



PATIENT

Lily Elliott

SPECIES

Canine

BREED

Labrador Retriever

SEX

Spayed Female

AGE

11 Years 10 Months

WEIGHT

85 pounds

INTERPRETED BY

Greg Kuhlman, DVM,
 DACVIM (SAIM)

IMAGING PERFORMED BY

Vincent Ravancho CVT

HOSPITAL NAME

Montclair Animal
 Hospital

REFERRING VET

Dr. Stock

INVOICE

14886

DATE

04/06/26

PRESENTING CLINICAL SIGNS

Current medications - Denamarin

Abnormal PE/Chem/CBC/UA Results: HCT 38.5%, ALP 422

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. No papilla is 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 7.0 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 7.0 cm in length.

Adrenal Glands

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 6.4 mm and the caudal pole measures 6.7 mm.

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 12.6 mm and the caudal pole measures 7.3 mm.

Spleen

The spleen is normal in size, shape, margination and echogenicity. No masses are seen. In the tail of the spleen, there is an 8.4 mm by 11.8 mm hyperechoic area. This lesion is most likely consistent with a benign myelolipoma.

Liver

The liver presents normal size and shape with smooth lobar margins. The parenchyma has normal echogenicity with normal echotexture. No focal lesions are seen. Intrahepatic bile ducts are normal. Normal vascular pattern.

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 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. No pericardial effusion was seen.

ULTRASONOGRAPHIC FINDINGS

- Splenic lesion.
- Gallbladder debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No significant findings were identified on this ultrasound to explain the patient's mild elevated alkaline phosphatase. An elevated alkaline phosphatase normally would suggest a benign hepatopathy, most likely due to secondary causes such as cholangitis.

The patient does have mild gallbladder debris. Consider treating with ursodiol at 15 mg/kg by mouth split into two daily doses. Continue this medication for 8 weeks. Recheck alkaline phosphatase at that time and recheck gallbladder ultrasound to determine if gallbladder debris is resolving.

If ursodiol treatment does not normalize patient's alkaline phosphatase and improve the appearance of the gallbladder, consider other secondary causes for benign hepatopathy such as hyperadrenocorticism, hypertriglyceridemia, hypothyroidism, occult pancreatic or occult gastrointestinal disease. Prognosis appears good at this time pending results and further recommended diagnostics.



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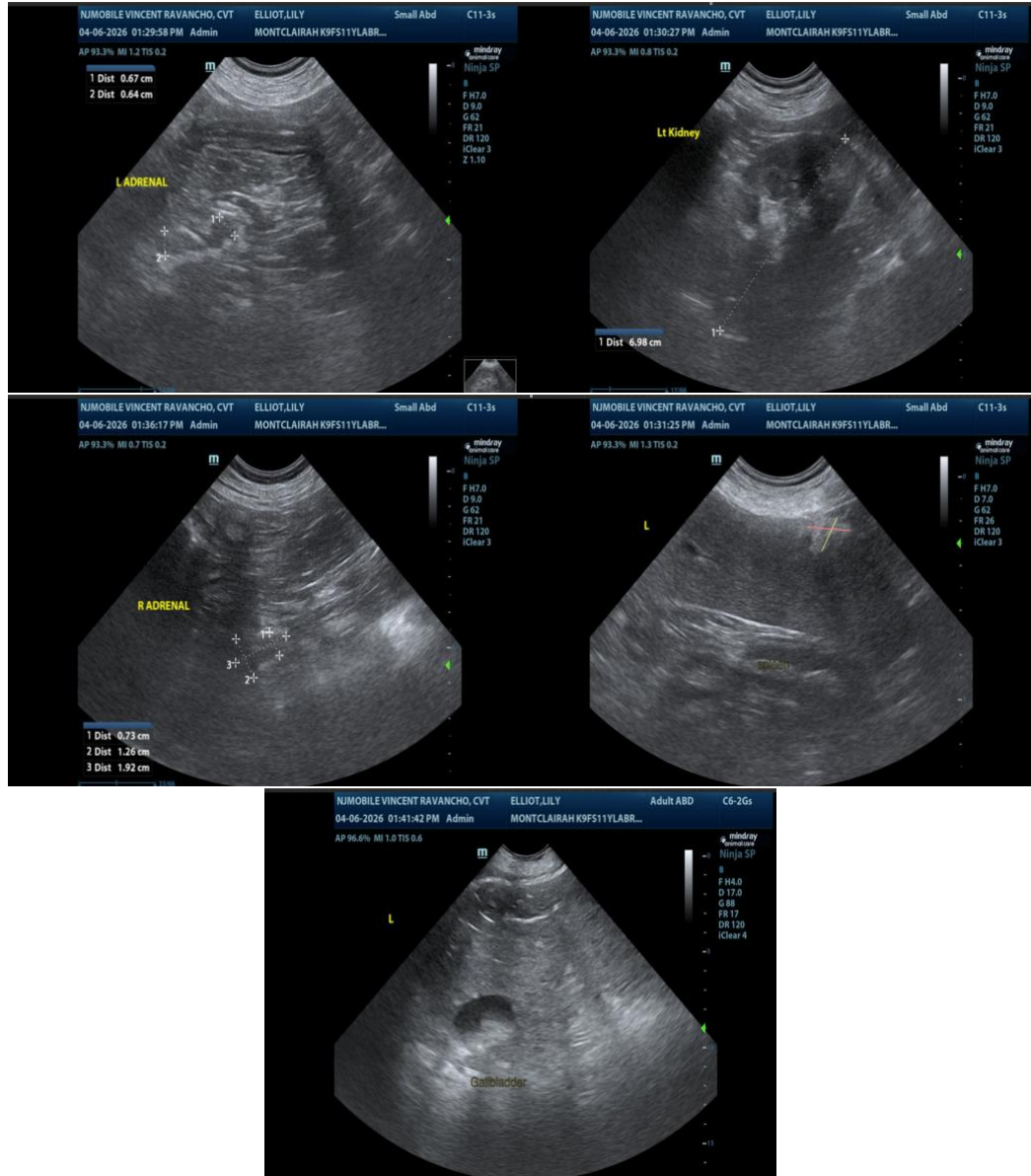
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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