



PATIENT

Chewy Telford

SPECIES

Canine

BREED

Shih Tzu

SEX

Male

AGE

8 months

WEIGHT

5.42 kg

INTERPRETED BY

Remo Lobetti, BVSc,
MMedVet (Med), PhD,
Dipl. ECVIM (Internal
Medicine)

IMAGING PERFORMED BY

Patrick Hennigan DVM

HOSPITAL NAME

Mattydale AH

REFERRING VET

Dr. Kaili Revelle

INVOICE

73698

DATE

3/23/26

PRESENTING CLINICAL SIGNS

Presented 2/19/26 for pre-op labwork prior to unilateral cryptorchid (inguinal) neuter. On labwork ALT elevated. Bile acids performed 2/24/26. Owner noted p having diarrhea for 6 days prior to appt, had just started bland diet and fortiflora, rec fecal. Recheck labwork 3/19/26 found continued elevation in ALT and eosinophils. Patient is otherwise BAR, active/playful, weight down 2 oz from last appt, persistent diarrhea, fecal sample obtained at AUS appt to be sent out. Concern for possible primary portal vein hypoplasia with GI disease.

2/20/26: ALT 166 (H), WBC 19.4 (H), Lymphocytes 6984 (H) 2/26/26: Pre bile acids 23.6 (H), Post bile acids 14 3/20/26: ALT 468 (H), WBC 16.7 (H), Lymphocytes 6179 (H), Eosinophils 1336 (H)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is small with a normal thickness and smooth appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.

Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.

Normal renal size (left measured 3.8 cm, right measured 3.9 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident.

The prostate is normal in size and appearance measuring 1.1 x 1.6 cm in width.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.25 cm and 0.26 cm in width. The right adrenal gland measured 0.29 cm and 0.38 cm in size.

Spleen

Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 1.2 cm in width.



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Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

Gallbladder

The gallbladder is full containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

Gastrointestinal

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen. Moderate amount of ingesta is present in the stomach compatible with a recent meal.

Pancreas

The visible sections of the pancreas are of normal size and echogenic appearance with a regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Normal ultrasound examination of the abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

On this ultrasound there is no obvious etiology for the elevated ALT activity.

The mildly elevated preprandial bile acids is most likely an incidental finding.

On this ultrasound there is no obvious etiology for the diarrhea.

Further assessment of the elevated ALT activity would be FNA cytology of the liver; however, a tru cut or wedge biopsy may be required for a final etiological diagnosis.

Specific therapy would be dependent on an etiological diagnosis.



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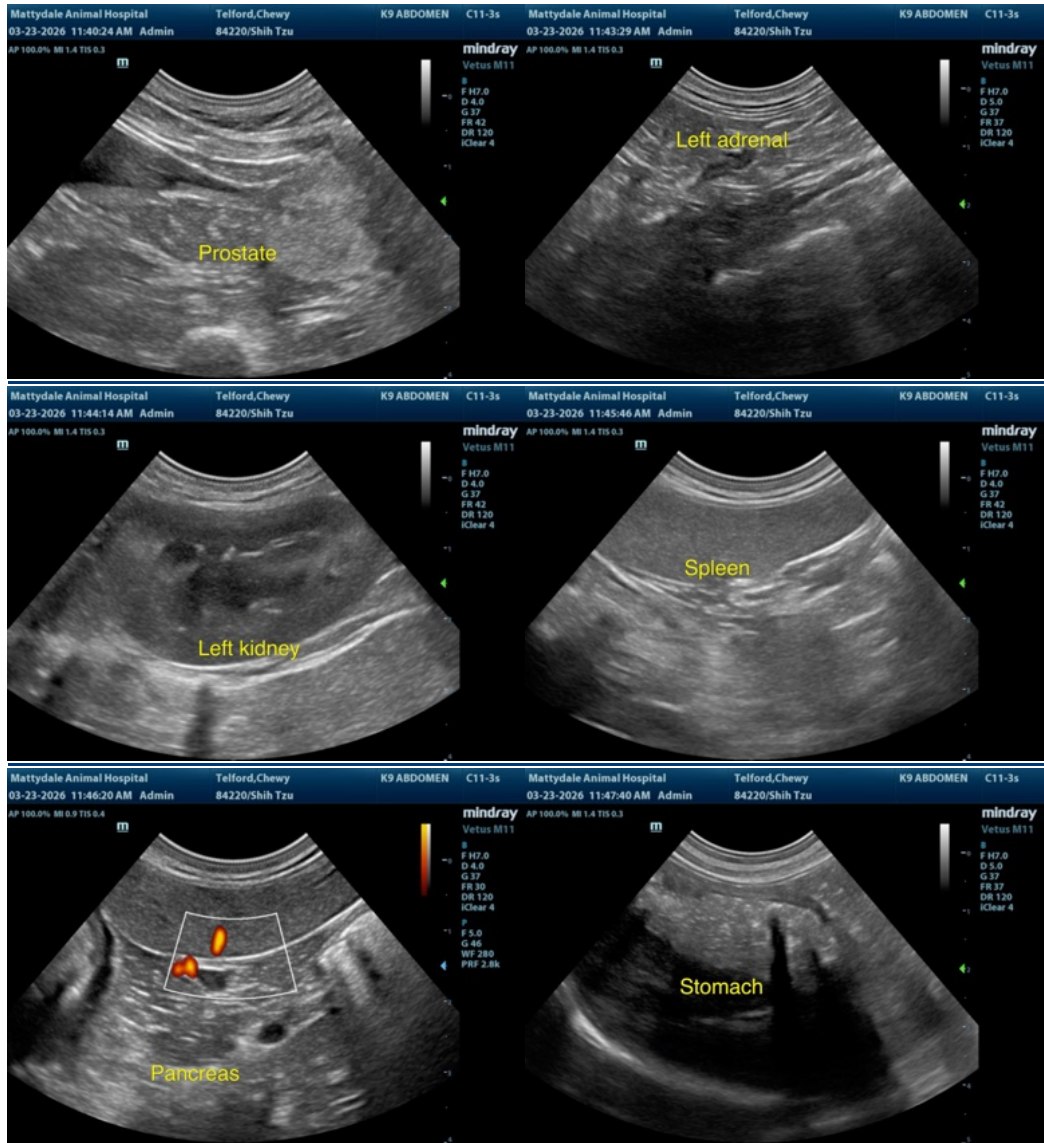
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Symptomatic management would be dependent on an etiological diagnosis. Symptomatic management that can be considered would be the use of Ursodiol with regular monitoring of liver enzyme activity.





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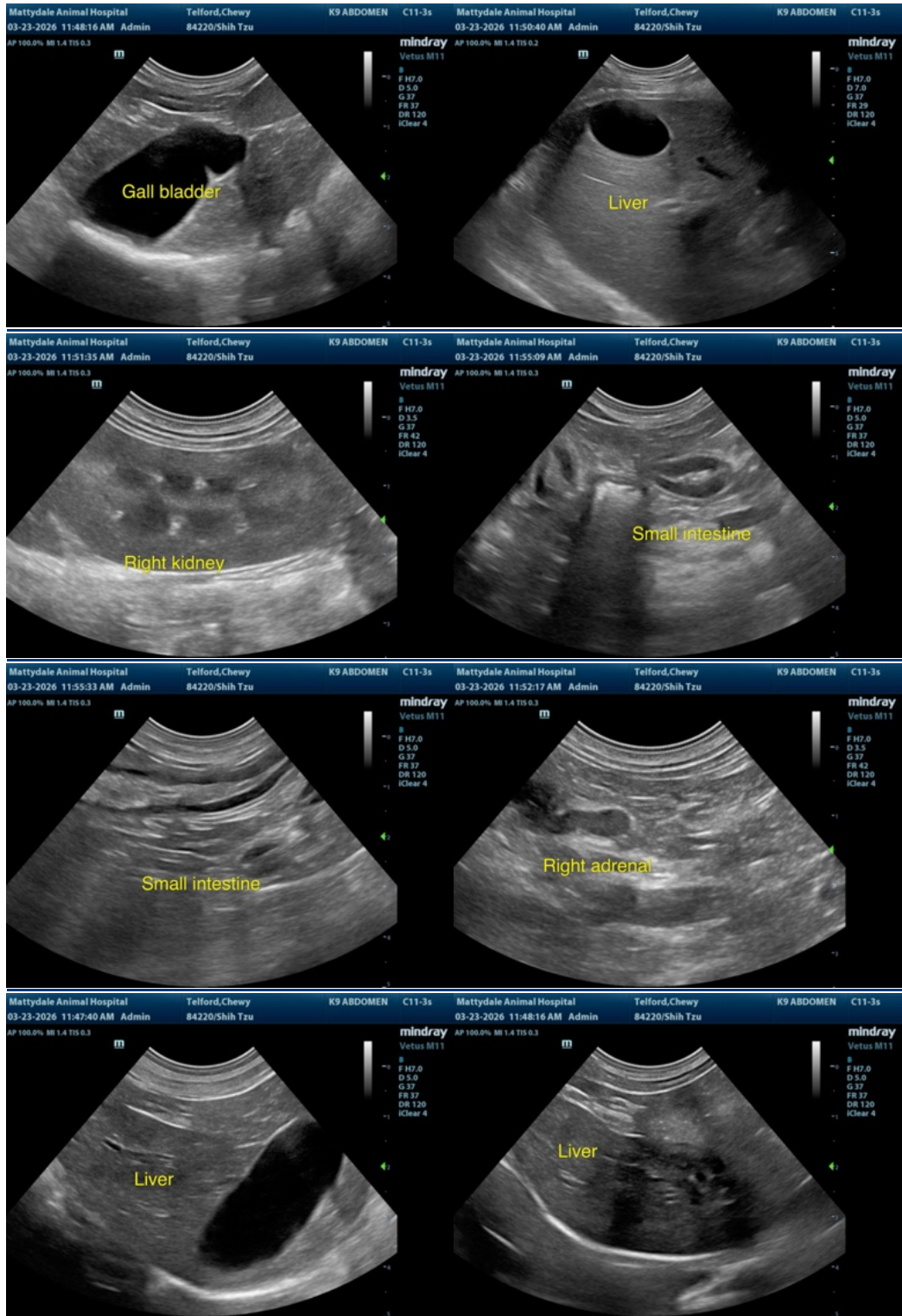
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The information and recommendations provided are based on the images presented by the



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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.

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)

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