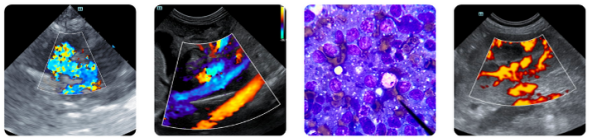


PATIENT

Cooper Scroggin

SPECIES

Canine

BREED

Harzer Fuchs

SEX

MN

AGE

9

WEIGHT

62

INTERPRETED BY

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

IMAGING PERFORMED BY

Eric Randall, DVM

HOSPITAL NAME

Petroglyph Animal Hospital

REFERRING VET

Dr. Madison Pegouske

INVOICE

12046

DATE

5/292026

PRESENTING CLINICAL SIGNS

Patient presented for 2-3 week history of hyporexia progressing to anorexia, 1-2 episodes of vomiting a few days prior to presentation, and persistent lethargy. Physical exam findings on presentation were largely unremarkable with exception of mild dehydration. Abdominal radiographs were largely unremarkable. Blood work indicated ALT 675, total bilirubin 1.0. A few weeks before onset of symptoms, patient was evaluated elsewhere for joint concerns and an acute soft tissue injury; prescribed carprofen. Owners report patient has not received carprofen for about 1-2 weeks prior to presentation.

Abnormal PE/Chem/CBC/UA Results: ALT: 675 ALP: 216

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 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 6.3 cm and the right kidney measures 7.3 cm.

Adrenal Glands

The left adrenal gland is identified in its normal location. It is of normal size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland height is 4.4 mm at the cranial pole and 5.0 mm at the caudal pole. The right adrenal is not distinctly visualized, but the region appears unremarkable.

Spleen

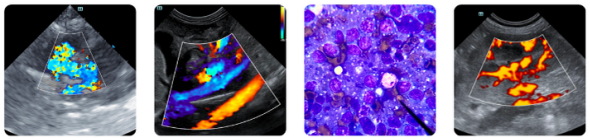
The spleen is of appropriate size and has a normal, homogenous parenchyma with a smooth, continuous capsular surface. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal.

Liver

The liver is diffusely hyperechoic and subjectively enlarged, with 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 is a large cholelith present within the gallbladder lumen measuring 3.5 cm. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

Gastrointestinal



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The stomach is mildly distended with gas. The gastric wall is 5.1 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, 1.8 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.

PRIMARY FINDINGS

- Diffusely hyperechoic liver, consistent with non-specific hepatopathy.
- Large gallbladder cholelith, which is often an incidental finding in the dog, but in a patient with elevated liver values it may indicate underlying inflammatory disease of the biliary system.

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:

- Screening for hyperlipidemia with a fasted triglyceride level is recommended, if not already performed
- Initiation of liver support therapies such as SAMe, Vitamin E and ursodiol
- 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.
- If empiric treatment is desired, then therapy with broad spectrum antibiotics such as a combination of amoxicillin, etc.

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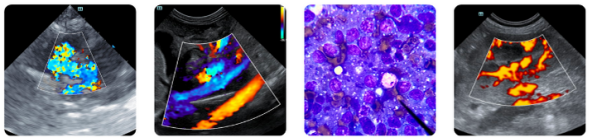

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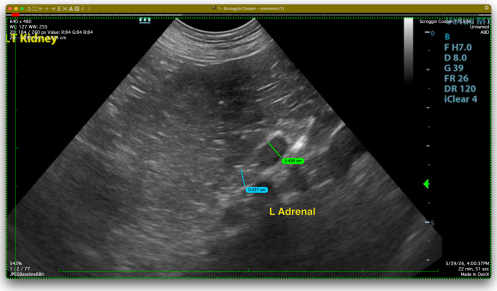

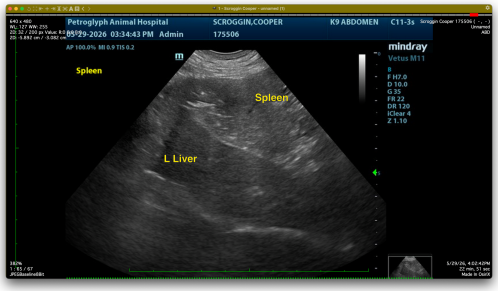

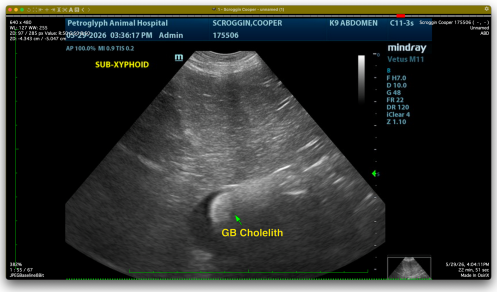

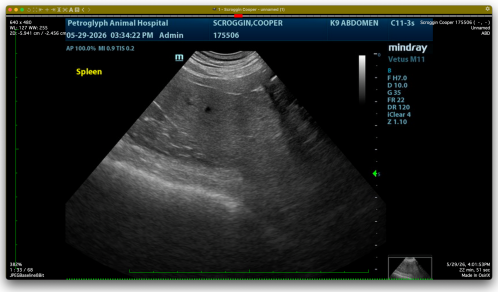

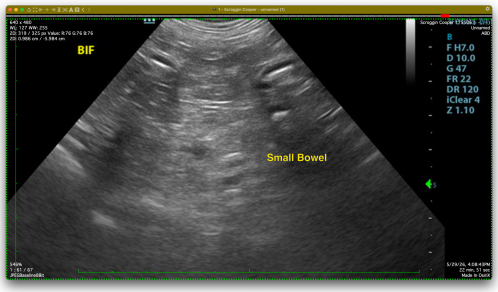

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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