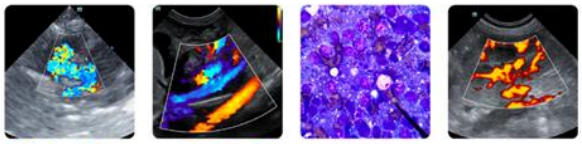


PATIENT

Prudence Trafford-McLean

SPECIES

Canine

BREED

Bostone terrier

SEX

S

AGE

2

WEIGHT

10

INTERPRETED BY

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

IMAGING PERFORMED BY

Natalia Franco

HOSPITAL NAME

Eagleson Veterinary Clinic

REFERRING VET

Ahmed Alramady(grey)

INVOICE
24510

DATE
04/15/2026

PRESENTING CLINICAL SIGNS

presented for an acute onset of vomiting, lethargy, and pale gums. she was shaking for few days. she got her vaccines a week ago (lepto vaccine) since then she is not back to her normal self

Abnormal PE/Chem/CBC/UA Results: markedly elevated Hct 75 , ALT 750 , mild elevated total bilirubin 18. normal UA

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 4.9 cm in length. The right kidney measured 5.2 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 0.49 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 0.55 cm width at the caudal pole.

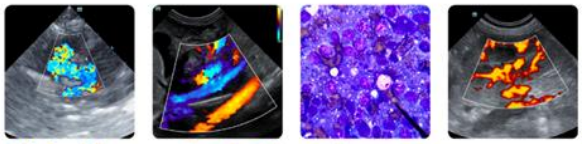
Spleen

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 presented normal in size. The hepatic parenchyma revealed diffuse reduced echogenicity compared to the spleen and renal cortical parenchyma with a mild coarse echotexture. Increased portal vein prominence was evident. The capsule of the liver was normal in margination. Distinct masses or nodules were not evident. The hepatic and portal vasculature were normal in appearance. The gallbladder was non-distended in size. Normal vascular volume.

The gallbladder wall was thickened in appearance consisting of an echogenic double rim corresponding to the inner and outer portions of the wall. This is consistent with mild to moderate gallbladder wall edema. Possible causes may include acute inflammation, edema and anaphylaxis. The common bile duct was not visualized.



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Gastrointestinal

The stomach presented mild to moderate thickened wall. Intact wall layering was maintained and distinct. The stomach contained a moderate amount of anechoic fluid. No evidence of obstruction to pyloric outflow.

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

- Acute hepatopathy with concurrent edematous gallbladder
- Hypomotile gastritis- non-obstructive
- Sonographically normal empty small intestine

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely cause of the hepatopathy and gallbladder wall edema is acute hepatitis (viral, bacterial, lepto, toxin) in conjunction with severely elevated ALT and gallbladder wall edema. Additional differentials may include anaphylaxis or less likely acute infiltrative neoplasia. Further assessment may include serum lactate level if available, hepatic FNA cytology assuming normal clotting status and leptospirosis titer / PCR if clinically indicated. No evidence of mechanical gastrointestinal or post-hepatic obstruction.

Hospitalization with hepatogastrointestinal support, empirical therapy for non-specific hepatitis or acute hepatic insult with clinical monitoring is recommended. Sonographic reassessment indicated if progressive hepatopathy or gastrointestinal signs.

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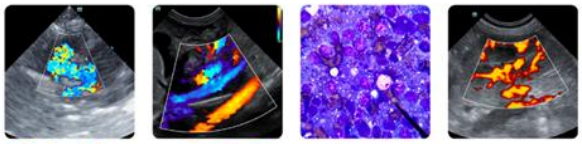

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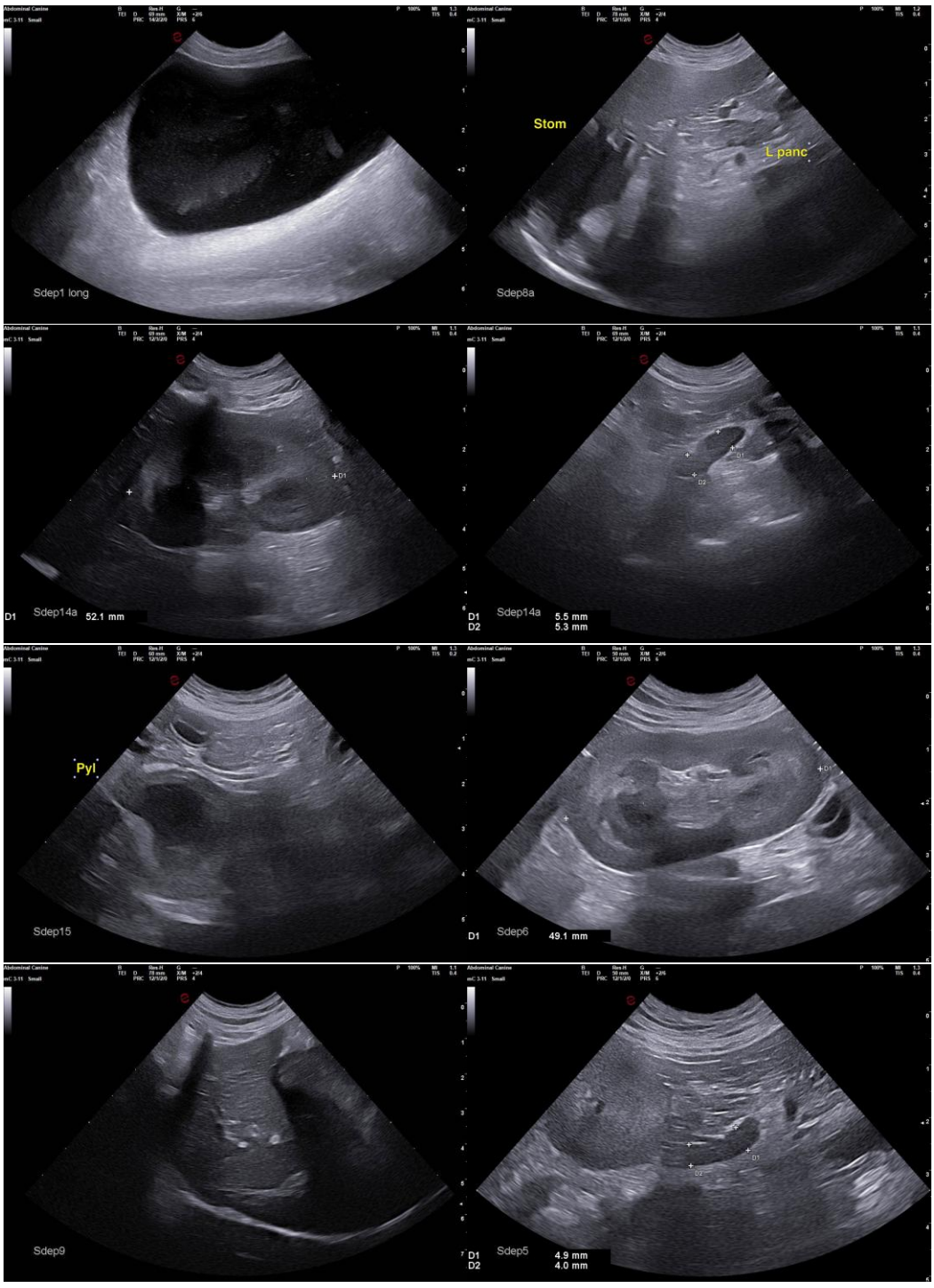

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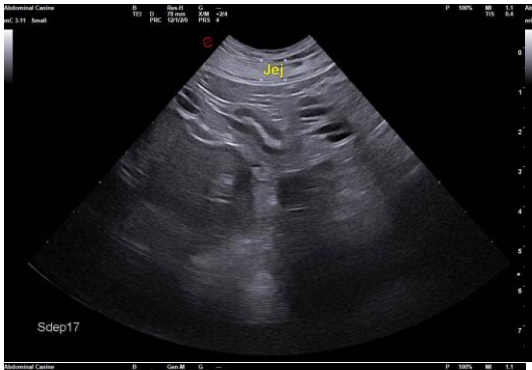

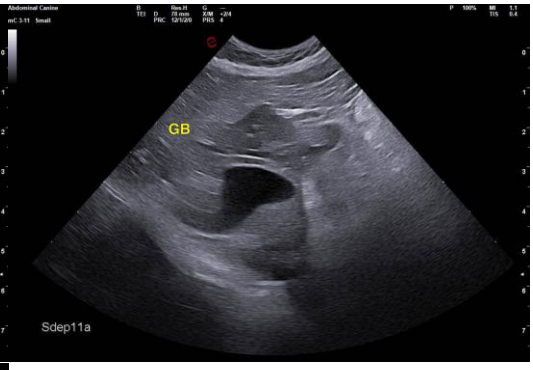

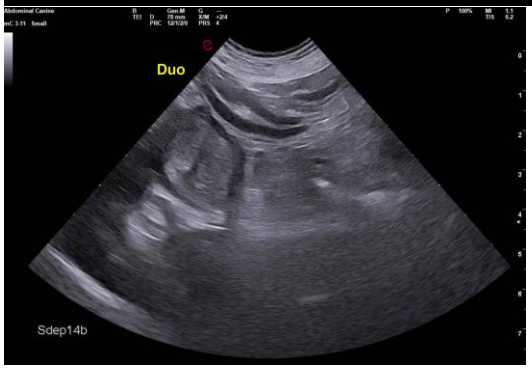

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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