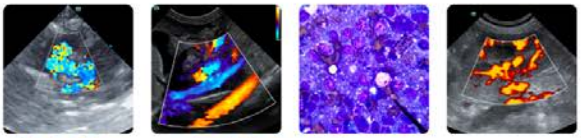



**PATIENT**

Samson Lozano

**SPECIES**

Canine

**BREED**

Pug

**SEX**

Neutered Male

**AGE**

14 Years 4 Months

**WEIGHT**

20 lbs

**INTERPRETED BY**

Karen Ebersole, DVM, DABVP (Canine and Feline)

**IMAGING PERFORMED BY**

Kerri Becker

**HOSPITAL NAME**

Verona Animal Hospital

**REFERRING VET**

Dr. Stock

**INVOICE**

72120

**DATE**

11/26/25

## PRESENTING CLINICAL SIGNS

Elevated liver values, vomiting.

Abnormal PE/Chem/CBC/UA Results: ALT 3,675, AST 578, ALP 970, bilirubin 0.5, got 15, CBC - NSF, Cortisol (one sample) 3.9, cpl/folate wnl, bld 1,834

## 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 pelvic urethra was visualized to a depth of 3.0 cm past the cystourethral junction.

The residual prostate was normal in size, shape, and echogenicity.

The iliac trifurcation was normal in structure and volume. Normal appearing medial iliac lymph nodes. No evidence of thrombus formation on doppler exam.

Both kidneys were normal in size with a mildly irregular capsule contour. There was a moderate increase in cortical echogenicity. The corticomedullary junction was mildly indistinct. There were variably sized, non-obstructive medullary mineralization present without pelvic dilation. The left kidney measured 4.3 cm in length. The right kidney measured 3.3 cm in length.

### *Adrenal Glands*

Both adrenal glands were 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.

### *Spleen*

The spleen was normal in size and shape, with a smooth capsule contour. The parenchyma was finely textured and homogeneous. The vasculature showed good vascularity with power doppler.

### *Liver*

The liver is subjectively mildly increased in size with a smooth capsule contour. The parenchyma is largely homogeneous with a single hyperechoic nodule in the deep left liver that measures 1.2 cm x 1.5 cm. The hepatic vasculature was normal in volume and structure.

The gallbladder was mildly increased in size with a rounded shape, with echogenic, non-mineralized biliary sludge. The wall was normal thickness with no visible inflammation. The cystic duct and common bile ducts were normal in size with no evidence of obstruction.

### *Gastrointestinal*

The stomach and intestinal walls were diffusely thickened, with intact wall layering. Normal was wall layer ratios were largely maintained. The mucosa was mildly hypoechoic with occasional mucosal speckling. There was a segmental to diffuse ileus pattern with mild luminal fluid accumulation. There was no visible obstruction, mass or foreign material.

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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

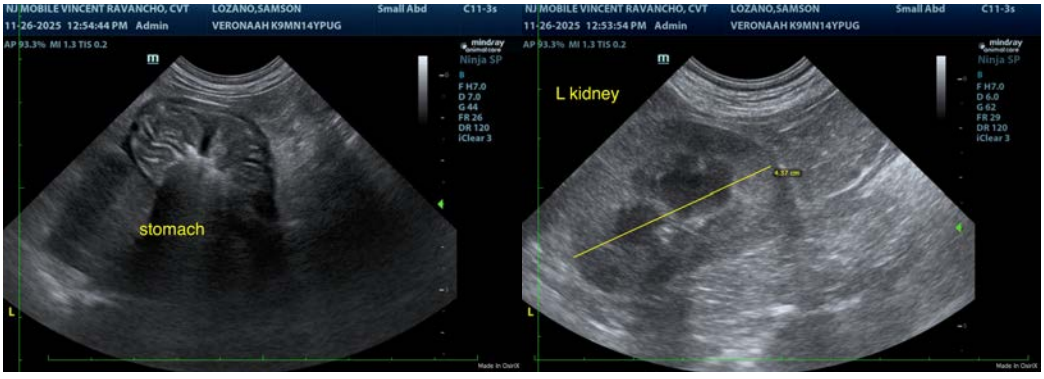
- Mild hepatomegaly and single hyperechoic nodule.
- Rounded gallbladder with sludge with no evidence of EHBDO.
- Moderate aging changes in both kidneys with non-obstructive mineralization.
- Gastroenteritis pattern.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hyperechoic nodule in the deep liver could be an incidental finding and is unlikely to be the cause of the extremely elevated ALT, but the nodule should be monitored going forward. This could be benign or malignant change.

This clinical and sonographic presentation is most consistent with an acute hepatic insult (toxin, infectious, etc.). A liver FNA could be done for screening for neoplasia and to determine inflammatory cell type. However, a clotting profile is recommended beforehand. Leptospirosis can't be completely ruled out, and titers or PCR could be considered.

I suspect the gastroenteritis is secondary to the hepatopathy. IVF, electrolyte management and anti-emetics are recommended.



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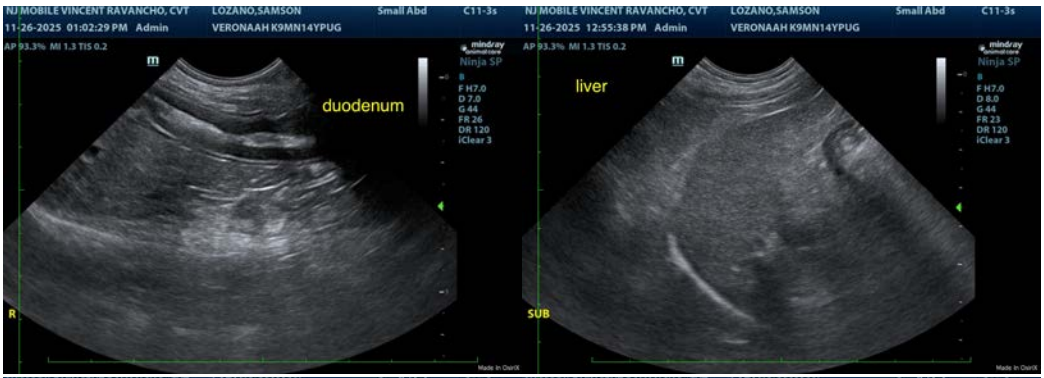
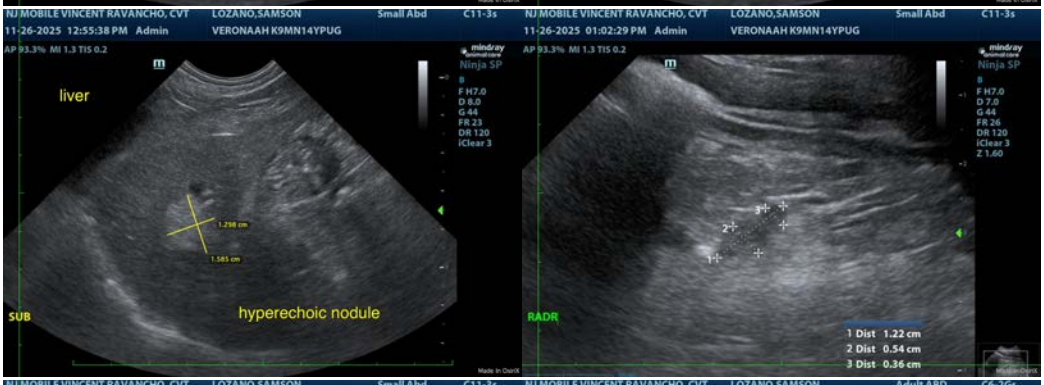
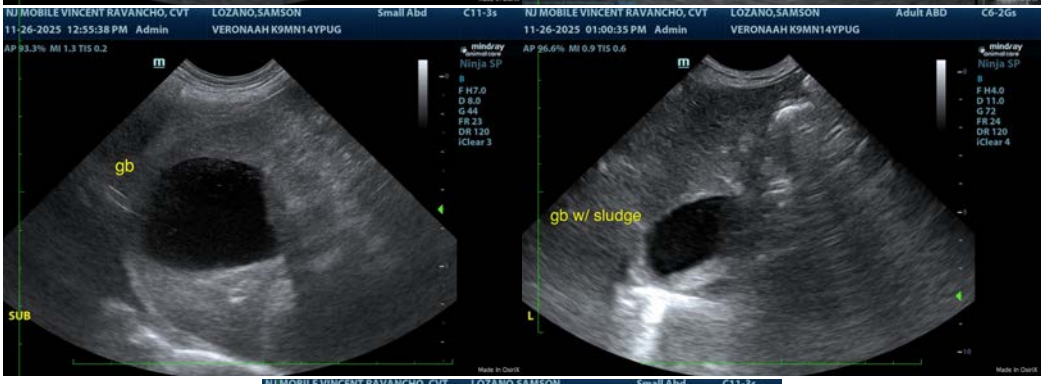
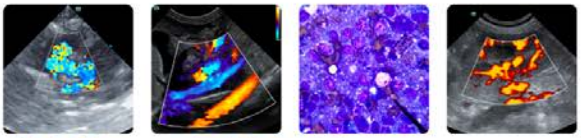



New Jersey Mobile
FUELED BY SONOPATH VETERINARY ULTRASOUND



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath www.SonoPath.com info@sonopath.com 800.838.4268

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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