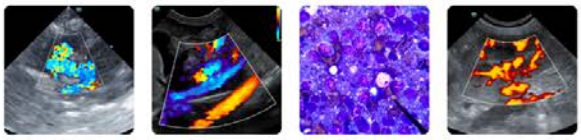


DATE

12/4/25

PATIENT

Rae Hershfield

SPECIES

Canine

BREED

Lab

SEX

Spayed Female

AGE

4/16/18

WEIGHT

89 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

HOSPITAL NAME

Timonium Animal Hospital

REFERRING VET

Dr. McMichael

INVOICE

72347

PRESENTING CLINICAL SIGNS

Patient History: h/o chronic skin allergies -- interdigital cysts, pyoderma (yeast). h/o sensitive stomach-diarrhea/soft stools common. h/o hypothyroidism. Concern for ALKP elevation and anemia.

Current Medications: Carprofen 75mg PO q 12 hrs. Apoquel 16mg tab PO q 12 hrs. Adequan twice weekly for 4 wks (this is the last week). Ketoconazole for yeast pyoderma. Chlorhexidine foot soaks. Mupriocin/Animax on feet. Ketorolac for allergic conjunctivitis
Labwork Results: Labwork attached, reported as: Alkp: 1999 (has been elevated 837 back to 2021). No clincial signs of Cushings per owner. Hct: 36% concern for GI bleed vs open
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed by: Stephanie Warga RDCS, RVT.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The right kidney is normal is size (7.4 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

The left kidney is normal is size (6.95 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Adrenal Glands

The right adrenal gland is normal in size (0.41 cm at cranial pole and 0.57 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.44 cm at cranial pole and 0.58 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

Liver is subjectively enlarged with mildly irregular margins. Parenchyma is mildly heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. Visible vasculature and biliary tree appear normal without distension or congestion

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The pancreas that is observed appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation. *See other.

Free Abdomen

There is no visible free peritoneal effusion noted in these images.

Just caudal to the pylorus there is an approximately 1.0 cm in diameter anechoic density that could represent a pancreatic cyst versus a cystic lymph node or be associated with the gastric wall in that area, although association with the wall appears unlikely.

ULTRASONOGRAPHIC FINDINGS

- Mildly heterogenous liver – These changes are most consistent with benign processes such as nodular hyperplasia, steroid (vacuolar) hepatopathy, extramedullary hematopoiesis or possibly chronic inflammatory disease and less commonly infiltrative round cell or metastatic neoplasia.

- Moderate gallbladder debris - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.

- Suspect pancreatic cyst or small cystic lymph node caudal to the stomach, which likely represents a reactive or incidental benign change. Infiltrative neoplasia is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Differentials for a primary cholestatic liver enzyme pattern (increased ALP) are vast and non-specific. Differentials include, but are not limited to, benign nodular hyperplasia which occurs in 70% of older dogs and often does not result in an abnormal ultrasound, reactive or idiopathic/vacuolar hepatopathy, cholestasis and/or hyperadrenocorticism as well as many chronic non-hepatobiliary diseases such as chronic infections/inflammation from dental disease, IBD, neoplasia, hyperlipidemia, hypothyroidism, chronic pancreatitis, chronic stress, etc.

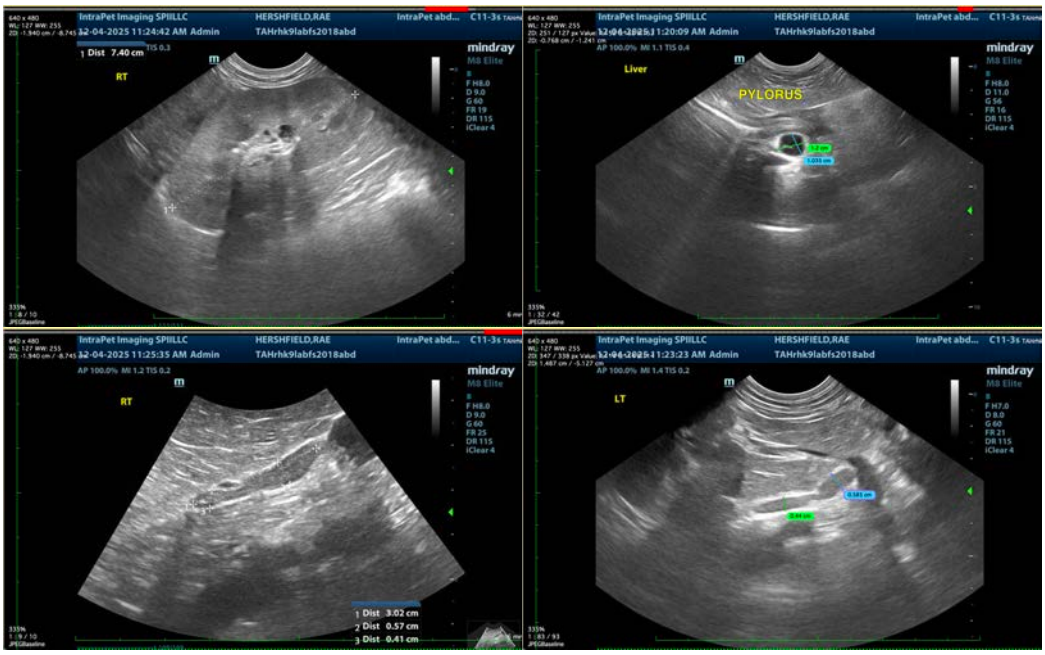
- Adrenocortical testing such as a low dose dexamethasone suppression test could be considered, especially given the reported clinical signs of hyperadrenocorticism at home.

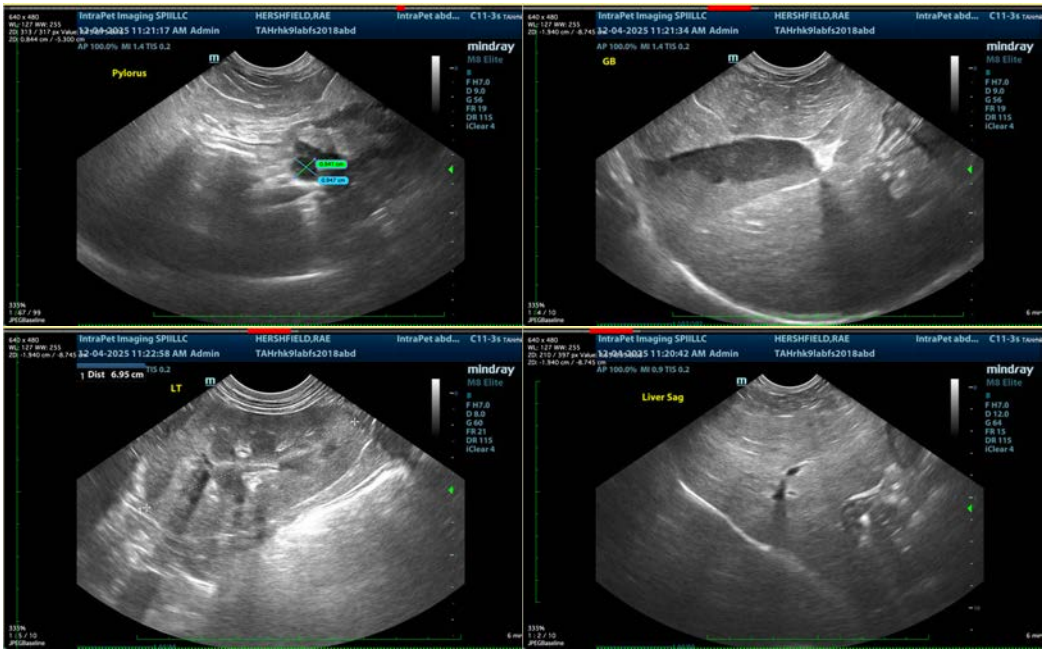
- Empirical hepatic nutraceuticals including Ursodiol could be considered, given the gallbladder sludge noted above.

- A fine needle aspirate of the liver could be considered if patient's coagulation status is appropriate.

- Otherwise, recommendations include addressing any other concurrent disease and monitoring. If values are progressive, recheck imaging is recommended.

There is not a definitive intraabdominal ultrasonographically visible explanation for patient's reported anemia, although chronic or slow gastrointestinal bleed can't be ruled out. Therefore, given patient's history, empirical antacid therapy as well as empirical deworming with a 5-day course of Panacur could be considered.





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.

Beth Johnson, DVM, DACVIM
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