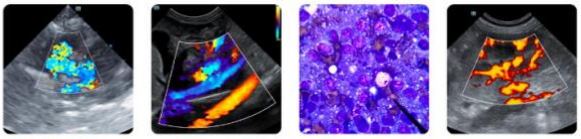

PATIENT

Yogi Vasquez

SPECIES

Canine

BREED

Yorkie

SEX

Neutered Male

AGE

5 Years

WEIGHT

14.48

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

IMAGING PERFORMED BY

Matt

HOSPITAL NAME

TLC Animal Hospital

REFERRING VET

Dr. Lizette Porras

INVOICE

14379

DATE

03/16/26

PRESENTING CLINICAL SIGNS

- Persistently elevated ALT

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild dependent lumen hyperechoic mineral/sand. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted. Mild nonobstructive proximal urethral lumen mineral was present.

Normal size and margination was 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. Medullary mineral and nonobstructive renoliths were present with an example in the right kidney measured 1.2 cm in diameter. The left kidney measured 4.4 cm in length. The right kidney measured 4.7 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.41 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 0.46 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 indistinctly visualized owing to subnormal liver size. The visualized liver exhibited homogenous parenchyma exhibiting mild coarse echotexture. Hepatic and portal vasculature was not definitively visualized.

The gallbladder was mildly distended in size containing nonorganized hyperechoic potentially adhered debris. The gallbladder wall was mild to moderately thickened in appearance consisting of an echogenic double rim corresponding to the inner and outer portions of the wall. This is consistent with gallbladder wall edema. Possible causes may include acute inflammation, edema and anaphylaxis. The common bile duct was not definitively visualized.

Gastrointestinal

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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 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

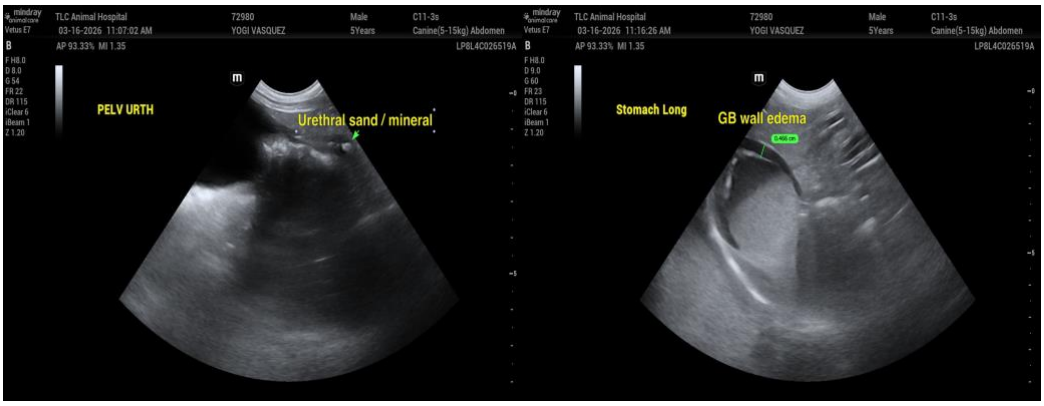
No overt lymphadenopathy or peritoneal effusion was present.

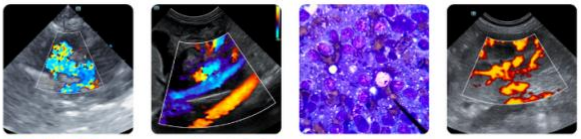
ULTRASONOGRAPHIC FINDINGS

- Mild urinary bladder and proximal urethral lumen sand/mineral.
- Bilateral nonobstructive renolithiasis.
- Subnormal liver size- most consistent with benign hepatopathy.
- Edematous gallbladder with nonorganized bile debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given subnormal liver size combined with bilateral renolithiasis and urinary bladder/urethral lumen mineral, bile acid profile is recommended to assess hepatic function. Gold standard CT with contrast is recommended if significantly elevated postprandial bile acids which may indicate portosystemic vascular anomaly. Non-obvious intrahepatic or extrahepatic macroscopic shunt, primary parenchymal disease, portal hypoplasia/microvascular dysplasia are all potentials. Hepatic biopsy with histopathology likewise may be required for a definitive diagnosis. Correlation with urinalysis is recommended.





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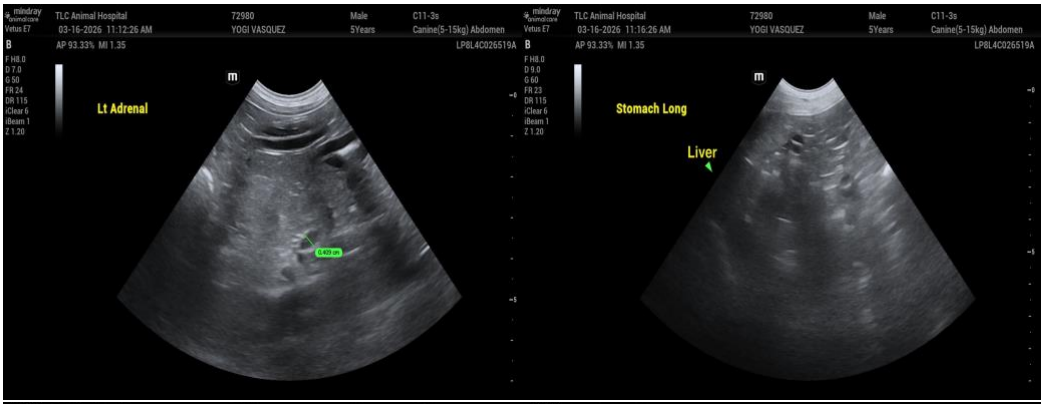

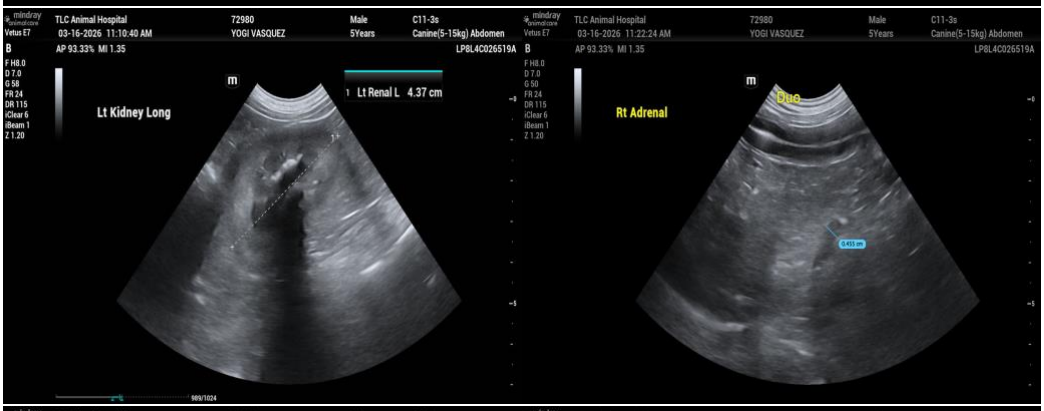

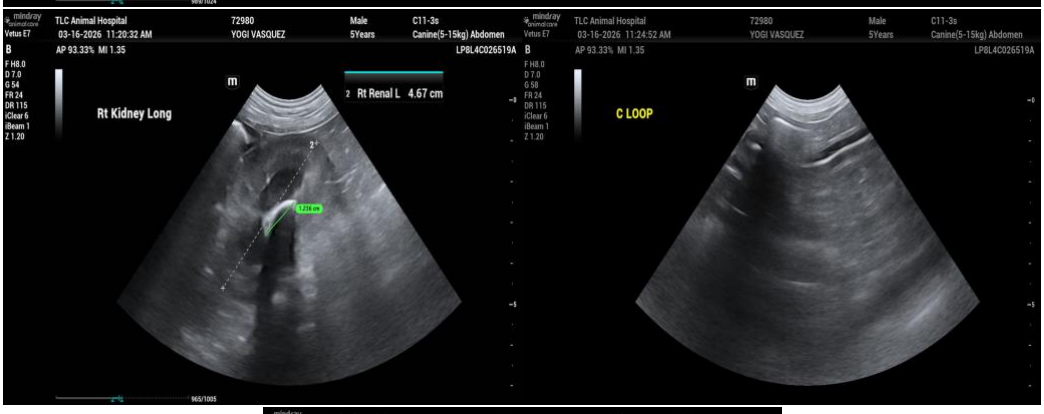

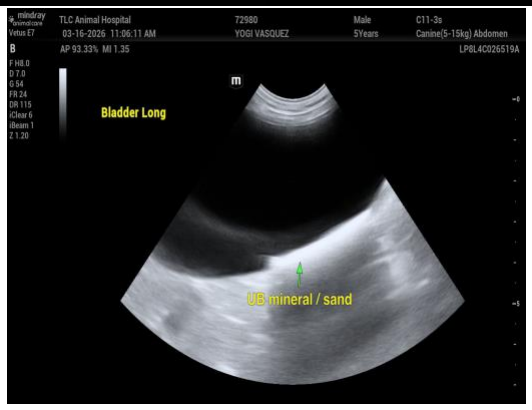

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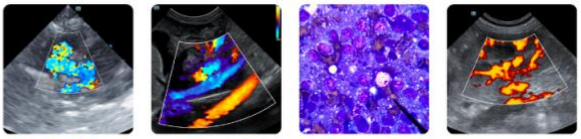

Clinical Sonography & Telecytology
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video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