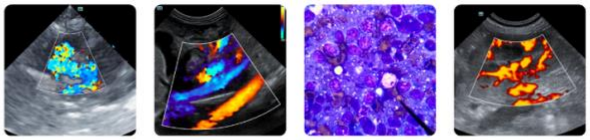


PATIENT

Stevie Fish

SPECIES

Canine

BREED

Staffordshire Terrier Mix

SEX

Spayed Female

AGE

10 Years

WEIGHT

43.2

INTERPRETED BY

Remo Lobetti BVSc, MMedVet, PhD, DECVIM

IMAGING PERFORMED BY

Dr. Emily Shotts

HOSPITAL NAME

Riverbend VPCH

REFERRING VET

Dr. Emily Shotts

INVOICE

37029

DATE

5/8/26

PRESENTING CLINICAL SIGNS

History: Stevie is a 10 year old FS pit mix that presented on 2/13/2026 for pre-op bloodwork for a dermal mass removal, patient was otherwise normal and feeling well. Her ALT was 148 and ALP was 776; bloodwork was otherwise unremarkable. On the previous years bloodwork (1/29/25) ALT was 24, ALP was 46. A focal ultrasound of the liver appeared normal and the patient was put on a 1 month course of ursodiol and denamarin. Recheck bloodwork on 4/3/2026 showed ALT at 89 and ALP at 776. Bile acids were within normal limits on 4/17/2026. Searching for cause of jump in liver enzymes over the past year. Patient has remained clinically normal.
Abnormal PE/Chem/CBC/UA Results: See history

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Small urinary bladder 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, 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 left kidney measured 5.9 cm. The right kidney measured 6.2 cm.

Adrenal Glands

The left adrenal gland was normal in shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. The left adrenal gland measured 0.42 cm and 0.48 cm in width.

The right adrenal gland was not clearly visualized but appears to be of normal shape, echogenic and size.

Spleen

Normal size (1.8 cm in width) 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.

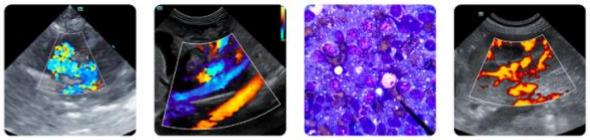
Liver

Normal size with a mild increased echogenic and coarse appearance, mild increased in portal markings, and a regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

Gallbladder

Full gallbladder, containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

Gastrointestinal



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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.

Pancreas

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

- Hepatopathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the hepatopathy would be reactive hyperplasia, early nodular hyperplasia, vacuolar, metabolic and possibly low-grade cholangiohepatitis. Infiltrative neoplasia would be a highly unlikely differential diagnosis.

Further assessment 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 depend on an etiological diagnosis.

Symptomatic management would be to possibly continue with the current therapy.

Management of cholangiohepatitis would be a course of antibiotics (penicillin, cephalosporins, quinolones), and if there's still not a satisfactory improvement, then a course of prednisolone.

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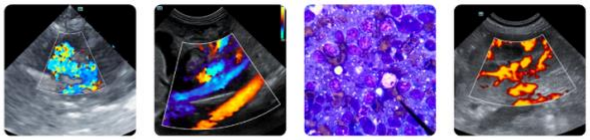

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SonoPath.com info@sonopath.com 1.800.838.4268

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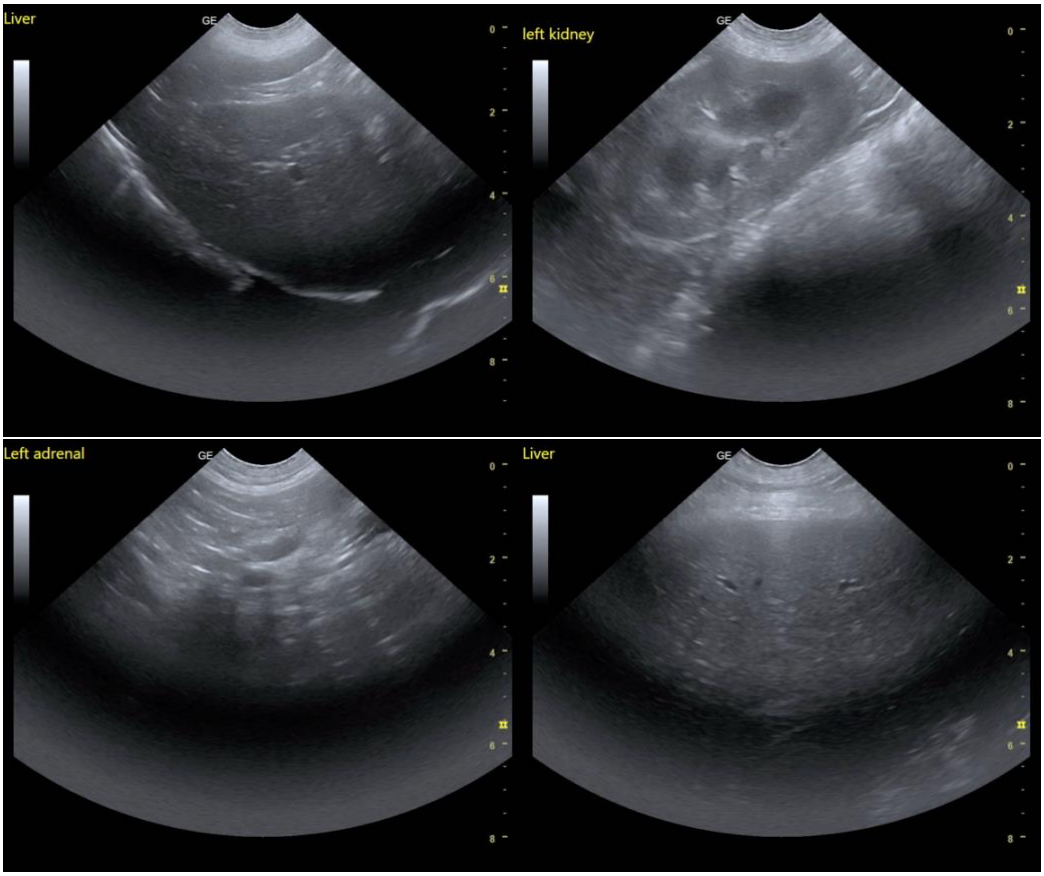

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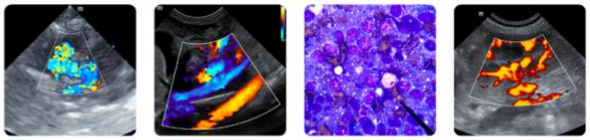

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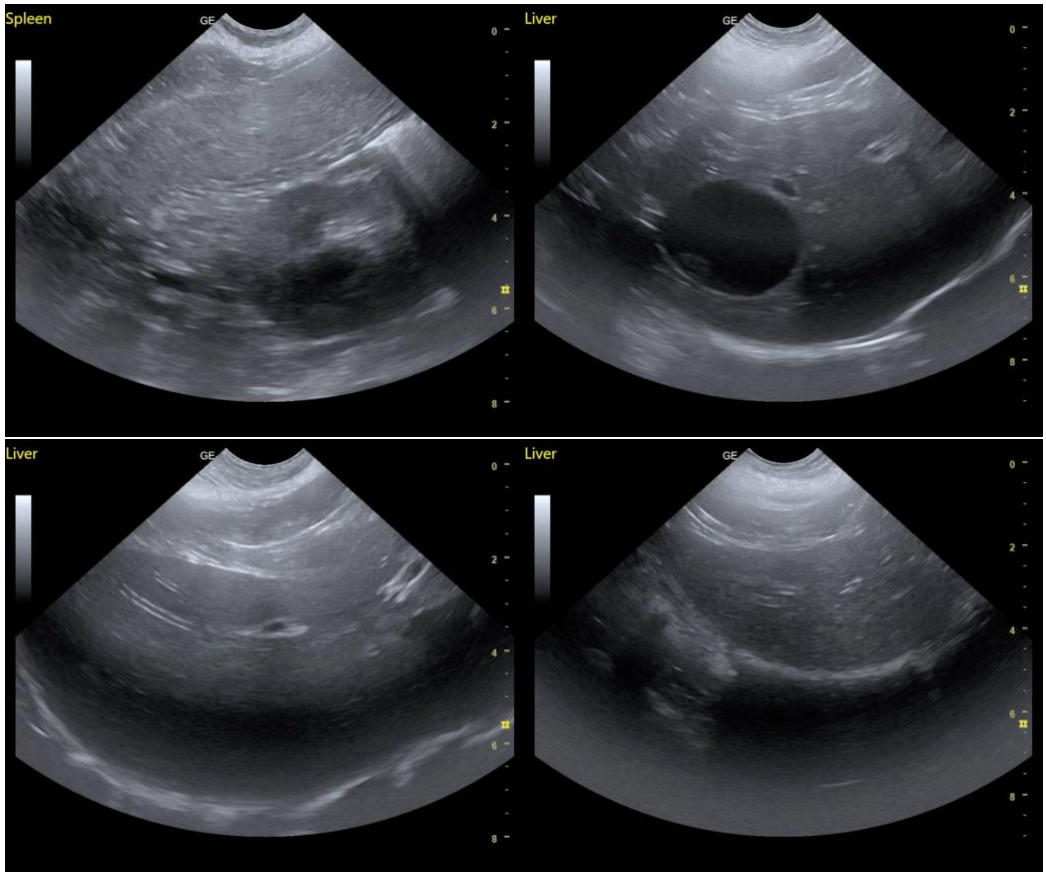

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

info@sonopath.com