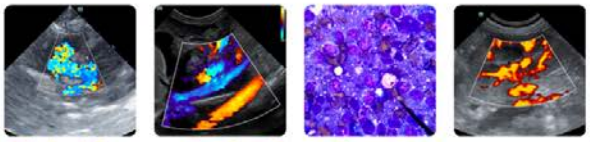

PATIENT

Dobby Maggio

SPECIES

Canine

BREED

Chihuahua

SEX

Spayed Female

AGE

10 Years

WEIGHT

5.3 kg

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Renee Trionfetti, VMD

HOSPITAL NAME

Main Line Animal Rescue

REFERRING VET

Alicia Royer, DVM

INVOICE

74185

DATE

4/2/26

PRESENTING CLINICAL SIGNS

AUS to further evaluate a history of hepatobiliary disease, elevated ALP (normal ALT), hypertriglyceridemia, and elevated BAs. Needs a dental and further evaluating liver/biliary system and other abdominal organs for potential malignancy. Meds: Denamarin

Abnormal PE/Chem/CBC/UA Results: 3/12/26: - Chem: Alb 3.8-n, ALT 69-n, ALP 319 H, Cr 0.4-n, BUN 12-n, Mg 3.2 H, Chol 338 H, Triglycerides 1,414 H - CBC: Hct 53%-n, Plts 497 H, remainder NSF - T4: 2.0-n 12/9/25 - Pre-BA 35.7 H (<13), Post-BA 25.5 H (<25)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with a large amount of echogenic non-shadowing debris, most consistent with exfoliated cells, crystals, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can present with echogenic debris. No masses or definitive cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The right kidney presents normal size (4.0 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (4.1 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 4.4 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 3.7 mm and the caudal pole measures 4.7 mm.

Spleen

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

Liver

Liver is subjectively enlarged (swollen contour) without disruption of architecture. It has a normal homogenous echotexture. Parenchyma is diffusely hyperechoic characterized by less prominent than normal portal vein walls and increased echogenicity relative to the spleen and falciform fat. No focal lesions are observed. 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.

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Gastrointestinal

The stomach and intestines have normal wall layering and thickness. Colon contains normal contents with normal wall thickness. The GI tract is full, not pathologic. The patient does not appear to be fasted for the exam.

Pancreas

The right limb of the pancreas appears appropriately isoechoic to surrounding omental fat. The capsule is mildly irregular in shape. Parenchyma is mildly heterogenous and coarse. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

- Enlarged, hyperechoic liver – Most likely due to benign vacuolar hepatopathy.
- Mild age related remodeling in the right limb of the pancreas.
- Urinary bladder debris.

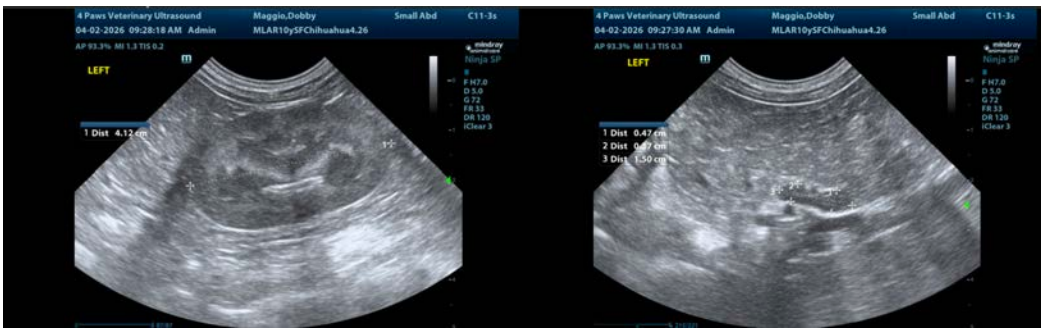
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the patient's lab work and the markedly elevated triglycerides, the appearance of the liver and the appearance of the right limb of the pancreas are most likely due to marked hypertriglyceridemia. If patient is not eating a very strict ultra low-fat diet such as Royal Canin GI low fat or Hills ID low-fat, recommended switching to one of these diets. If patient will not eat these diets, consider formulating a homecooked diet through the website www.balanceit.com. Recheck triglycerides in 10 days. If still elevated, consider starting a medication such as Gemfibrozil to control triglycerides, generally started at 150 mg twice per daily, tapering up until triglycerides are controlled. Generally, a strict ultra low-fat diet will resolve hypertriglyceridemia.

Hyperadrenocorticism is not highly suspected, given the normal appearance and size of both adrenal glands. If still concerned for this disease, recommend urine cortisol to creatinine ratio to rule out hyperadrenocorticism.

Recommend urine culture to rule out urinary tract infection.

No evidence of malignancy seen.



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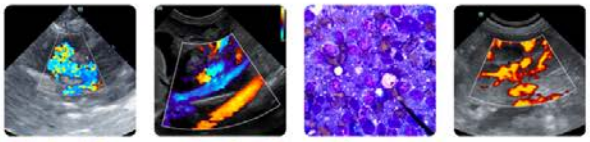

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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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