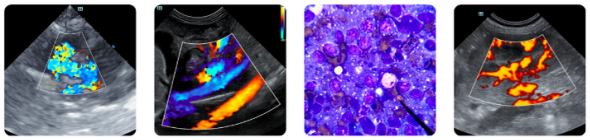


PATIENT

Max Baiocchetti

SPECIES

Canine

BREED

Terrier Mix

SEX

MN

AGE

12 years

WEIGHT

15 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Mychajlonka

HOSPITAL NAME

Craig Road Animal Hospital

REFERRING VET

Dr. Mychajlonka

INVOICE

10868

DATE

12/5/2025

PRESENTING CLINICAL SIGNS

P seen on monday for vomiting - bloodwork done and showed liver elevations. P now doing better no longer vomiting. previous splenectomy done 8/25- Lymphoid nodular hyperplasia with extramedullary hematopoiesis and hematoma formation.

Abnormal PE/Chem/CBC/UA Results: ALT (SGPT) 756 HIGH 12-118 IU/L ALK PHOS 306 HIGH 5-131 IU/L GGT 37 HIGH 1-12 IU/L TRIGLYCERIDE 455 HIGH 29-291 mg/dL Platelet Count 447 HIGH 170-400 103/mL.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is minimally 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 2.0 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 4.4 cm, and the right kidney measures 4.2 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 3.6 mm at the cranial pole and 4.3 mm at the caudal pole. Right adrenal measures 3.8 mm at the cranial pole and 3.8 mm at the caudal pole.

Spleen

The spleen is not visualized, consistent with a history of prior splenectomy.

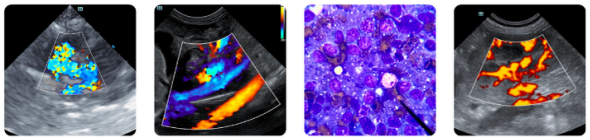
Liver

The liver parenchyma is diffusely heterogeneous and subjectively enlarged, with sharp borders. 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 large amount of echogenic sludge. There is a cholelith present within the gallbladder lumen measuring 3.0 mm. 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 3.3 mm with normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.



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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.

The visible portions of the colon are of normal thickness, 1.0 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 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.

PRIMARY FINDINGS

- Diffusely hyperechoic, heterogenous liver, consistent with a non-specific hepatopathy.

SECONDARY FINDINGS

- Small gallbladder cholelith, which is typically an incidental finding in the dog.
- Large amount of gallbladder sludge, without evidence of inflammation or organization.

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 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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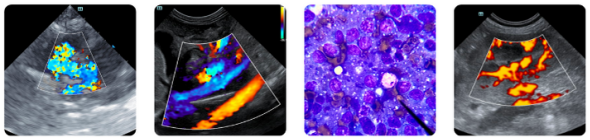

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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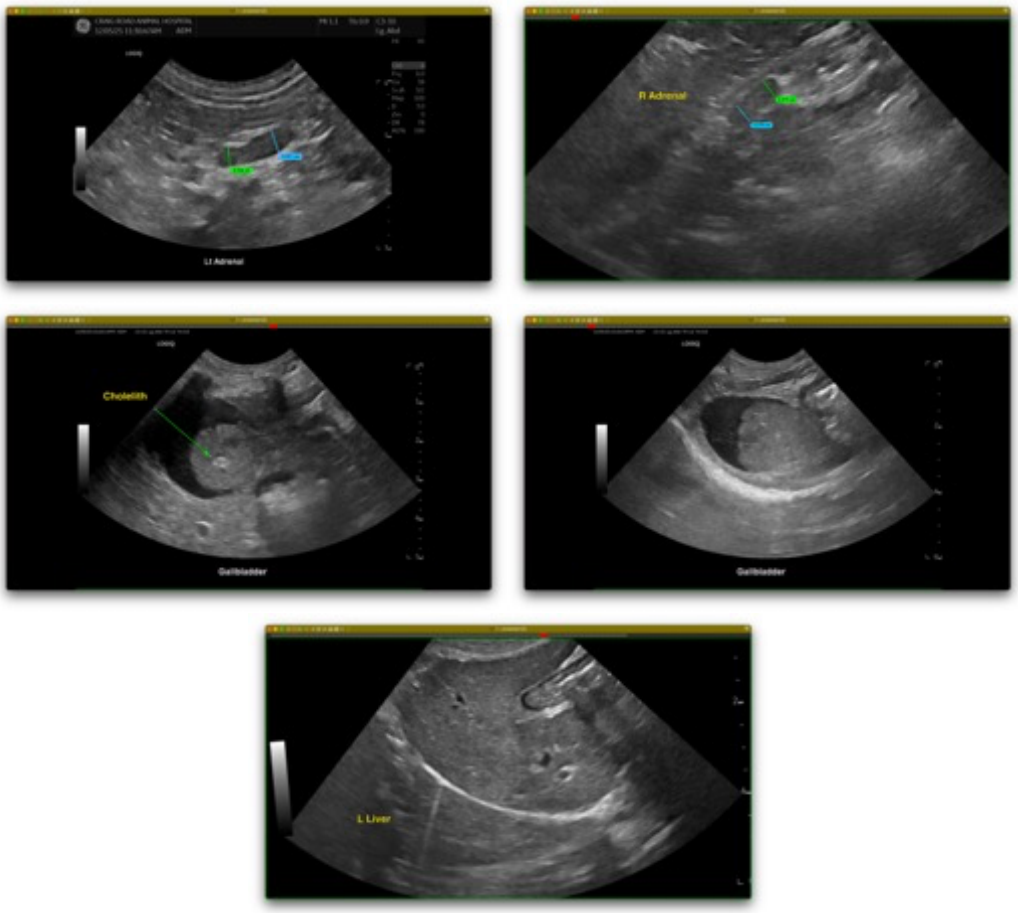

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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