



PATIENT

Marty Silvano

SPECIES

Canine

BREED

Havanese

SEX

Neutered Male

AGE

9 Years 3 Months

WEIGHT

20.8 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Rebecca Hamilton

HOSPITAL NAME

Legacy Animal Hospital

REFERRING VET

Dr. Potenzone

INVOICE

72969

DATE

2/13/26

PRESENTING CLINICAL SIGNS

Hepatopathy. Meds: Phenobarb 30mg

Abnormal PE/Chem/CBC/UA Results: ALT 814, ALP 1022, ^TBIL 1.2, CBili 2.3, Lepto Pending

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 (visible to 5.0 cm) are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted.

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 measures 4.8 cm. Right measures 5.0 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 measures 2.9 mm at the cranial pole and 5.6 mm at the caudal pole. Right measures 6.4 mm at the cranial pole and 3.9 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 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 small amount of freely-moveable echogenic sludge. The wall was thin and continuous with small focal polypoid lesions. The cystic and common bile ducts are normal / not visible.

Gastrointestinal

The stomach is moderately distended with gas. The gastric wall is 4.3 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.

The visible portions of the colon are of normal thickness (1.0 mm) with intact wall layering. The ileocecal junction is not seen.



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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, heterogeneous liver – consistent with non-specific hepatopathy.

SECONDARY FINDINGS

- Polypoid hyperplasia of the gallbladder wall, which is an incidental finding in older dogs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the liver is consistent with a non-specific hepatopathy, and liver biopsy would be required for definitive diagnosis. Additional recommendations include:

- Tapering and then discontinuation of Phenobarbital therapy with simultaneous initiation of alternative therapy such as Levetiracetam, Potassium Bromide, and/or Zonisamide (Zonisamide typically being used in addition to one of the other therapies and not as a solo therapy). Consultation with a veterinary neurologic could be considered if there are significant breakthrough seizures during adjustment of medications.
- Initiation of liver support therapy such as SAM-e, Vitamin E and Ursodiol, along with serial monitoring of liver enzymes, initially at weekly intervals, with less frequent monitoring if there is a positive response to treatment.
- If symptoms of hepatic dysfunction develop such as hepatic encephalopathy, hypoalbuminemia, or other signs of liver failure, these should be treated as they arise.





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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