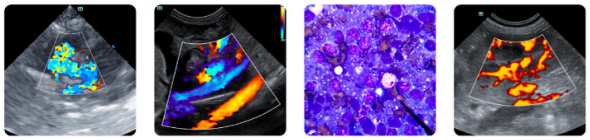


PATIENT

Chuck Chrisostomo

SPECIES

Canine

BREED

Shih tzu

SEX

MN

AGE

11 years 10 months

WEIGHT

24.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gira

HOSPITAL NAME

Silverado Veterinary Hospital

REFERRING VET

Dr. Marahar

INVOICE

10884

DATE

12/5/2025

PRESENTING CLINICAL SIGNS

History of ALP elevation (slow progressive increase). ALP in 700 range , Lipase 336.

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 4.0 cm.

The prostate is of appropriate size for patient age and neutering status, with a homogenous parenchyma and smooth capsule. The prostatic urethra is non-dilated with normal margins.

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). Left kidney measures 5.5 cm, and the right kidney measures 5.6 cm.

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. Left adrenal measures 6.2 mm at the cranial pole and 5.7 mm at the caudal pole. Right adrenal measures 5.2 mm at the cranial pole and 5.1 mm at the caudal pole.

Spleen

The spleen is of appropriate size and has a normal, homogenous parenchyma with a smooth, continuous capsular surface. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal.

Liver

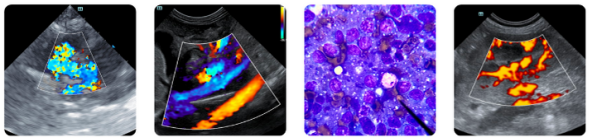
The liver is diffusely hyperechoic and subjectively enlarged, with rounded margins and a homogenous echotexture. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

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 gas. The gastric wall is 2.6 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, 1.6 mm, with intact wall layering. The ileocecal junction was 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 a 1.9 cm x 1.3 cm hypoechoic, rounded mass effect near the ascending colon. The surrounding omental fat is hyperechoic. There is no evidence of free fluid within the peritoneal cavity. Other abdominal lymph nodes are unremarkable. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

PRIMARY FINDINGS

- Diffusely hyperechoic rounded liver, consistent with non-specific hepatopathy.

SECONDARY FINDINGS

- Small, hypoechoic mass effect near the ascending colon, most typical of a lymph node, or possibly an abscess.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Fine needle aspiration of the mass effect near the ascending colon is recommended for definitive diagnosis. Possible explanations would include an enlarged lymph node, either due to inflammation or possibly infiltrative neoplasia, or a fluid filled lesion such as a granuloma or abscess.

The appearance of the liver and chronically elevated ALP are consistent with a reactive hepatopathy. The following next steps are recommended:

- Screening for hyperlipidemia with a fasted triglyceride level is recommended, if not already performed.
- Testing for Cushing's disease is recommended only if clinical signs support the diagnosis, otherwise a false positive result may be obtained. The appearance of the adrenal glands does not support a diagnosis of Cushing's disease, but this does not completely rule it out.
- Serial chemistry screens, at 3-6 month intervals, are recommended. As long as all other liver laboratory values are normal, then a clinically significant hepatopathy is highly unlikely. However, if ALT or TBili become elevated, then bile acid testing, liver support supplements such as SAMe, milk thistle and ursodiol, as well as recheck ultrasound would all be recommended.
- 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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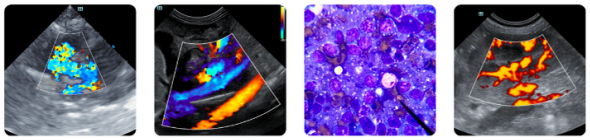

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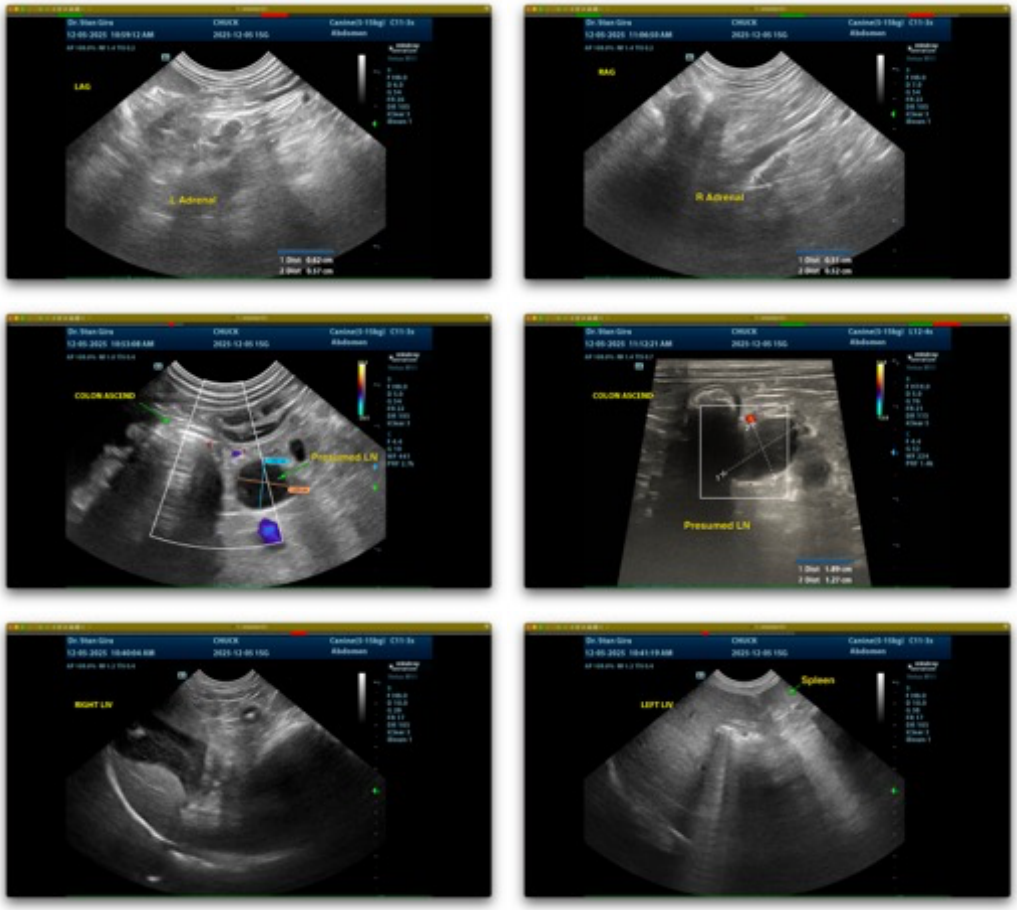

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

info@SonoPath.com