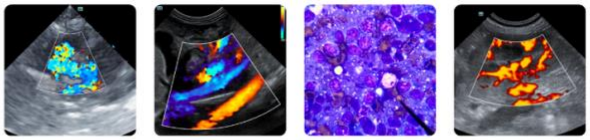

PATIENT

Tammie Depaola

SPECIES

Canine

BREED

Beagle Mix

SEX

Spayed Female

AGE

12 Years

WEIGHT

41.4 pounds

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Megan Bray

HOSPITAL NAME

Taylorsville Veterinary Clinic

REFERRING VET

Dr. Ashleigh Bisset

INVOICE

13814

DATE

02/16/26

PRESENTING CLINICAL SIGNS

- Patient is doing well at home and presented for a well pet exam. She has a history of elevated ALP (1,236) and Cholesterol (512) at her other vet with a ACTH stim that was WNL in 2025. Annual bloodwork on 2/3/26: ALP 1,895, Cholesterol 498, Lipase 1,041, T4 0.7.

Abnormal PE/Chem/CBC/UA Results: Patient is doing well at home and presented for a well pet exam. She has a history of elevated ALP (1,236) and Cholesterol (512) at her other vet with a ACTH stim that was WNL in 2025. Annual bloodwork on 2/3/26: ALP 1,895, Cholesterol 498, Lipase 1,041, T4 0.7. Awaiting LDDST See attached labs

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder is moderately distended with anechoic urine. No uroliths are seen. The bladder wall is normal in appearance and thickness. No masses are seen.

The left kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The left kidney measured 5.5 cm in length.

The right kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The right kidney measured 5.6 cm in length.

Adrenal Glands

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 5.2 mm and the caudal pole measures 4.6 mm.

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 6.3 mm width.

Spleen

The spleen is normal in size, shape, margination and echogenicity. No masses are seen.

Liver

The liver diffusely appears normal. There are several multifocal hyperechoic lesions within the liver. A representative lesion measures 1.4 cm in diameter.

The gallbladder appears normal. It does contain a mild amount of hyperechoic gravity-dependent debris that appears insignificant at this time.

Gastrointestinal

The stomach and intestines have normal wall layering and thickness. Colon contains normal contents with normal wall thickness.

Pancreas

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The visible pancreas is normal in size with normal echogenic parenchyma and surrounded by normal peri-pancreatic mesentery.

Free Abdomen

There are no enlarged abdominal lymph nodes seen on this exam. No free abdominal fluid is seen.

ULTRASONOGRAPHIC FINDINGS

- Hyperechoic lesions within the liver- most likely benign regenerative nodules.
- Mild gallbladder debris that appears insignificant at this time.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Perform a fine needle aspirate of the liver nodules for cytology to rule out neoplasia.

The gallbladder does not appear to be the cause of the patient's liver enzyme elevation. At this time, consider starting Ursodiol at 15 mg/kg by mouth. Split into two doses and rechecking the appearance of the gallbladder by ultrasound in two months and at that time, also consider rechecking liver values.

In terms of the patient's liver values, given the other abnormality in blood work (the liver value elevations, ALP of 1,895 units per liter), consider secondary causes for this hepatopathy, most likely not a primary hepatopathy. Consider submitting fasted triglyceride to screen for hypertriglyceridemia. Submitting a Texas A&M GI panel to screen for occult pancreatitis would be appropriate.

Given that the patient's T4 is mildly low at 0.7, recommend adding on a TSH and free T4 to determine if the patient is hypothyroid. If the patient is determined to be hypothyroid, treatment for hypothyroidism may be a cause of the elevated alkaline phosphatase in this case and treatment for hypothyroidism may resolve the patient's elevated alkaline phosphatase.

It does appear that an ACTH stimulation test was performed in 2025 and was within normal limits. However, at this time, given that this problem is progressive, recommend forming a low-dose dexamethasone suppression test to definitively rule out hyperadrenocorticism as a cause of this patient's elevated alkaline phosphatase. Diagnosis is open pending further diagnostics.

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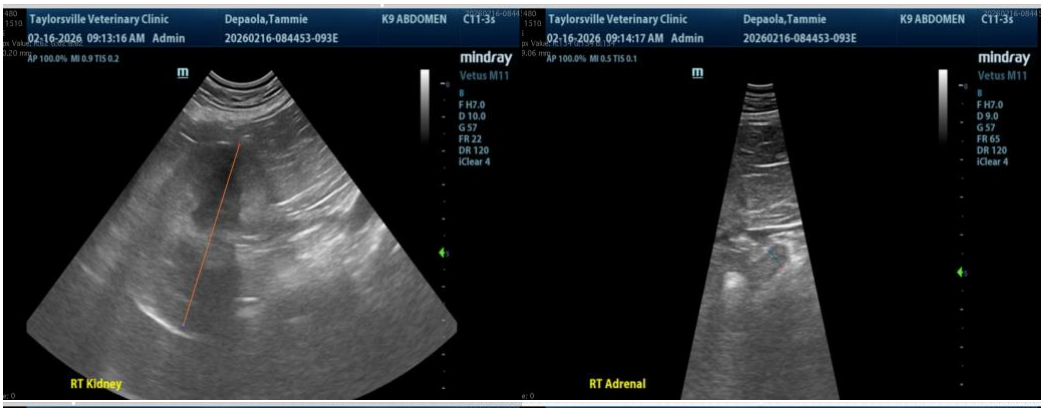

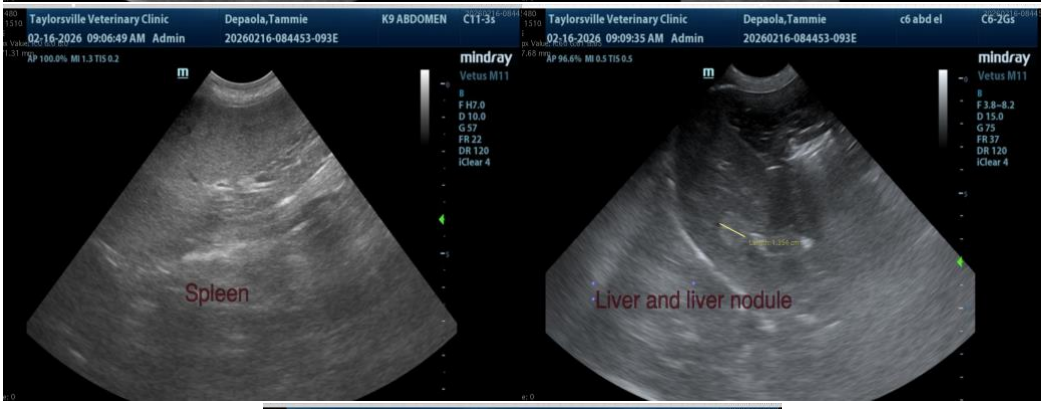

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Greg Kuhlman, DVM, DACVIM (SAIM)
Veterinary Internal Medicine Specialist
info@SonoPath.com