

**PATIENT**

Roxy McAfee

**SPECIES**

Canine

**BREED**

English Bulldog

**SEX**

Female, spayed

**AGE**

9 Yrs.

**WEIGHT**

73.8 lbs.

**INTERPRETED BY**

Andrea Nicastro, DVM,  
Diplomate ACVIM  
(Small Animal Internal  
Medicine)

**IMAGING  
PERFORMED BY**

Dr. Bartus

**HOSPITAL NAME**

Valley VS

**REFERRING VET**

Dr. Bartus

**INVOICE**

13737

**DATE**

7/18/22

**PRESENTING CLINICAL SIGNS**

History: ALKP has been gradually increasing for one year. Previously had a suspected Transitional Cell Carcinoma at the trigone of the bladder. Has been taking Piroxicam 10 mg SID.  
Abnormal PE/Chem/CBC/UA Results: ALKP 720; Urine Sp. Gr. >1.040 WBC>50, cocci +1

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

*Urinary System*

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. The wall appears normal in thickness with a smooth mucosal surface. No cystic calculi are observed. The region of the trigone is difficult to visualize due to gas artifact from the colon.

The left kidney is normal size (5.91 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal size (5.85 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

*Adrenal Glands*

The left adrenal gland is upper limits of normal size (0.88 cm at cranial pole) (0.71 cm at caudal pole) (2.51 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is evaluated. No obvious pathology is observed.

*Spleen*

The spleen is subjectively normal in size with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

*Liver*

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal.

*Gastrointestinal*

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

*Pancreas*



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The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

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*Free Abdomen*

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. A 1.89 cm medial iliac lymph node is visualized. The node is normal in shape and echogenicity.

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**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings:**

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- An obvious cause for the elevated ALP is not identified in this study. Given the normal ALT and the normal sonographic appearance of the liver, a benign process (i.e., age-related remodeling, low-grade vacuolar hepatopathy or mild regenerative nodular hyperplasia) is likely present with a lower possibility of more insidious pathology.

**AGE**

9 Yrs.

**Secondary Findings:**

- Bilateral, chronic age-related renal changes.

**WEIGHT**

73.8 lbs.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Serial monitoring (i.e., every 3-4 months) of the patient's liver values is recommended. If liver values continue to increase, a repeat abdominal ultrasound +/- hepatic tissue sampling may be warranted.

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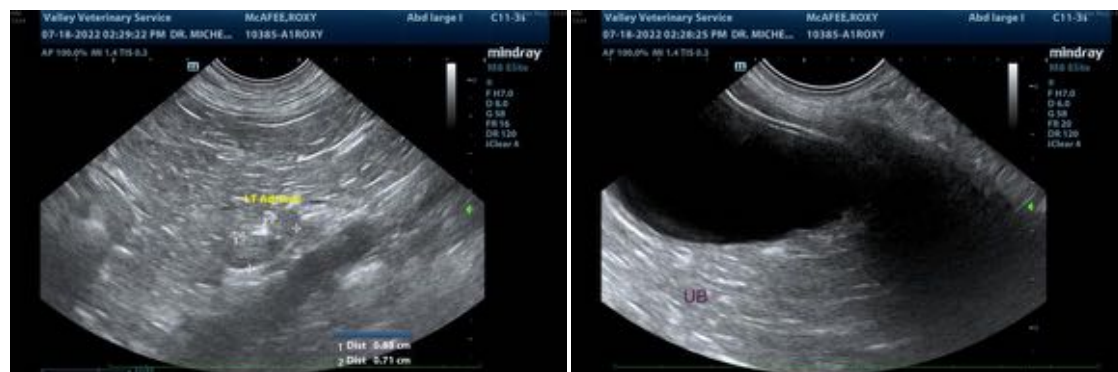
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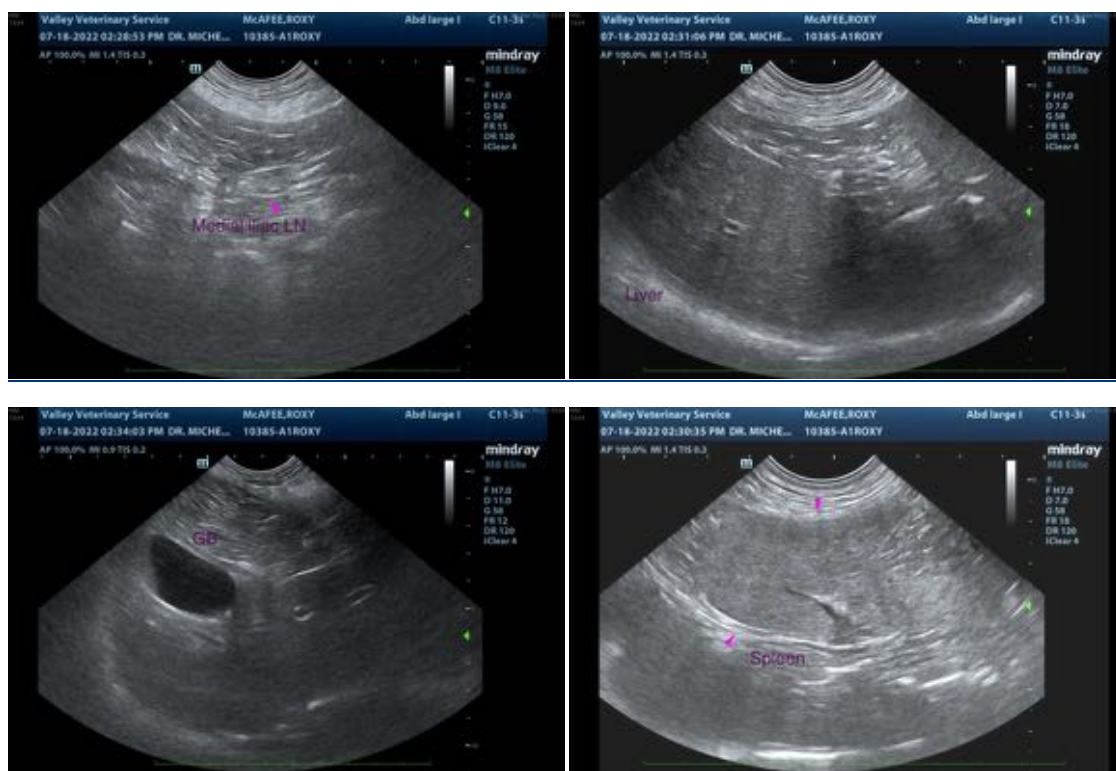
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, DVM, Diplomate ACVIM (Small Animal Internal Medicine)

Andrea.nicastro@sonopath.com