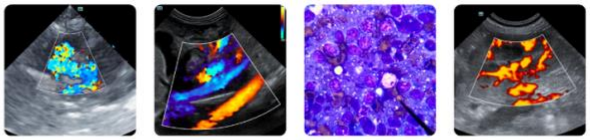

PATIENT

Meru Gilliland

SPECIES

Canine

BREED

Bsenji

SEX

Spayed Female

AGE

11 Years 6 Months

WEIGHT

34.5

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Dr. Solitaire Goldfield DVM

HOSPITAL NAME

Craig Road Animal Hospital

REFERRING VET

Dr. Solitaire Goldfield DVM

INVOICE

12431

DATE

11/23/25

PRESENTING CLINICAL SIGNS

Patient presented for bloodwork and had severely elevated liver enzymes recommended ultrasound.

Abnormal PE/Chem/CBC/UA Results: elevated liver enzymes, with AST at 100, ALT at 514, and GGT at 59

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths, urine mineral, calculi or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. Mild hyperechoic cortex with mildly enhanced corticomedullary border demarcation. The left kidney measured 4.8 cm in length. The right kidney measured 5.4 cm in length.

Adrenal Glands

Both adrenal glands were enlarged in size with homogenous parenchyma and mild capsule asymmetry. No evidence of mineralization. The left adrenal gland measured 0.85 cm width at the caudal pole. The right adrenal gland measured 0.85 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

The liver presented with hepatomegaly exhibiting primarily homogenous mildly hyperechoic parenchyma. The echotexture of the liver parenchyma was uniform with a mild coarse echotexture. The capsule of the liver was symmetrical in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. Intermittent discrete nondisruptive hypoechoic intraparenchymal hepatic nodules were visualized.

The gallbladder was non distended in size with moderate variably congealed nondependent biliary sludge. No evidence of gallbladder wall edema or peripheral inflammation. The common bile duct was not visualized.

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.

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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 ileus, obstruction or foreign material.

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

Pancreas

The right pancreas was normal in size and mild capsule asymmetry with heterogeneous variably hyperechoic parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

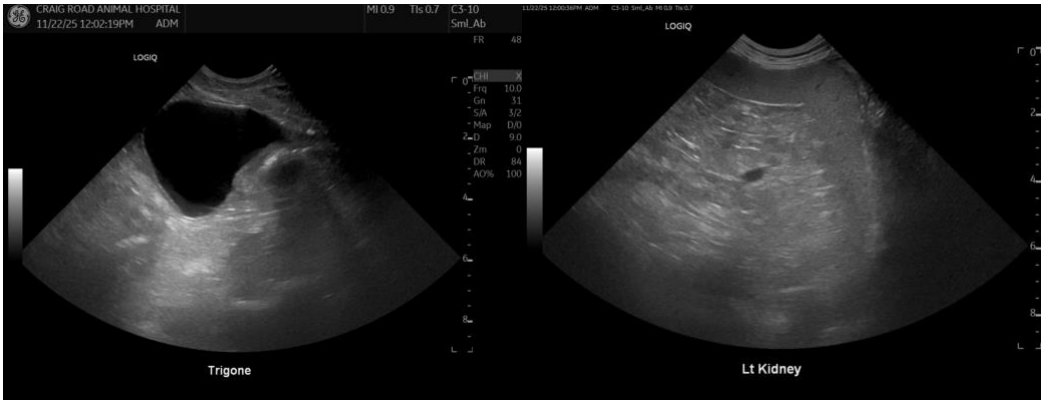
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy with discrete hepatic nodules- vacuolar hepatopathy, inflammatory/immune mediated disease, hyperplasia, nonobstructive cholestasis, hepatotoxicosis i.e. copper, lipidosis, occult neoplasia are all potentials.
- Congealed gallbladder debris/early immature mucocele.
- Bilateral adrenomegaly.
- Mild chronic renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further assessment of the liver may include (assuming normal clotting status) FNA cytology +/- leptospirosis titers/PCR if clinically indicated. Full adrenal work up with LDDST is clinical signs are consistent with Cushing's syndrome, is warranted. A definitive diagnosis may require hepatic biopsies for histopathology. Hepatosupportive medications including Denamarin and Ursodiol with clinical and as needed sonographic monitoring (specially of the gallbladder if evidence of progressive cholestasis or hepatic inflammation) is recommended.



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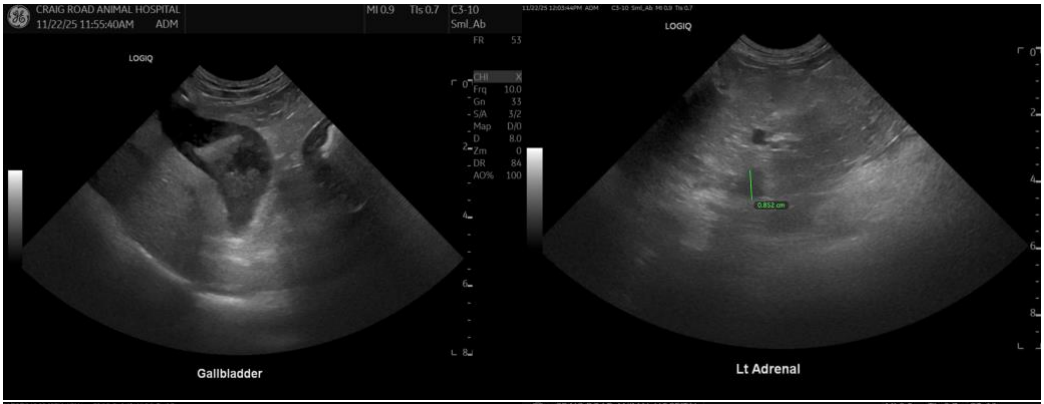

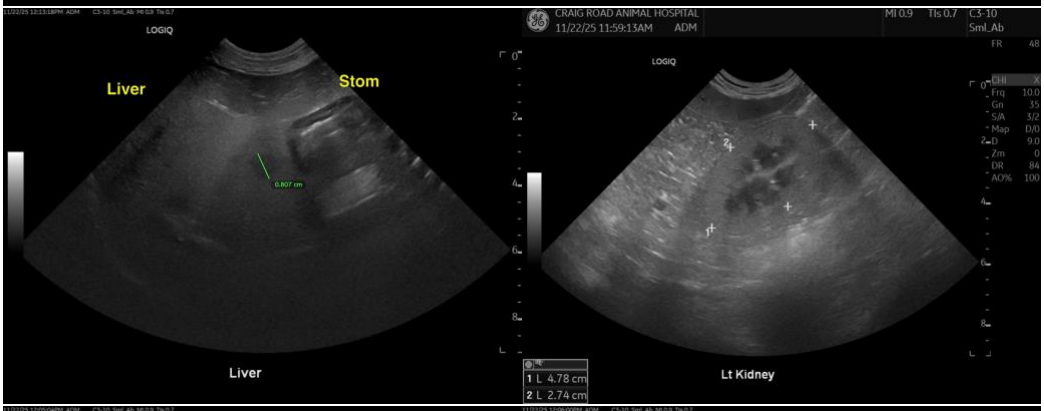

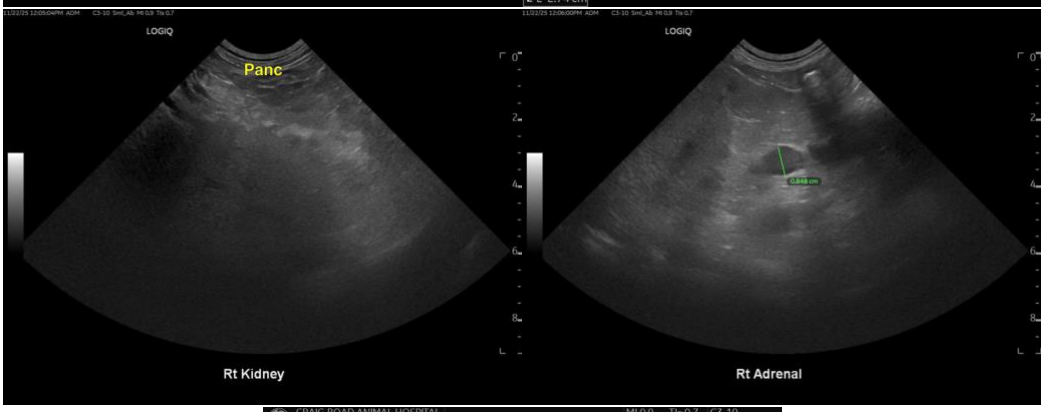

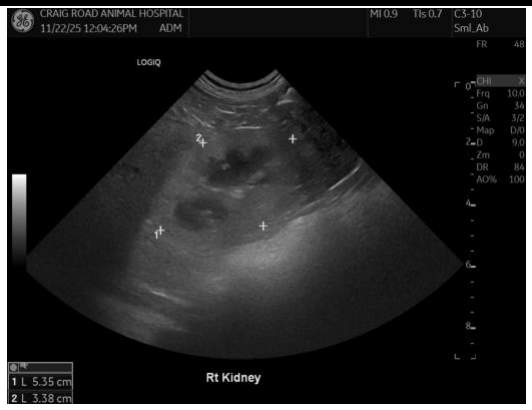

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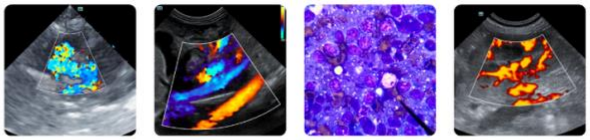

Clinical Sonography & Telecytology
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video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