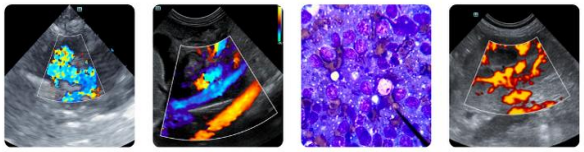


PATIENT
Finley Dertinger

SPECIES
Canine

BREED
Boston Terrier

SEX
MN

AGE
8yr

WEIGHT
22lb

INTERPRETED BY
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY
Shari Reffi CVT

HOSPITAL NAME
Harmony Animal Hospital

REFERRING VET
Dr Gruber

INVOICE
23634

DATE
01/20/2026

PRESENTING CLINICAL SIGNS

- ALT very high, no known toxin, blunt force trauma, etc.
- not e/d. Has started with vomiting and diarrhea.
- no rx
- tense abdomen
- no known dietary indiscretion
- r/o CAH vs hepatobiliary vs other
- in hospital medication: doxycycline, Cerenia, Famotidine, NAC PO, Benadryl

Abnormal PE/Chem/CBC/UA Results: Anaplasma + ALT 1626 GGT 17 Microhepatica on radiograph TP 7.6 Lepto snap - U/A blood + USG 1.008

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 4.5 cm in length. The right kidney measured 4.7 cm in length.

The area of the aortic trifurcation was free of pathology.

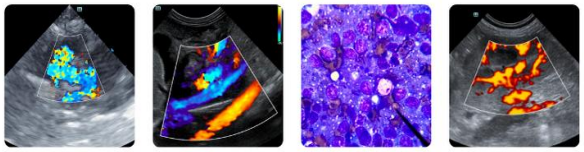
Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.54 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.60 cm width at the caudal pole.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/Gallbladder



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The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. Subjective normal to adequate vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended in size with thin walls and minor non-organized debris. No evidence of gallbladder/peripheral gallbladder inflammation or wall edema was present. The common bile duct was not visualized without overt evidence of dilation or post hepatic obstructive criteria.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of mechanical/metabolic ileus, obstruction or foreign material.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

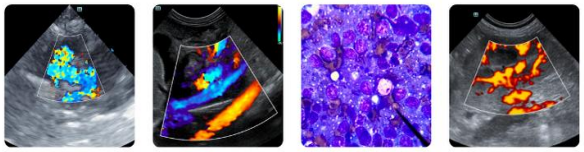
- Hepatopathy exhibiting subjective adequate vascular volume
- Normal gallbladder with mild non-organized bile debris (non-mucocele)
- Mild hypomotile gastritis pattern, sonographically normal empty small intestine
- Generalized soft fecal matter in colon
- Normal area of pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although non-specific, primary considerations for the hepatopathy may include non-specific hepatitis (viral, bacteria, leptospirosis, unknown toxin), hepatotoxicosis, i.e. copper, or other inflammatory disease in conjunction with significant elevated ALT. No overt intrahepatic or extrahepatic macroscopic shunt, evidence of post-hepatic or gastrointestinal mechanical obstruction. Further assessment may include assuming normal clotting status, hepatic FNA cytology, and leptospirosis titer/ PCR.

Empirical therapy for non-specific hepatitis with concurrent gastrointestinal support with clinical and as needed sonographic monitoring if progressive hepatopathy or non-responsive gastrointestinal signs would be reasonable. Definitive diagnosis would likely require hepatic biopsies for histopathology and copper assessment.

New Jersey Mobile
FUELED BY SONOPATH VETERINARY ULTRASOUND



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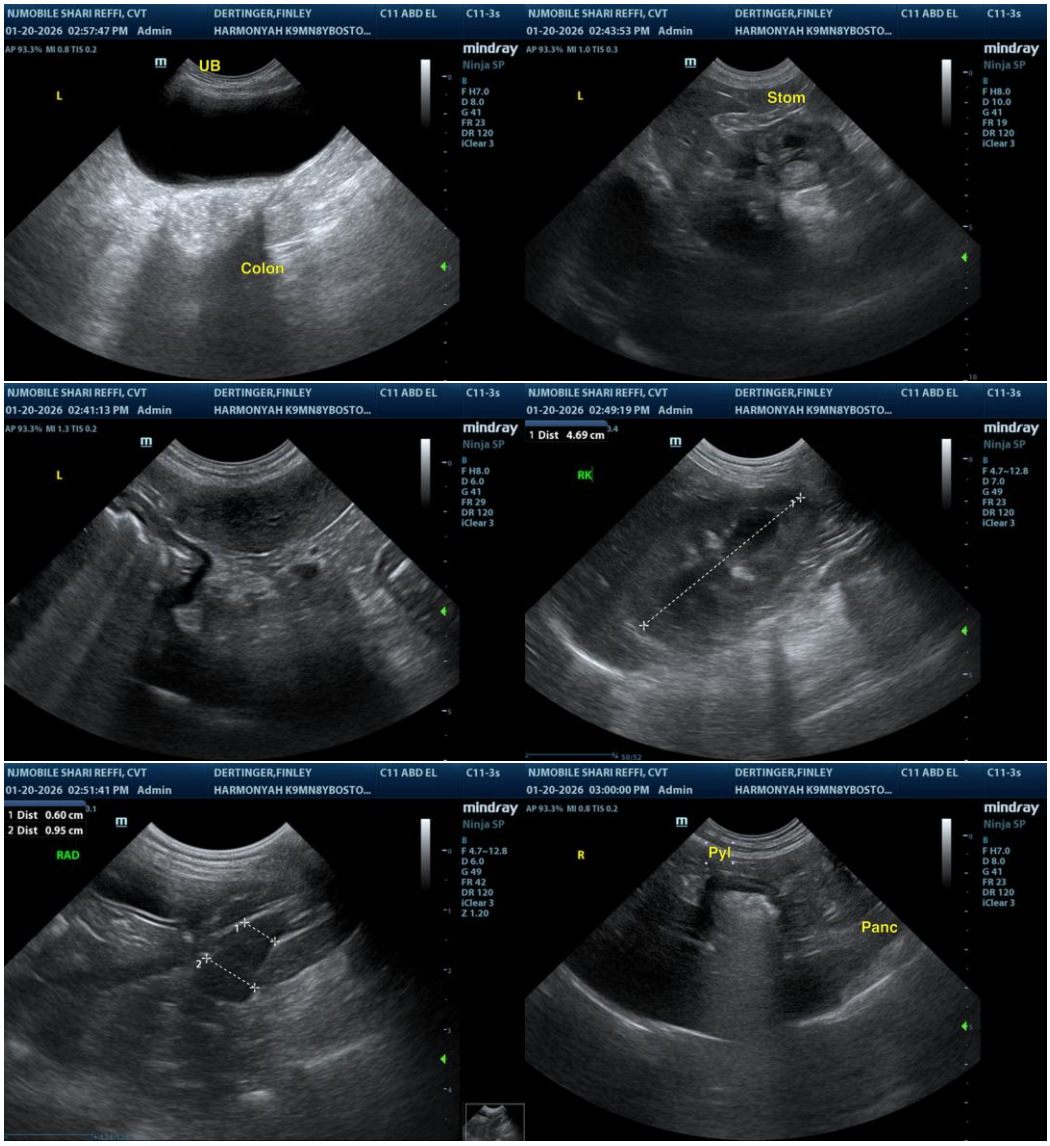

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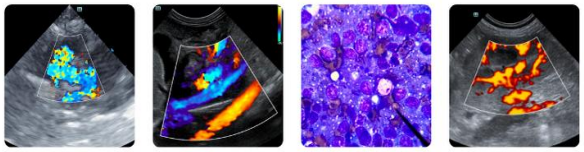

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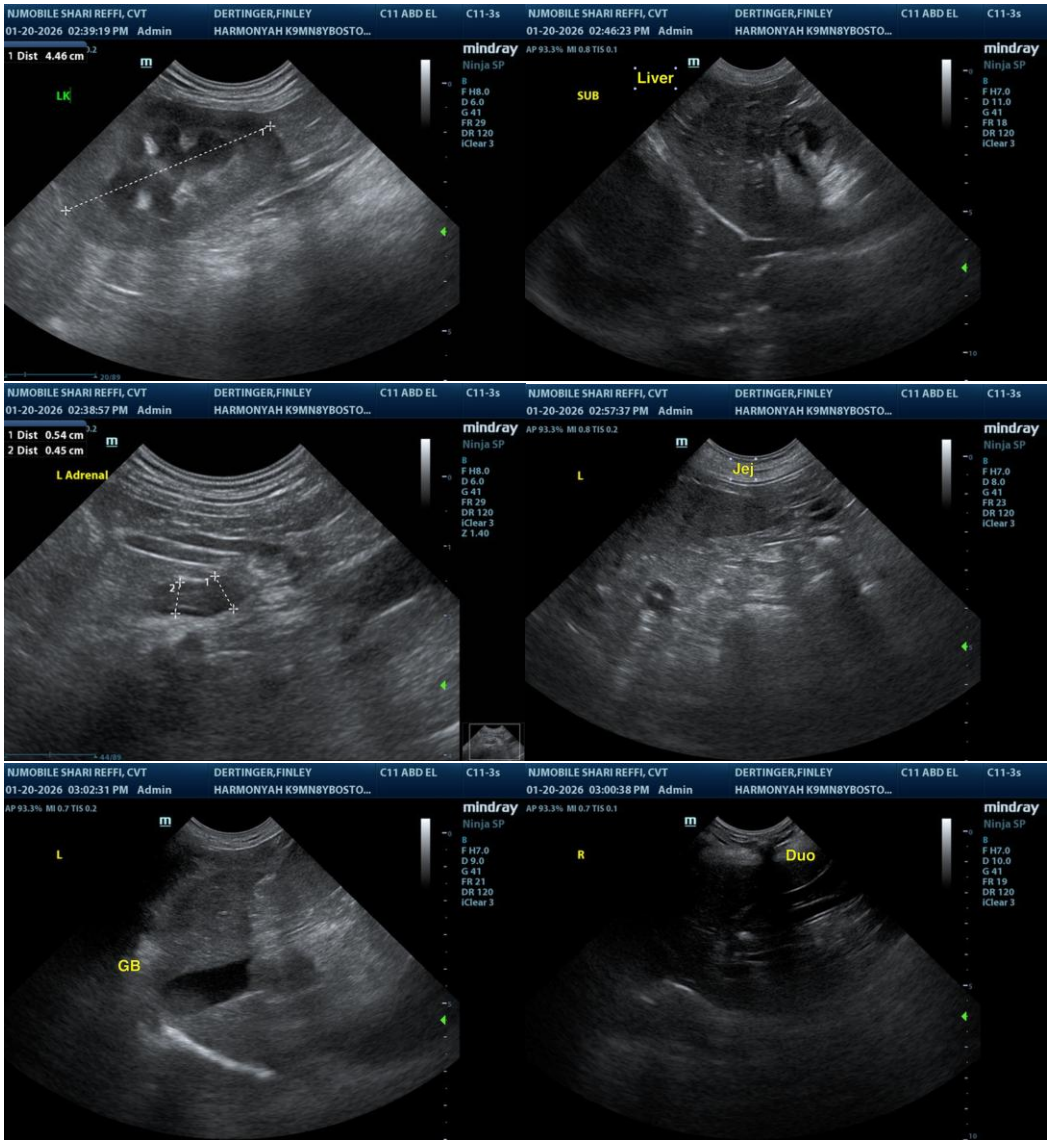

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
info@sonopath.com