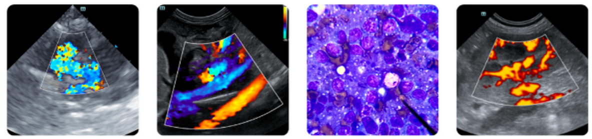


PATIENT
Misty Akamime

SPECIES
Canine

BREED
Mountain Cur

SEX
FS

AGE
11 years 11 months

WEIGHT
54.6 lbs

INTERPRETED BY
Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY
Dr. Lucas Budden

HOSPITAL NAME
Frontier Veterinary Hospital

REFERRING VET
Dr. Lucas Budden

INVOICE
10904

DATE
12/9/2025

PRESENTING CLINICAL SIGNS

Clinical signs: New ALT/ALP elevations History: Seen for perivulvar dermatitis on 11/15/25. Wellness lab work at that time revealed new ALP/ALT elevations. Doing well at home otherwise. Diagnosed with pancreatitis in June of 2025. Currently doing well on a low-fat diet. Current medications: Amantadine, Rimadyl, Trazodone Rx low fat diet.

Abnormal PE/Chem/CBC/UA Results: Physical exam: BCS 5/9, abdomen comfortable on palpation, mild dental tartar, normal exam otherwise Lab work: CBC/Chem 11/15/25 ALT high 343 ALP high 588 Remainder of CBC/CHEM normal Liver chem collected today and results pending.

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 (6.61 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 (6.94 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 (0.37 cm at caudal pole, and the cranial pole is unable to be well visualized in these images), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

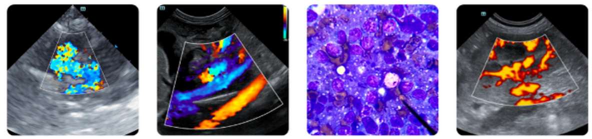
The left adrenal gland is normal in size (0.38 cm at caudal pole, and the cranial pole is unable to be well visualized in these images), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

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). In the mid spleen, there is an approximately 0.85 cm, almost linear appearing hyperechoic density.. Splenic vasculature appears normal.

Liver

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.



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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.

Free Abdomen

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

There is no apparent pathologic lymphadenopathy noted in these images.

PRIMARY FINDINGS

- 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.

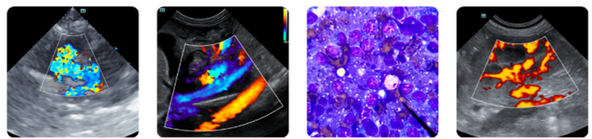
- Possible (unable to rule out) flat adrenal glands – This can be a normal patient variant and/or a sign of exogenous cortisol administration. If exogenous steroids are not being administered, hypoadrenocorticism (either relative or absolute) should be considered.

SECONDARY FINDINGS

- Focal hyperechoic splenic density trends in appearance toward benign, potentially incidental mineral or myelolipoma versus other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A baseline cortisol is recommended. If baseline cortisol is less than 2, a full ACTH stimulation test is recommended to rule out hypoadrenocorticism.



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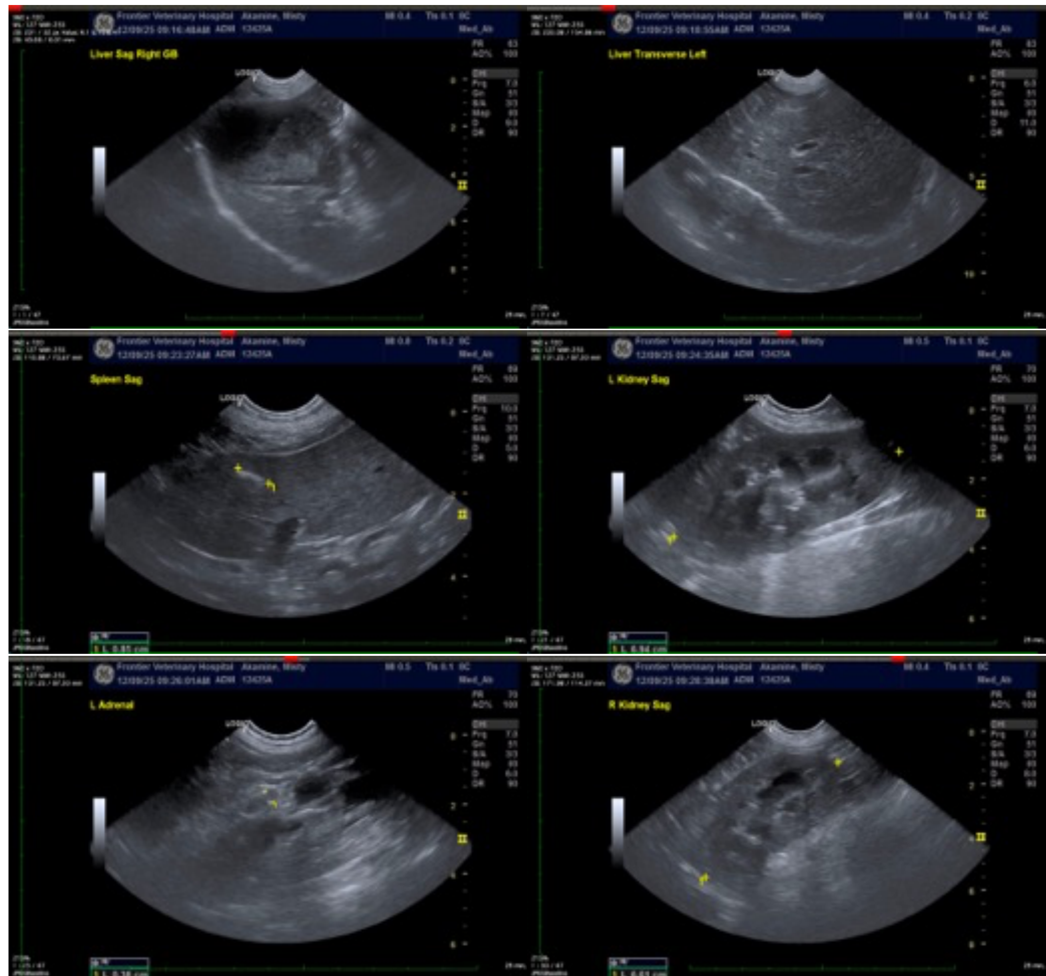
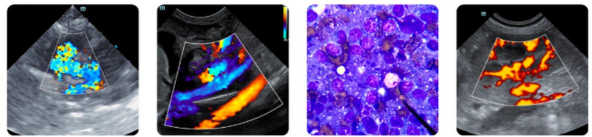
There's not a definitive ultrasonographically visible explanation for patient's reported liver enzyme increases, except for the gallbladder debris, which could be contributing at least to the alkaline phosphatase. Therefore, empirical hepatic nutraceuticals including ursodiol could be considered while monitoring values for improvement.

Having said that, given the concurrently increase ALT, further hepatopathy workup could also be considered, including bile acids if patient's total bilirubin is not increased, testing for leptospirosis and/or ultimately, sampling of the liver via fine needle aspirate if patient's coagulation status is appropriate.





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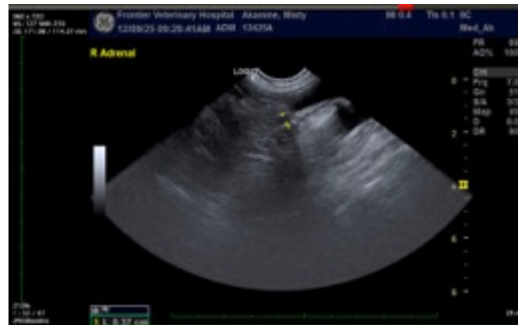

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM, DACVIM
info@sonopath.com