

**PATIENT**

Luna Yaccarino

**SPECIES**

Canine

**BREED**

Beagle x

**SEX**

Spayed Female

**AGE**

10 Years

**WEIGHT**

43.5

**INTERPRETED BY**Karen Ebersole, DVM,  
DABVP (Canine and  
Feline)**IMAGING  
PERFORMED BY**

JK

**HOSPITAL NAME**Hamburg Veterinary  
Clinic**REFERRING VET**

Dr. Ross

**INVOICE**

72125

**DATE**

11/26/25

**PRESENTING CLINICAL SIGNS**

Elevated liver values, history of seizures, on was on phenobarb, switched to keppra. Increased urination. Abnormal PE/Chem/CBC/UA Results: ALK PHOS 612, BILI 1.0, ALT 635, AST 75,

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The bladder was normal in size and shape. The bladder wall was normal in thickness for the volume of urine present. The trigone and visible urethra were normal in appearance. The urine was anechoic with no visible sediment or uroliths.

The iliac trifurcation was normal in structure and volume. There was no visible lymphadenopathy.

Both kidneys were normal in size with a mildly irregular capsule contour. There was a mild to moderate increase in cortical echogenicity. The corticomedullary junction was mildly indistinct. There was no pelvic dilation. There is a cortical renal cyst present in the left kidney measuring 1.2 cm x 0.90 cm. There was no visible inflammation around the cyst. The left kidney measured 6.5 cm in length. The right kidney measured 6.3 cm in length.

**Adrenal Glands**

The left adrenal gland was normal in size and shape, with a smooth capsule contour. The parenchyma displayed normal echogenicity. There was no evidence of capsular expansion or pericapsular inflammation. There were no nodules or masses visible. Left measures 0.48 cm at the caudal pole and 0.36 cm at the cranial pole.

The right adrenal gland was not clearly visualized, but the region of the right adrenal appeared free of any overt pathology.

**Spleen**

The spleen was subjectively increased in size with a mildly rounded capsule contour. The parenchyma was mildly heterogenous, without overt nodules. The parenchymal changes likely represent benign changes such as extramedullary hematopoiesis or remodeling that can happen with age. The likelihood of inflammatory or neoplastic disease is considered low.

**Liver**

The liver was subjectively subnormal in size with an irregular capsule contour. The parenchyma was diffusely hyperechoic and heterogeneous. There were increased portal markings. The hepatic vasculature was normal in volume and structure. There were no overt distinct nodules or masses visible.

The gallbladder was increased in size and mildly elongated. There was a moderate amount of echogenic sludge within the gallbladder lumen. There was no visible adjacent inflammation or free fluid. The cystic and common bile ducts were not clearly visualized, partly due to a large amount of shadowing ingesta in the stomach.

**Gastrointestinal**

The visible gastric walls were of normal thickness and layering. The stomach contained shadowing ingesta without overt evidence of obstruction to pyloric outflow.



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The small intestine displayed normal curvilinear patterns throughout. Subjectively normal wall thickness and layering was maintained. The visible colon wall was normal in thickness and layering.

**Pancreas**

The left limb, body and right limb of the pancreas were visualized and found to be normal in size and shape. The pancreatic capsule was smooth, without deviation or expansion. The parenchyma was isoechoic to the surrounding mesentery. The pancreatic duct was normal in size and appearance. There was no evidence of discrete masses or inflammation.

**Free Abdomen**

There was no visible free peritoneal fluid or mesenteric lymphadenopathy.

**ULTRASONOGRAPHIC FINDINGS**

- Heterogeneous liver – Potential for chronic hepatitis.
- Moderate gallbladder sludge with mild rounding of the gallbladder – suspect secondary to hepatic disease but can't rule out EHBDO.
- Gastric ingesta.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

This clinical and sonographic presentation is most consistent with a chronic hepatitis or other chronic inflammatory hepatopathy. Sampling of the liver via liver biopsy would be needed for a definitive diagnosis. Hepatic support including Denamarin, Ursodiol, and a hepatic oriented diet is recommended. Further imaging of the liver may be needed on an empty stomach.





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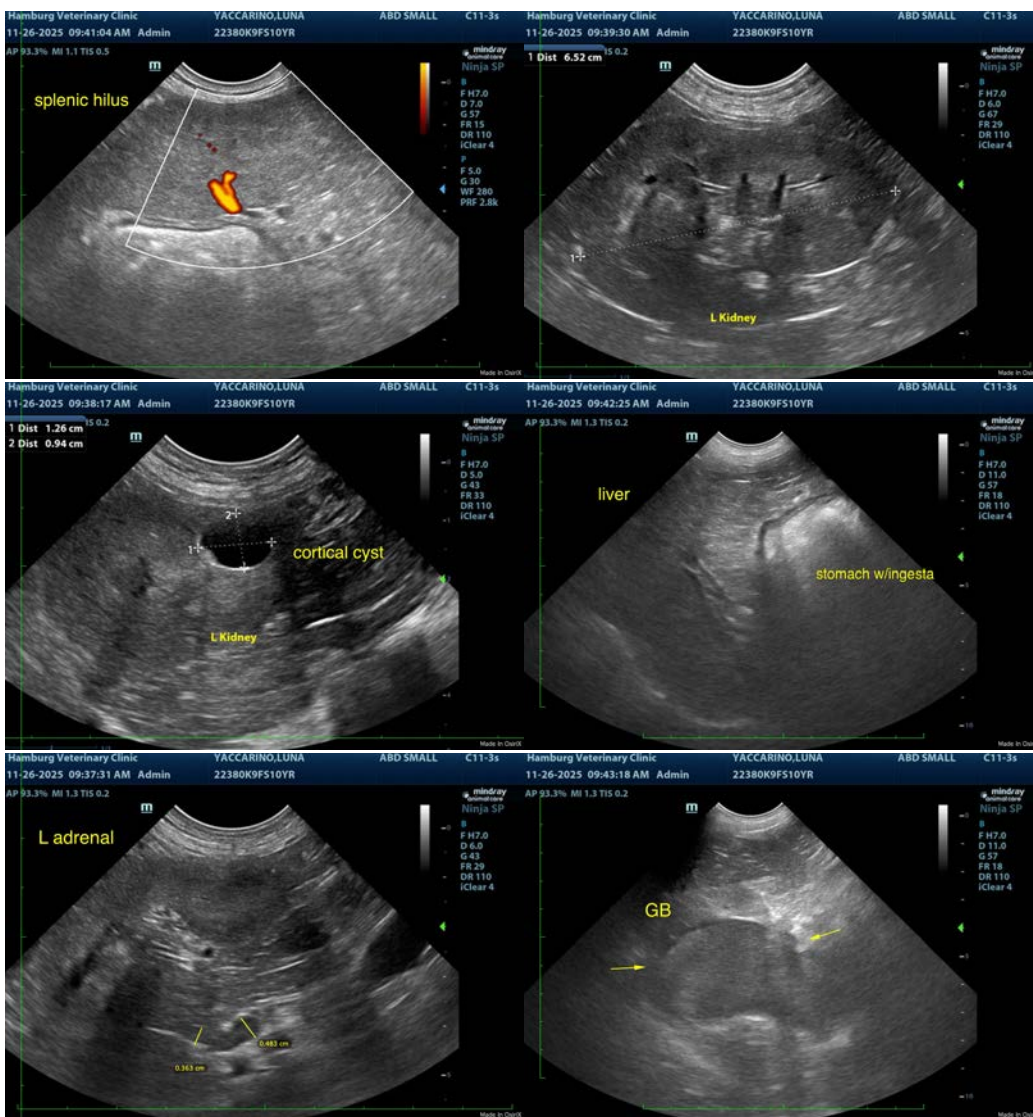
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Karen Ebersole, DVM, DABVP (Canine and Feline practice)  
info@SonoPath.com