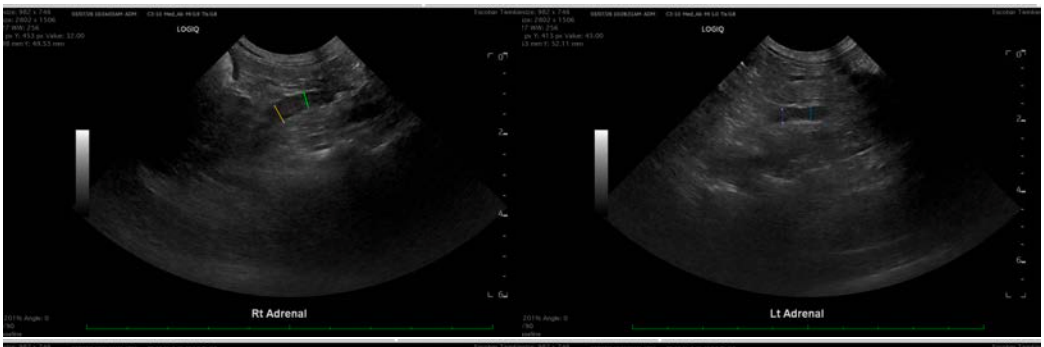

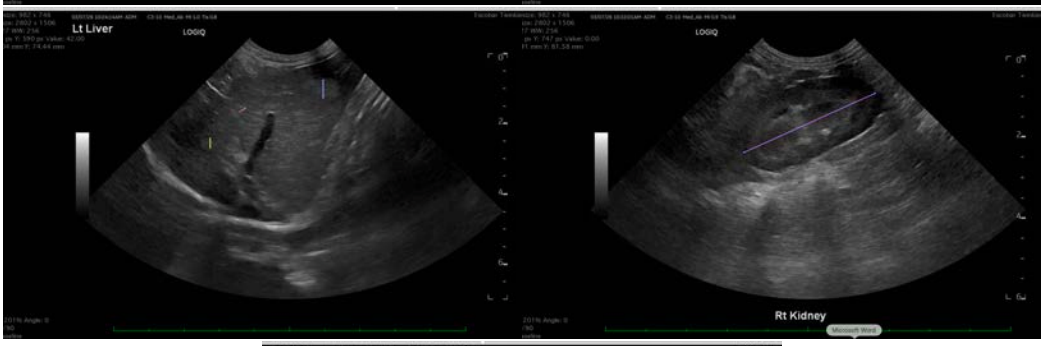

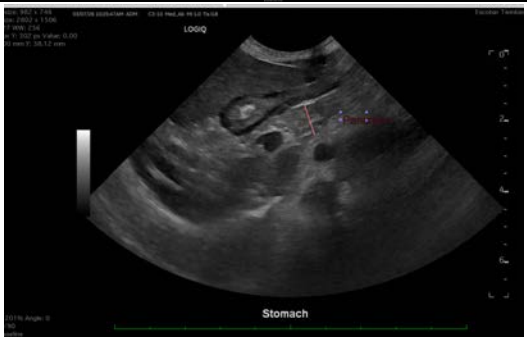

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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