



PATIENT

Jo Jo Oswald

SPECIES

Canine

BREED

Mix

SEX

Spayed Female

AGE

11.5 Years

WEIGHT

27 lbs

INTERPRETED BY

Kim Radway, DVM,
DABVP (Canine/
Feline)

IMAGING PERFORMED BY

Arms

HOSPITAL NAME

Gilbertsville Veterinary
Hospital

REFERRING VET

Dr. Conigliario

INVOICE

72240

DATE

1/15/26

PRESENTING CLINICAL SIGNS

Progressive alkp elevation despite ursodiol with normal LDDS and reports of PU/PD

Abnormal PE/Chem/CBC/UA Results: alkp 655 (498, 244) despite ursodiol LDDS Cortisol pre sample 4.0 4h post 0.2 8h post 1.0 Owner did not return urine sample

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone and pelvic urethra presented with normal wall thicknesses with anechoic urine and normal tone. No uroliths or masses were noted in the lumen of the bladder. No evidence of inflammatory or neoplastic changes were noted. The ureters were not visible and considered normal.

The **kidneys** revealed normal size, corticomedullary definition and ratio with the cortex being 1/3 of medulla. Medullary echogenicity differed distinctly from that of the cortex and no evidence of dilation could be seen. The renal pelvic diverticuli were distinct in character. The capsules were acceptably uniform without dramatic irregularities. Left kidney measures 5.1 cm. Right kidney measures 5.7 cm.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were acceptable. Left measures 1.59 cm x 0.38 cm x 0.30 cm. Right measures 1.26 cm x 0.67 cm x 0.36 cm.

Spleen

The majority of the **spleen** maintained a homogeneous echogenicity. However, there was a single hyperechoic nodule within the main body of the spleen, consistent with a myelolipoma. This nodule measured 0.72 cm x 0.43 cm.

Liver

The **liver** revealed normal size, contour, and structure. Parenchymal echogenicity was smooth and homogenous in appearance. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented with anechoic contents and a thin hyperechoic wall. The cystic and common bile ducts were normal. No periportal lymphadenopathy was evident.

Gastrointestinal

The **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. There was a small amount of gas in the lumen of the stomach. No obstructive or overt infiltrative disease was noted. No abnormal lymphatic activity was noted, and the abdomen was free of gastrointestinal masses and pathological fluid.

Pancreas

The right and left limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic capsular contour was acceptably normal. No overt evidence of active inflammatory or neoplastic disease was noted.



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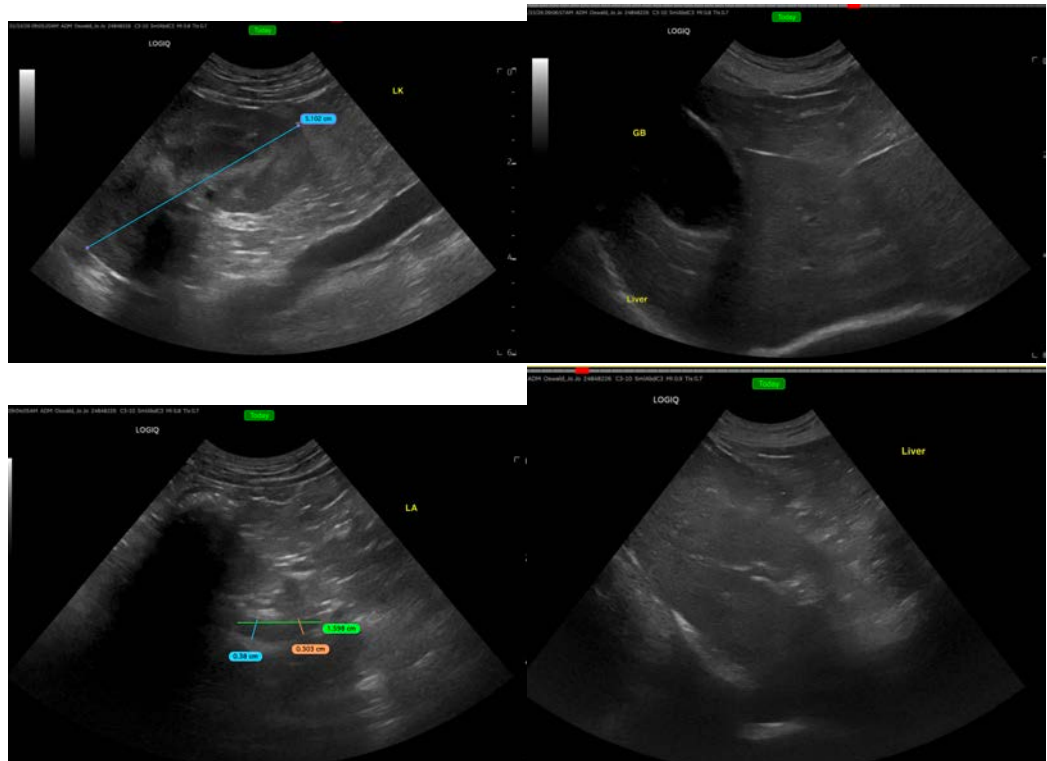
ULTRASONOGRAPHIC FINDINGS

- Normal abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This was a normal abdomen with no evidence of underlying masses, nodules, or enlarged lymph nodes. The liver parenchyma remained smooth and homogeneous without evidence of discrete masses or nodules despite the moderately elevated ALP on blood work. The normal low-dose Dexamethasone suppression test is supportive of the normal appearing adrenal glands in this patient despite the recent history of PU/PD. It is felt that the likely differentials of the elevated ALP are benign in origin and secondary to regenerative hyperplastic nodules or vacuolar hepatopathy. If the liver enzymes elevated over time, then liver biopsy should be considered for more definitive diagnosis via histopathology. It is recommended to continue providing supportive care with Denamarin, and regular rechecks of the liver enzymes. It is not felt that the Ursodiol needs to be continued at this time.

If the owner continues to be concerned about the possibility of PU/PD, then a 24-hour water consumption level should be measured. Polydipsia is objectively present if this patient drinks more than 50 ml/lb per day.





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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.

Kim Radway, DVM, DABVP (Canine/ Feline)

info@SonoPath.com