



PATIENT

Tiger Cassidy

SPECIES

Canine

BREED

Pit Bull x

SEX

Neutered Male

AGE

10 Years 2 Months

WEIGHT

65.4

INTERPRETED BY

Karen Ebersole, DVM,
DABVP (Canine and
Feline)

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Flanders Veterinary
Clinic

REFERRING VET

Dr. Gasparro

INVOICE

72629

DATE

1/30/26

PRESENTING CLINICAL SIGNS

Progressive ALP elevation carprovet changed to galliprant/ Denamarin added- no improvement

Abnormal PE/Chem/CBC/UA Results: ALP 190 (11/7/25), 240 (11/13/25), 369 (1/22/26) Platelets 447, 483, 453

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder was normal in size and shape. The bladder wall was normal in thickness for the volume of urine present. The trigone and visible urethra were normal in appearance. The urine was anechoic with no visible sediment or uroliths. The pelvic urethra was visualized to a depth of 4.0 cm past the cystourethral junction.

The residual prostate was normal in size, shape, and echogenicity.

The iliac trifurcation was normal in structure and volume. Normal appearing medial iliac lymph nodes. No evidence of thrombus formation on doppler exam.

Both kidneys were normal in size with a mildly irregular capsule contour. There was a mild to moderate increase in cortical echogenicity. The corticomedullary junction was mildly indistinct. There was no pelvic dilation. The left kidney measured 6.4 cm in length. The right kidney measured 6.0 cm in length.

Adrenal Glands

Both adrenal glands were normal in size. There was an overall normal shape, with mild capsular irregularity and mild heterogenous parenchyma. The changes were mild with no suspicion of neoplasia. The left adrenal gland measured 0.66 cm width at the caudal pole and 0.62 cm width at the cranial pole. The right adrenal measured - cm at the caudal pole and - cm at the cranial pole.

Spleen

The spleen was normal in size and shape, with a smooth capsule contour. The parenchyma was finely textured and homogeneous. The vasculature showed good vascularity with power doppler.

Liver

The liver was normal in size and shape, with a smooth capsule contour. The hepatic parenchyma displayed normal echotexture and portal markings. The hepatic vasculature was normal in volume and structure.

The gallbladder was normal in size and shape. The gall bladder was normal in size and shape. The luminal contents were anechoic. The cystic and common bile ducts were normal with no evidence of obstruction or inflammation.

Gastrointestinal

The stomach was normal in size and shape, with a smooth serosal contour. The stomach wall was normal in thickness and layering. The small intestine displayed normal curvilinear patterns throughout. Subjectively normal wall thickness and layering was maintained. The visible colon wall was normal in thickness and layering.



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Pancreas

The left limb, body and right limb of the pancreas were visualized and found to be normal in size and shape. The pancreatic capsule was smooth, without deviation or expansion. The parenchyma was isoechoic to the surrounding mesentery. The pancreatic duct was normal in size and appearance. There was no evidence of discrete masses or inflammation.

Free Abdomen

There was no visible free peritoneal fluid or mesenteric lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

- Geriatric abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The sonographic appearance of the liver is nonspecific, but most consistent with a benign hepatopathy. Differentials for this change include vacuolar hepatopathy, inflammatory or infectious hepatic disease, or less likely diffuse neoplasia. There was no overt evidence of neoplasia. An FNA of the liver could be done for assessment of inflammatory cell type and rule out neoplasia, which is considered unlikely. Liver support including Denamarin and Ursodiol could be considered but may not be necessary if ALP/ALT are only mildly elevated. Leptospirosis titers/PCR can be considered if history and clinical presentation indicates it.

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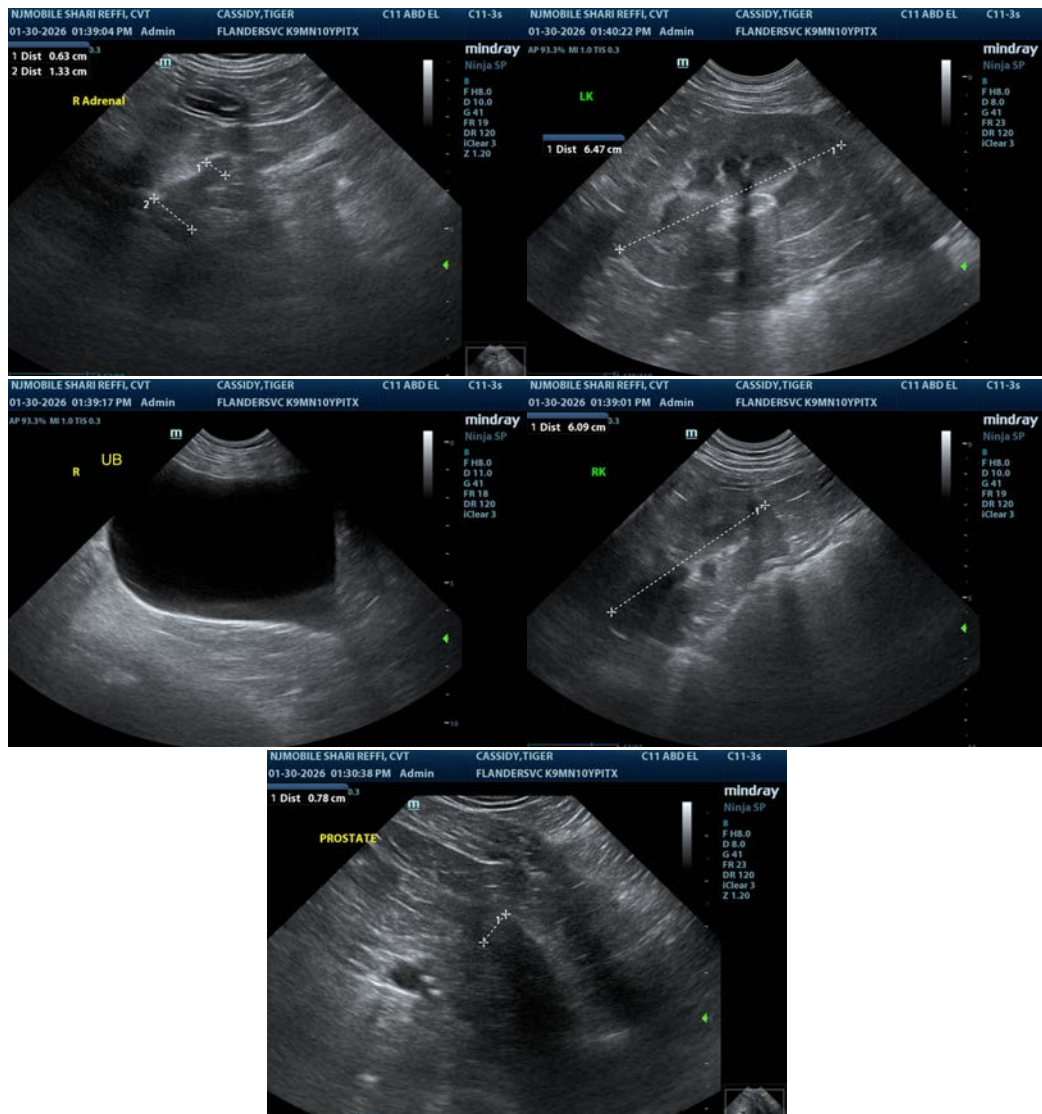
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Karen Ebersole, DVM, DABVP (Canine and Feline practice)
info@SonoPath.com