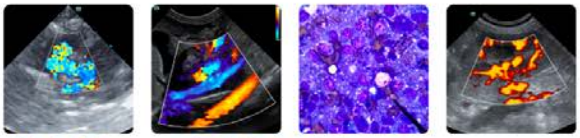


SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Molly Vandenberg

SPECIES

Canine

BREED

Terrier

SEX

Spayed Female

AGE

15 Years

WEIGHT

9.3 kg

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Stoney Ridge Animal Hospital

REFERRING VET

Dr. Brooks

INVOICE

73719

DATE

3/17/26

PRESENTING CLINICAL SIGNS

Alkp is increased significantly, but alt is still normal- so unlikely damage in liver but increased. Alkp could be aging change (nodules) or change in adrenal function (Cushing's) or stress (discomfort, physiologic) or issue with gallbladder. Would need abd U/S to know

Current Medications: Gabapentin and Zentonil Omega Pro

Abnormal PE/Chem/CBC/UA Results: Values ALP 2455 5 - 160 IU/L Platelets 507 120 - 412 x10E9/L See attached Primary Question to Be Answered in This Exam what is causing higher levels of alkp

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.

The kidneys have a smooth capsule and with mild hazing of corticomedullary definition. No evidence of pelvic dilation was present. Hyperechoic, shadowing foci present in renal parenchyma and calyces consistent with nephrocalcinosis. Left kidney measures 4.62 cm. Right kidney measures 5.08 cm.

Adrenal Glands

Both adrenal glands were visualized and recognized as having normal shape, size, position and echogenicity for this breed and age. The visible phrenic vasculature was unremarkable. Left measures 1.92 cm in length x 0.60 cm at the caudal pole and 0.83 cm at the cranial pole. Right measures 1.63 cm in length x 0.64 cm at the caudal pole and 0.74 cm at the cranial pole.

Spleen

The spleen contains a small hypoechoic splenic nodule measuring approximately 0.60 cm x 0.70 cm. The remainder of the splenic parenchyma is homogeneous with a smooth capsule. The spleen is normal in size.

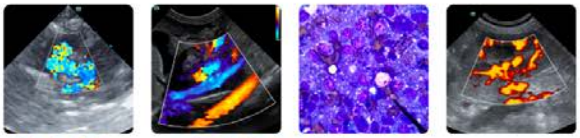
Liver

The liver is subjectively mildly enlarged in size. Parenchyma is generally hyperechoic with a somewhat coarse appearance. There are multifocal variably sized hypoechoic nodules noted throughout the parenchyma. There is a somewhat poorly defined non-spherical mass effect noted in the right liver, which measures approximately 2.0 cm x 4.0 cm.

The gallbladder is moderately distended. Luminal contents are generally anechoic bile. The mucosal layer of the gallbladder wall is irregular with no specific masses seen.

Gastrointestinal

The stomach reveals gas shadowing, obstructing visualization of contents, with no overt distention. It measures at a normal thickness of with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate. No masses or focal lesions were observed.



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The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with gas throughout with no overt distention. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. There were no focal lesions consistent with obstruction or a mass effect observed.

Sections of colon are visualized with gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The visible pancreas was observed to be largely isoechoic to surrounding omental fat.

Free Abdomen

No clinically significant lymphadenopathy or abnormalities noted. No free fluid noted.

ULTRASONOGRAPHIC FINDINGS

- Hyperechoic hepatomegaly with diffuse nodules.
- Small right liver mass.
- Irregular gallbladder mucosal surface – suspect adherent debris versus cholangitis.
- Nephrocalcinosis.
- Subtle small splenic nodule.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mass effect in the right liver likely represents neoplasia, which may be malignant or benign. FNA is recommended to further defined. Ultimately, liver biopsy/liver lobectomy may be required for more definitive diagnosis. The diffuse nodules throughout the liver are most consistent with a vacuolar hepatopathy, and it's possible that the mass effect in the right liver is a more pronounced area of this pathology. However, it is different in appearance, and further investigation is warranted, especially given elevations in liver values.

The appearance of the gallbladder wall is most consistent with debris adhered to the gallbladder wall. cholangitis remains a possibility, and this could contribute to elevations in ALP. Ursodiol and a course of antibiotics to treat for cholangitis should be considered. Amoxicillin, Clavulanic Acid, Cephalosporin, and Fluoroquinolones are suggested first choices.

Splenic nodule is small and does not have any overt ultrasonographic features concerning for a mass, though this cannot be definitively ruled out with ultrasonographic appearance. It may represent a benign hematoma, hemangioma, regenerative or reactive nodule. FNA is recommended to further define. Repeat ultrasound evaluation (every 2-3 months) for progression or resolution is recommended pending aspirate results.

Renal changes are likely age related degeneration. Correlate clinical significance with semi-annual blood work/urinalysis findings and clinical signs.

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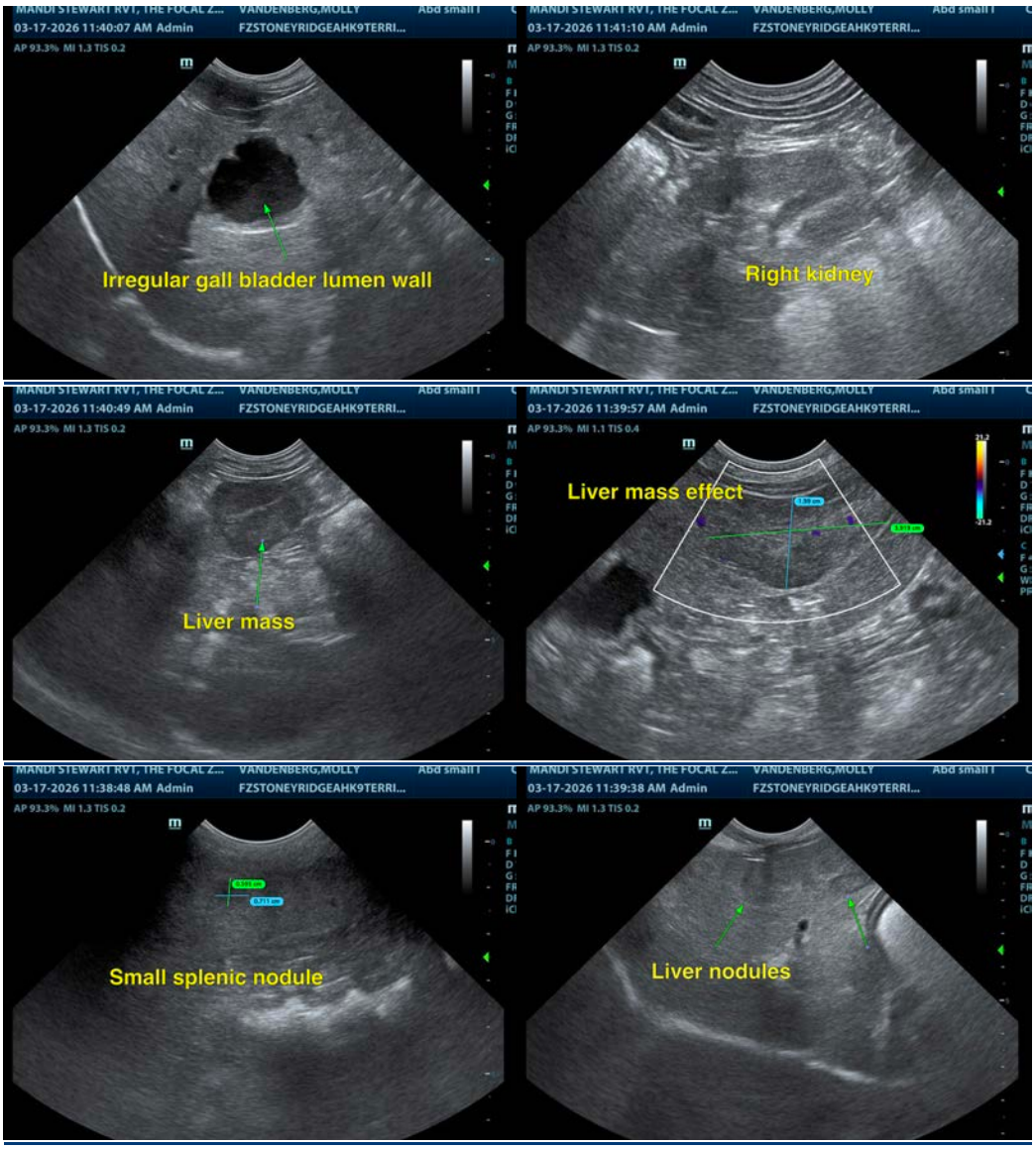

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Dr Brittany Sinclair, BVSc(hons), DACVECC

info@SonoPath.com