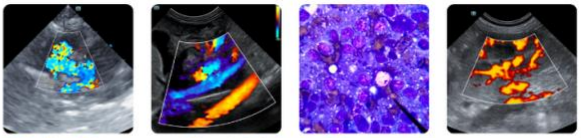

PATIENT

Penelope Aldridge

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Spayed Female

AGE

7 Years

WEIGHT

20.6 Pounds

INTERPRETED BY

Tam Mengine, DVM, DABVP (canine/feline practice)

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

The Venturing Vet

REFERRING VET

Dr. Herzog

INVOICE

35083

DATE

12/26/25

PRESENTING CLINICAL SIGNS

History: Increase Liver Values. Meds: Denamarin

Abnormal PE/Chem/CBC/UA Results: Most recent 11/20/25: AST 85 H, ALT 367 H, ALKP 175 H, BUN 5 low, HGB 20.5 H, accuplex negX4, 10/14: ALT 187 High, BUN 4 L.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine, and no luminal sediment is present. The ureteral papillae, trigone and pelvic urethra are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted. Urethra visualized to 3.0 cm.

The kidneys are of normal size and shape and exhibit appropriate corticomedullary differentiation with a normal 1:3 cortex to medulla ratio. There is no evidence of nephrolithiasis, mineralization, pyelectasia, cystic change or hydronephrosis. The proximal ureter is not visible (normal). The left kidney is 4.2 cm in length. The right kidney is 5.3 cm in length.

Adrenal Glands

The adrenal glands are both identified in their normal locations. They are normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland height is 2.9 mm at the cranial pole and 4.5 mm at the caudal pole. The right adrenal gland height is 5.3 mm at the cranial pole and 3.2 mm at the caudal pole.

Spleen

A 9.9 mm diameter heterogenous splenic nodule is noted in the body of the spleen, which does not disrupt the splenic capsule. The surrounding omentum is normal. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal.

Liver

The liver is diffusely hyperechoic and subjectively reduced in volume, with sharp borders and a homogenous echotexture. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

The gallbladder is moderately distended with anechoic contents and a small amount of freely moveable echogenic sludge. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

Gastrointestinal

The stomach is moderately distended with ingesta. The gastric wall is 2.7 mm with normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.

The visualized portions of the duodenum, jejunum, and ileum are of normal thickness with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio. Intestinal motility appears normal.

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The visible portions of the colon are of normal thickness, up to 1.8 mm, with intact wall layering. The ileocecal junction is not visualized.

Pancreas

The areas of the limbs and body of the pancreas are isoechoic to the surrounding mesenteric fat, with normal capsular appearance. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

Free Abdomen

There is no evidence of free fluid within the peritoneal cavity. The omentum and intra-abdominal fat are of appropriate echogenicity. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

Other

The visualized portion of the heart exhibits appropriate systolic function, with no masses or effusions noted.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Diffusely hyperechoic liver with subjective reduction in size

Secondary Findings

- Small heterogenous splenic nodule

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes in the liver are non-specific and could be attributed to endocrine disease, other vacuolar hepatopathies, reactive hepatopathy, storage hepatopathy, chronic infectious or inflammatory disease (including leptospirosis), hepatic lipidosis, or less likely neoplasia. Additional recommendations include:

- bile acid testing is recommended to further assess severity of hepatic disease - if elevated then liver biopsies are strongly recommended
- if bile acids are normal, then initiation of liver support therapies such as SAMe, Vitamin E and ursodiol, along with serial monitoring of liver enzyme levels every 2-3 months, could be initiated
- Ultrasound-guided or laparoscopic biopsies would be needed for definitive diagnosis. Fine needle aspirate for cytology could also be performed but is less likely to yield a definitive diagnosis.

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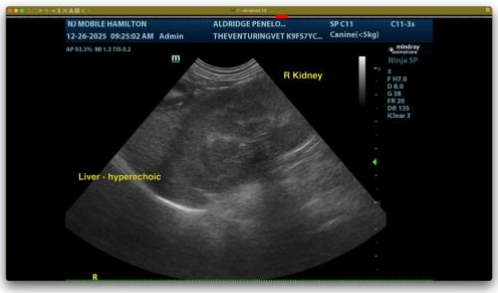
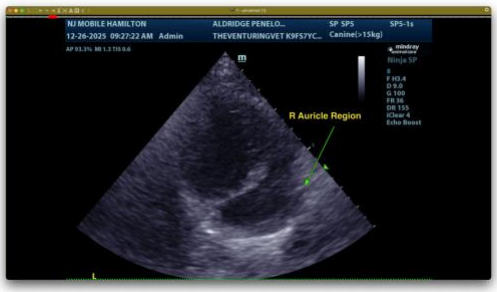
The splenic nodule is likely an incidental finding and may represent nodular hyperplasia, extramedullary hematopoiesis, or less likely emerging neoplasia. Fine needle aspiration with a 25-gauge needle could be attempted if coagulation parameters are normal but may not yield a definitive diagnosis. Serial monitoring with ultrasound at 6–8-week intervals could also be considered to determine whether this lesion is progressive.





The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not

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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.

Tam Mengine, DVM, DABVP (canine/feline practice)

info@SonoPath.com