



PATIENT

Griffin Creel

SPECIES

Canine

BREED

Pitbull Mix

SEX

MN

AGE

8 years 11 months

WEIGHT

109

INTERPRETED BY

Karen Ebersole, DVM,
DABVP (Canine and
Feline)

IMAGING PERFORMED BY

Dr. Mych

HOSPITAL NAME

Craig Road AH

REFERRING VET

Dr. Mych

INVOICE

11311

DATE

2/13/2026

PRESENTING CLINICAL SIGNS

- Elevated ALT and ALK values

Abnormal PE/Chem/CBC/UA Results: ALT (SGPT) 147 HIGH 12-118 IU/L ALK PHOS 301 HIGH 5-131 IU/L

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 X cm past the cystourethral junction.

Both kidneys were normal in size and shape with a smooth capsule contour. There was normal cortical echotexture with acceptable corticomedullary definition. There was no pelvic dilation. Left kidney measured 7.1 cm, and the right kidney measured 7.5 cm.

Adrenal Glands

Both adrenal glands were mildly increased in size with a smooth capsule contour. The parenchyma was uniformly hypoechoic. There were no visible nodules or masses within either adrenal gland.

The left adrenal gland measured 0.74 cm width at the caudal pole and 0.69 cm width at the cranial pole. The right adrenal measured 0.66 cm at the caudal pole and 0.52 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 subjectively mildly increased 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 mildly increased in size and rounded in shape, with echogenic, non-mineralized biliary sludge. The wall was normal thickness with no visible inflammation. The cystic duct and common bile ducts were normal in size with no evidence of obstruction.

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.

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



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isoechoic to the surrounding mesentery. The pancreatic duct was normal in size and appearance. There was no evidence of discrete masses or inflammation.

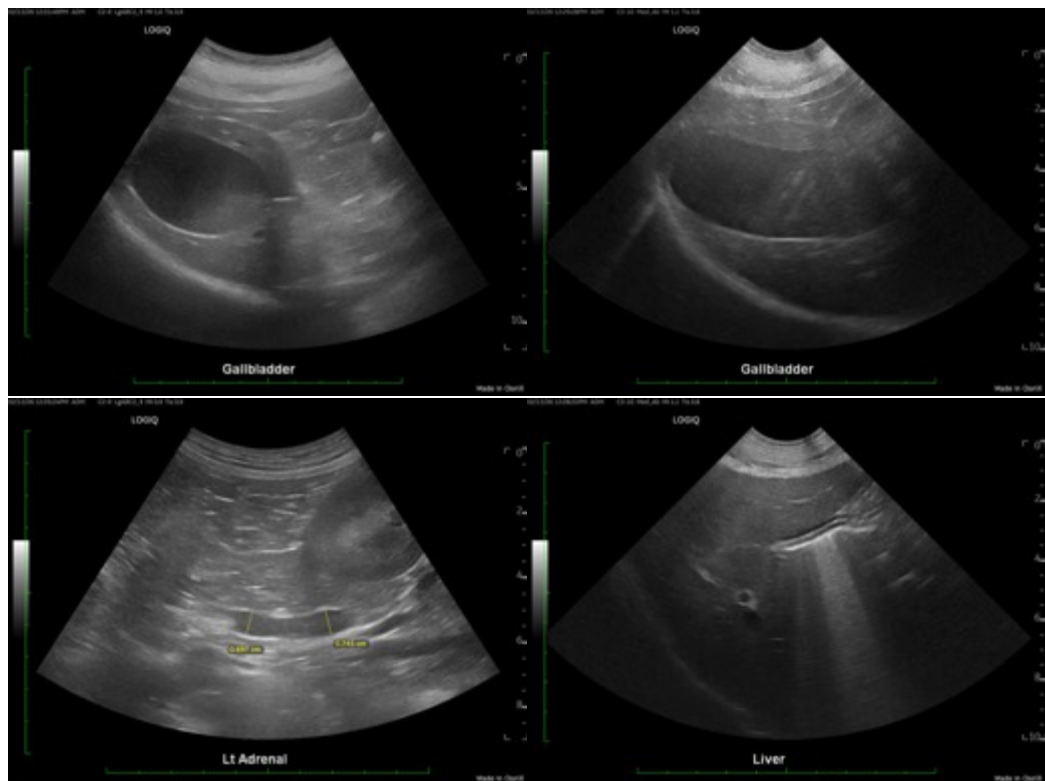
ULTRASONOGRAPHIC FINDINGS

- Bilateral symmetrical adrenomegaly, mild – Ddx adrenal hypertrophy versus potential for emerging PDH.
- Mild hepatomegaly – No visible nodules or masses.

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.

If clinical signs are, and presentation are consistent with PDH, and first morning urine is specific gravity of 1.020 or less, then further testing for Cushing's disease could be considered.





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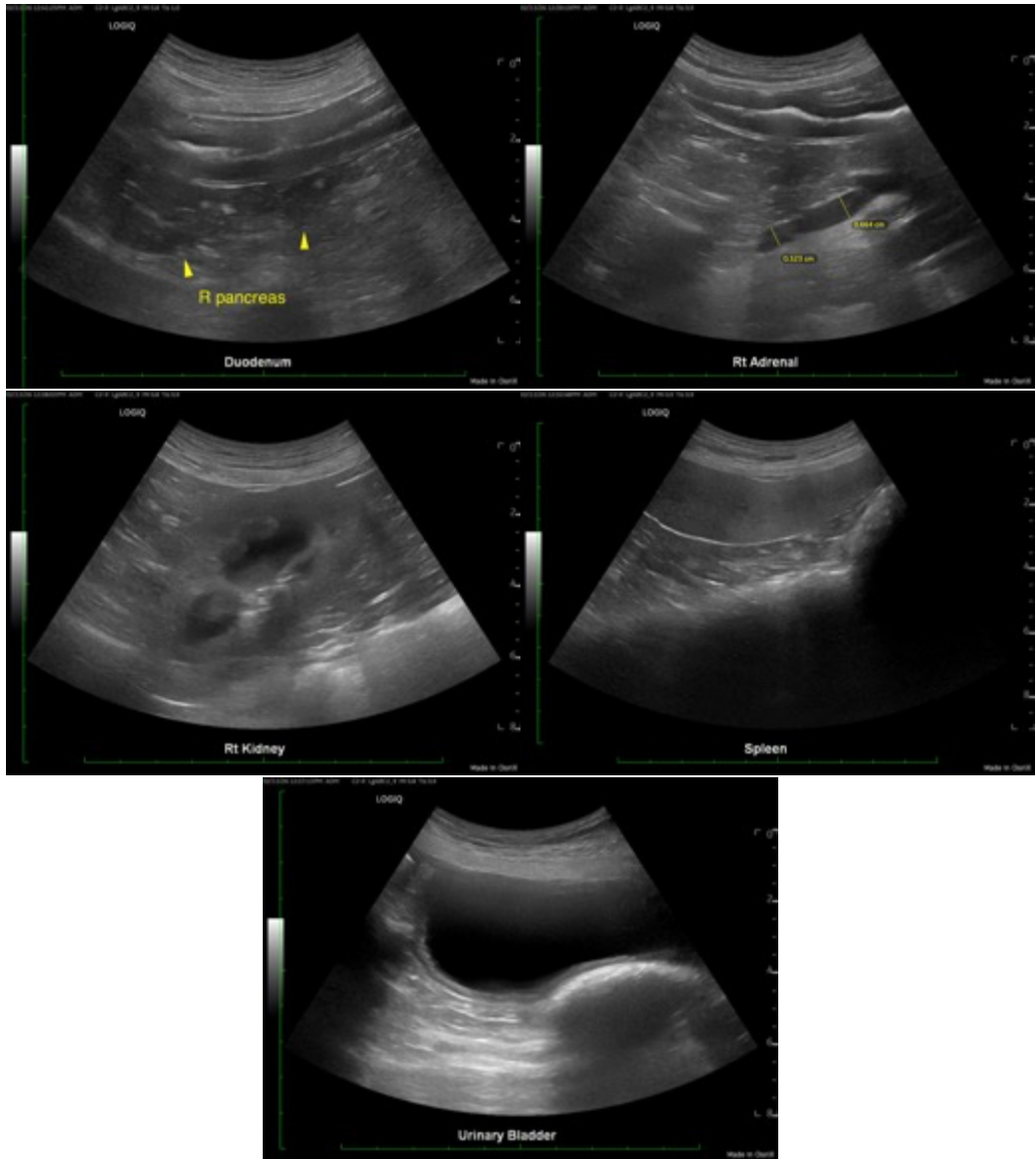
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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