



## PATIENT

Brew Krystopa

## SPECIES

Canine

## BREED

Labrador Retriever x

## SEX

Neutered Male

## AGE

6 Years 6 Months

## WEIGHT

40.1 kg

## INTERPRETED BY

Greg Kuhlman, DVM,  
DACVIM (SAIM)

## IMAGING PERFORMED BY

Renee Trionfetti, VMD

## HOSPITAL NAME

Brandywine Valley  
Veterinary Hospital

## REFERRING VET

Karen Clark-Rubin,  
DVM

## INVOICE

74763

## DATE

4/28/26

## PRESENTING CLINICAL SIGNS

AUS to further evaluate progressive elevation of ALP (normal ALT) found on annual blood work. Overweight body condition otherwise reported doing well at home. Over the past year, ALP increased from 624 H to 1,0376 H. Meds: Denamarin (new)

Abnormal PE/Chem/CBC/UA Results: April 2026: - CBC: Hct 52.3%, Plts 249-n, remainder NSF - Chem: ALB 4.6 H, ALT 29-n, ALP 1,037 H (prev 624 H), Gluc 84-n, normal BUN & Cr, remainder NSF - 4Dx: Neg x 4

## 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 right kidney presents normal size (7.4 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (6.9 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

### Adrenal Glands

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The right adrenal gland measures 5.9 mm in width at the caudal pole and 5.8 mm in width at the cranial pole.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 5.6 mm and the caudal pole measures 6.8 mm.

### Spleen

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

### 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.

The gallbladder presents normal size with anechoic contents. Normal gallbladder wall. No evidence of bile duct distention or obstruction.

### Gastrointestinal

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



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## Pancreas

The visible pancreas appears appropriately isoechoic to surrounding omental fat. The capsule is mildly irregular in shape. Parenchyma is mildly heterogenous and coarse. In the right pancreas there is a mildly dilated pancreatic duct measuring 2.6 mm in width. There is no evidence of active peripancreatic inflammation.

## Free Abdomen

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

## ULTRASONOGRAPHIC FINDINGS

- The changes seen with the pancreas may indicate possible chronic intermittent pancreatic inflammation.
- Mildly heterogeneous liver – Consistent with benign hepatopathy.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend submitting a Texas A&M GI panel +, which includes a resting cortisol to screen for hypoadrenocorticism. This panel will also include cPLI to screen the patient further for possible clinically significant pancreatic inflammation, which may potentially be the cause of the patient's elevated ALP by causing a mild chronic extrahepatic biliary duct obstruction.

Rule out pancreatic disease as a cause for the patient's reported hepatopathy. Given the elevated ALP, if pancreatic disease is ruled out as a cause, consider other secondary causes for the appearance of the liver such as hypertriglyceridemia or hypothyroidism. If patient is not vaccinated for Leptospirosis, consider screening for this disease.

If hypoadrenocorticism is ruled out via the Texas A&M GI panel + resting cortisol, consider submitting a urine cortisol to creatinine ratio to definitively rule out the possibility of hyperadrenocorticism. If UCCR is normal, hyperadrenocorticism is effectively ruled out. If elevated, consider submitting a low-dose Dexamethasone suppression test.

Given that it is only an elevated ALP, there is not high concern for a serious hepatopathy at this time. If patient's ALT starts to increase as well as stays persistently elevated, consider a liver biopsy at that time. Otherwise, continued monitoring would seem reasonable if no secondary cause is identified and only ALP stays elevated. Given only elevated ALP, Denamarin is not necessarily beneficial in this case. The 2019 American College of Veterinary Internal Medicine consensus statement on the diagnosis and management of chronic hepatopathies would suggest that Denamarin may not be necessary in this particular case.



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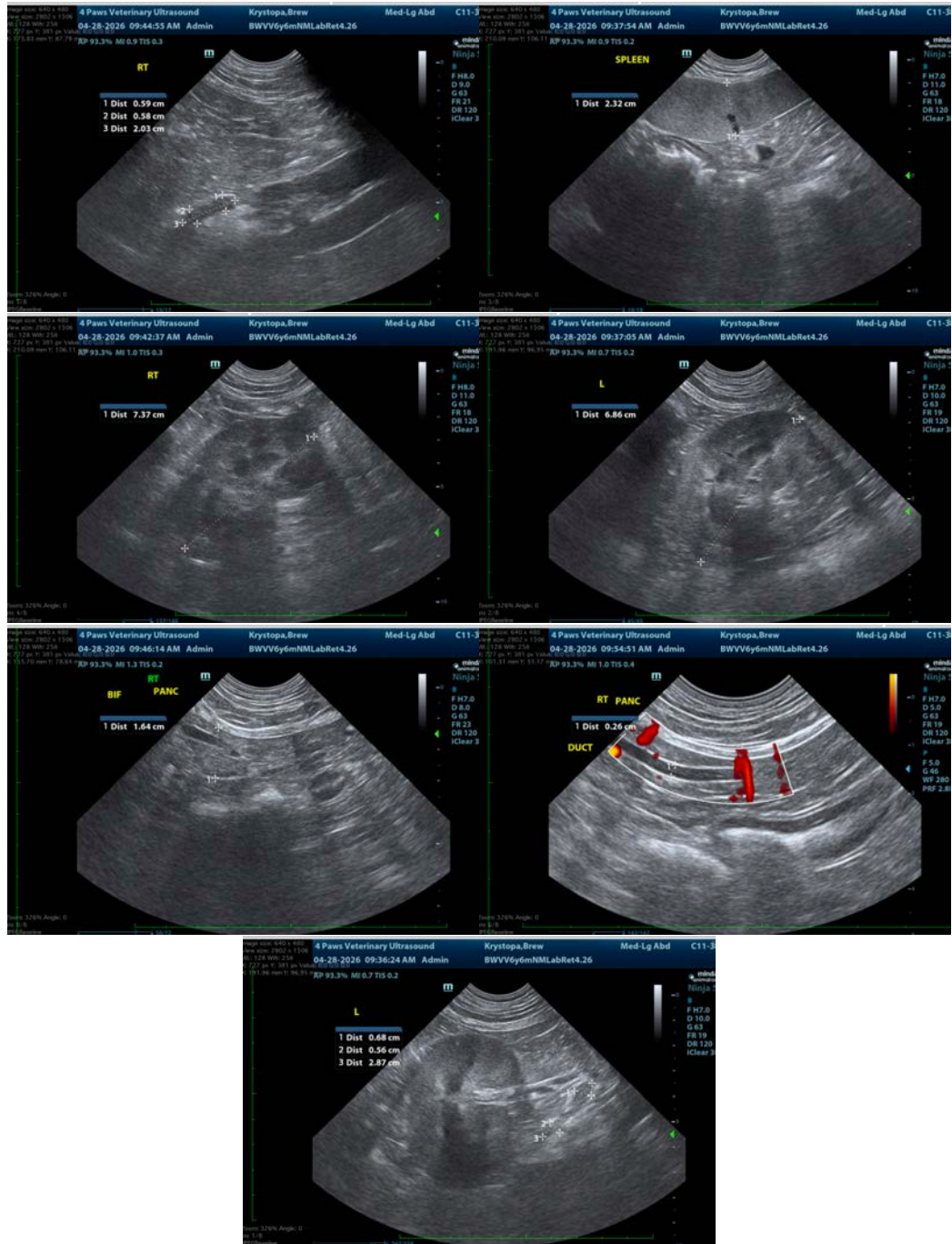
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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