



DATE PRESENTING CLINICAL SIGNS

01/30/26 Patient History: Hx of dental procedure with preop labs revealing elevated ALT. No symptoms or other issues.

PATIENT

June Hays Current Medications: Denamarin advanced for large dogs.
Labwork Results: Labwork not attached, reported as: cbc/chem 12/18/2025: WNL except ALT=226. repeat ALT 1/5/2026: 224
Date of Previous IntraPet Ultrasound: No previous.

SPECIES

Canine Sedation: Torbugesic.
Stat Report: Not requested.
Imaging Performed by: Stephanie Warga RDCS, RVT.

BREED

Labrador

SEX

Spayed Female

AGE

1/29/2018

WEIGHT

88 pounds

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized, and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 6.5 cm in length. The right kidney measured 6.64 cm in length.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 3.43 cm x 0.53 cm width at the caudal pole and 0.49 cm width at the cranial pole. The right adrenal gland measured 3.25 cm x 1.07 cm width at the cranial pole and 0.73 cm width at the caudal pole.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver

The **liver** revealed slight increased portal markings. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

INTERPRETED BY

Eric Lindquist, DMV,
DABVP(CFM), Cert.
IVUSS

HOSPITAL NAME

Greenbrier Veterinary
Clinic

REFERRING VET

Dr. Streett

INVOICE

13494

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

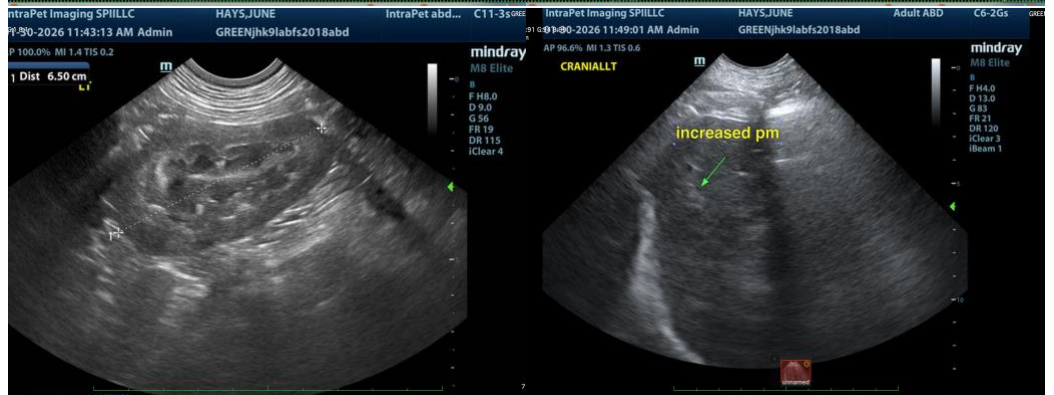
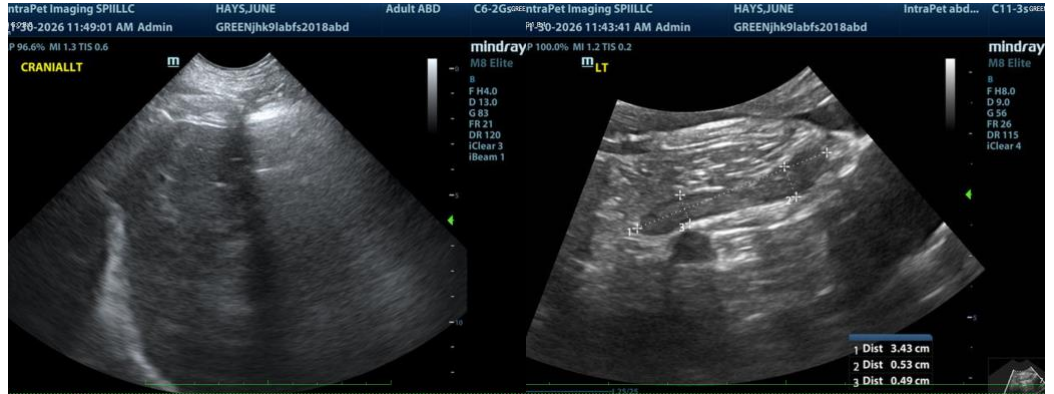
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

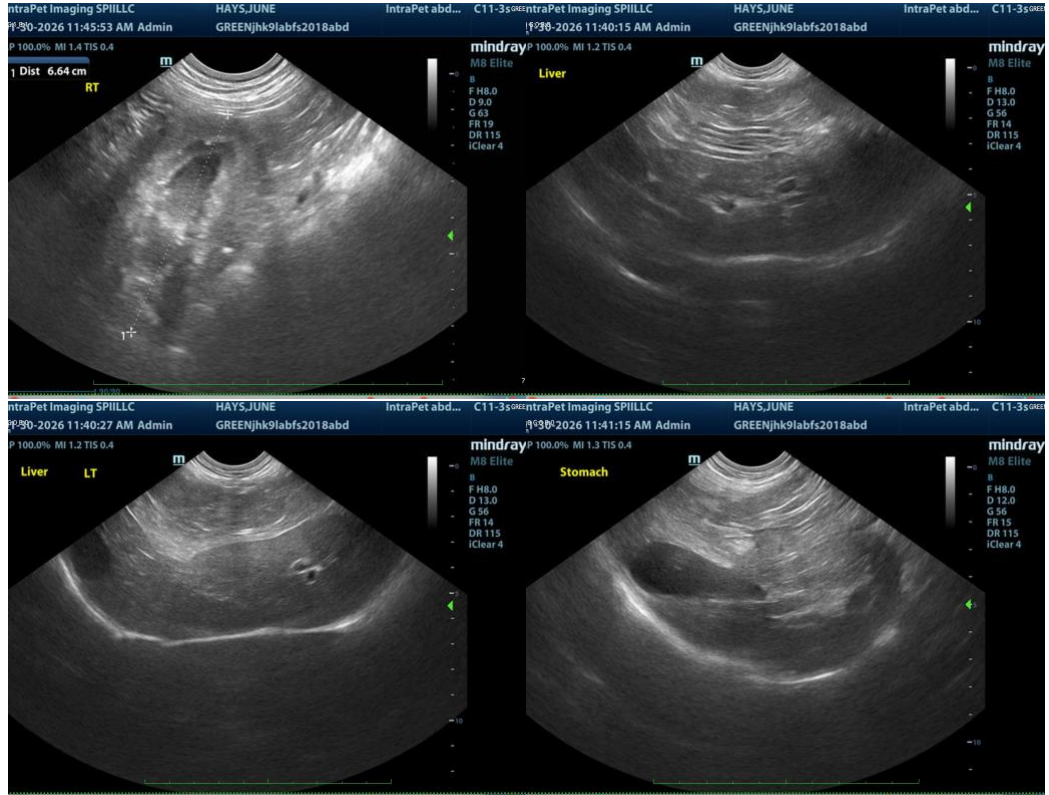
ULTRASONOGRAPHIC FINDINGS

- Suspect inflammatory hepatopathy.
- Structurally unremarkable abdomen otherwise.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Primary copper storage disease is unlikely at this age. Bile acid profile could be considered, yet the amount of remodeling is fairly minor. Ultrasound guided FNA of the liver is warranted. Predominant inflammatory cell type should prove adequate for management in this patient.





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.

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