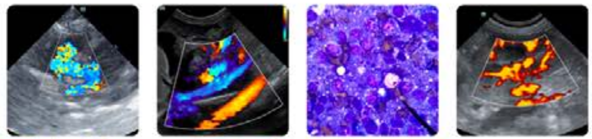


PATIENT
Lucky Nix

SPECIES
Canine

BREED
Mixed

SEX
Neutered Male

AGE
9 Years

WEIGHT
7 kg

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

IMAGING PERFORMED BY
Michael Schacher

HOSPITAL NAME
Emergency Veterinarians of Idaho

REFERRING VET
Sylvan Veterinary Hospital

INVOICE
72786

DATE
2/7/26

PRESENTING CLINICAL SIGNS

Severe liver enzyme increases - patient had fainting episode at rDVM and transferred to ER for further care. History of lethargy, not eating, and vomiting. rDVM concerned by appearance of stomach on AFAST.

Abnormal PE/Chem/CBC/UA Results: ALT 4800, ALP moderately elevated Tbili mildly elevated, GGT mildly elevated, amylase markedly elevated, CPL moderately abnormal

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

The prostate is diffusely enlarged measuring 2.8 cm x 2.8 cm with a hyperechoic parenchyma and smooth capsule. The prostatic urethra is not dilated.

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 4.3 cm. Right measures 4.1 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 5.2 mm at the caudal pole. Right measures 4.2 mm at the cranial pole and 5.4 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.

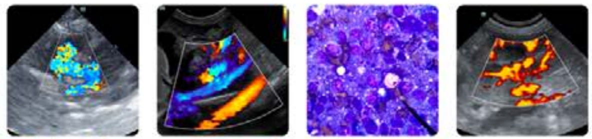
Liver

The liver is diffusely hyperechoic and of subjectively normal size, 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. There are multiple tiny choleliths present within the gallbladder lumen.The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

Gastrointestinal

The stomach is mildly distended with fluid. The gastric wall is 3.2 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. The duodenum is diffusely corrugated. Intestinal motility appears normal.

The visible portions of the colon are of normal thickness (1.2 mm) with intact wall layering. The ileocecal junction is not visualized.

Pancreas

The right limb of the pancreas is swollen and hypoechoic, surrounded by hyperechoic mesenteric fat. The pancreatic ducts appear normal.

Free Abdomen

There is no free fluid noted within the abdomen. There is hyperechoic, inflamed omental fat noted in the region of the liver and right pancreas. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

PRIMARY FINDINGS

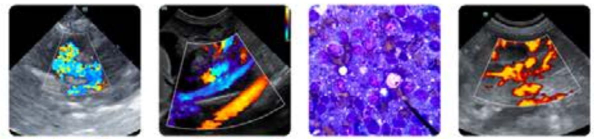
- Diffusely hyperechoic liver, of normal size, consistent with non-specific hepatopathy
- Hypoechoic right pancreas and corrugated duodenum, consistent with pancreatitis
- Multiple gallbladder choleliths, without evidence of obstruction - often an incidental finding, but have also been associated with bacterial cholecystitis
- Enlarged prostate - correlate with neutering age

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Definitive cause for the patient's hepatopathy would require liver and bile sampling for histopathology and culture - possible causes would include vacuolar hepatopathies, storage hepatopathy, chronic infectious or inflammatory disease (including leptospirosis), or less likely neoplasia Given the concurrent cholelithiasis, bacterial cholangiohepatitis / cholecystitis is a possible differential diagnosis that might explain both findings. If empiric treatment is desired (or is to be initiated pending histopathology and culture results), the following steps are recommended:

- Testing for leptospirosis
- Initiation of liver support therapies such as SAMe, Vitamin E and ursodiol
- Broad spectrum antibiotic therapy, such as a combination of amoxicillin or amoxi-clav, in combination with a fluoroquinolone, is recommended. If recheck lab values in 1 week show significant improvement, then a 4-6 week total course of antibiotics is recommended.
- Given the history of a fainting episode, neurologic assessment is recommended to investigate the possibility of hepatic encephalopathy. Thoracic radiographs and ECG are also recommended to further investigate this episode.

The prostate is of normal size and echogenicity for an intact male - if this patient was neutered later in life, then this may be an incidental finding, but if neutered as a puppy, the possibility of underlying prostatic pathology, including infection and neoplasia, should be considered.



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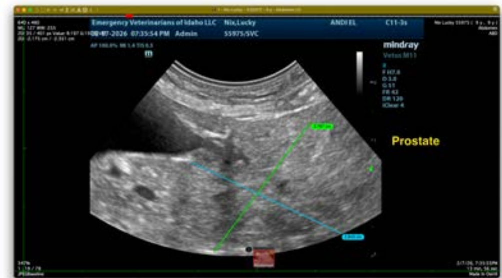

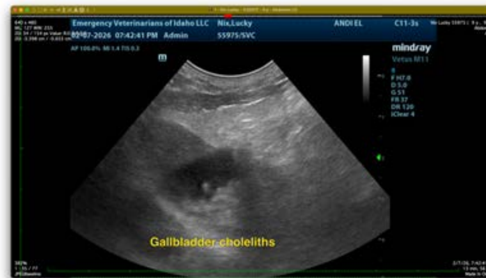

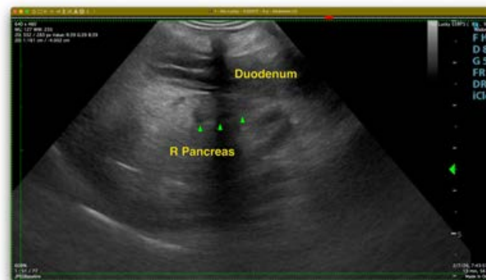

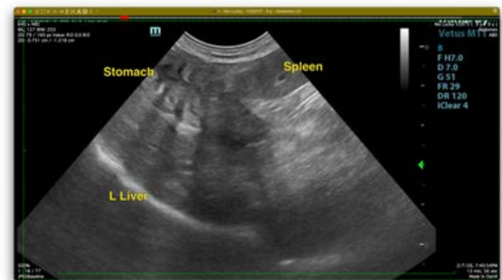

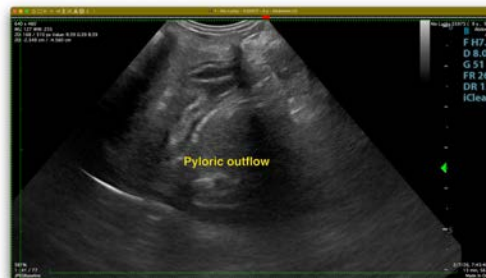

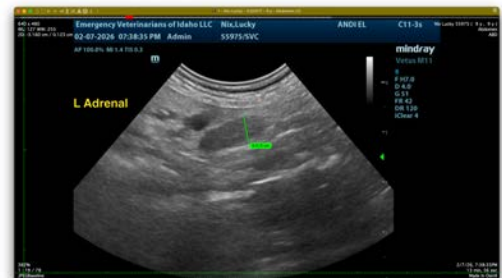

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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