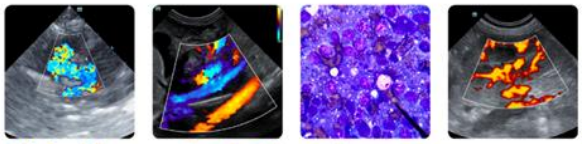


PATIENT

Bugatti Juranek

SPECIES

Canine

BREED

Mini Australian Shepherd

SEX

FS

AGE

1yr

WEIGHT

8.4kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Jill Rankin

HOSPITAL NAME

Southpoint Pet Hospital

REFERRING VET

Dr Callan

INVOICE
23974

DATE
02/24/2026

PRESENTING CLINICAL SIGNS

Elevated ALT - Trending upwards slightly

Also see attached records provided

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 3.9 cm in length. The right kidney measured 4.5 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 0.42 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 0.41 cm width at the caudal pole.

Spleen

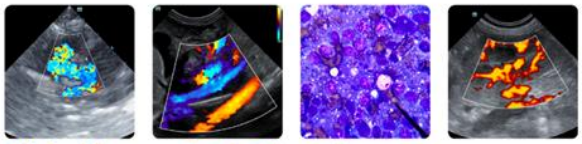
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute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

Liver/Gallbladder

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. 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 primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild non-shadowing ingesta / chyme sonographically suggestive of food echogenicity 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 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

- Sonographically unremarkable normal volume liver.
- Normal gallbladder.
- Normal kidneys/ urinary bladder - no evidence of renal or bladder mineral /calculi.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver is non-specific yet consistent with mild benign hepatopathy. Primary parenchymal disease, i.e. non-specific inflammatory disease, hepatotoxicosis, i.e. copper or other or potential portal hyperplasia / microvascular dysplasia possible. No visualized evidence of intrahepatic or extrahepatic macroscopic shunt, which is thought less likely. Assuming normal clotting status, further assessment of the liver may include FNA cytology +/- leptospirosis titer/ PCR. Bile acid profile warranted if clinical signs of hepatopathy or evidence of hepatic dysfunction, i.e. abnormal BUN, GLU, CHOL, ALB levels.

Assuming the patient is non-clinical, hepatosupportive medications including Denamarin and ursodiol if tolerated owing to its antioxidant and immunomodulatory effects within the liver may prove beneficial. Hepatic biopsy may be considered if progressive hepatopathy.

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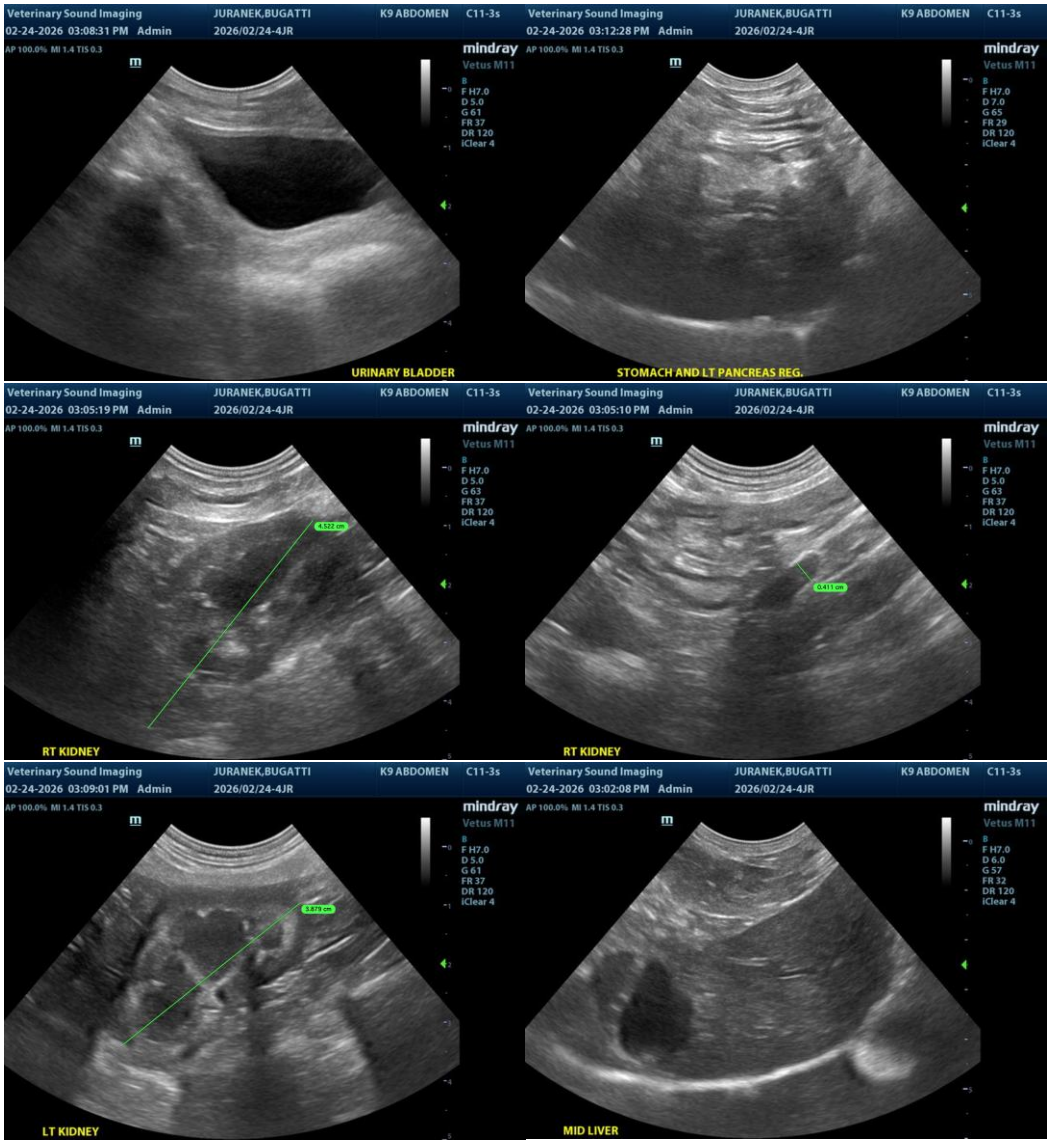

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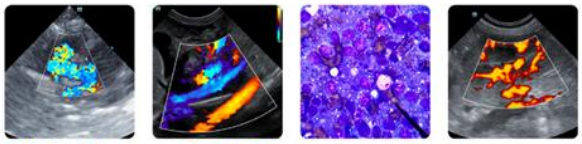

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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