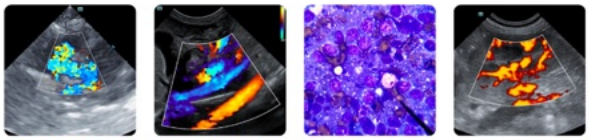

PATIENT

Booth Bennett

SPECIES

Canine

BREED

Labrador Cross

SEX

Neutered male

AGE

8 years

WEIGHT

68 lbs

INTERPRETED BY

Kim Radway, DVM, DABVP (Canine/ Feline)

IMAGING PERFORMED BY

Amanda Hartman DVM

HOSPITAL NAME

AVID via White Hall AC

REFERRING VET

Dr. Hartman

INVOICE

71282

DATE

2/5/26

PRESENTING CLINICAL SIGNS

- Persistently elevated ALP values since 2023, pre-op labs for TPLO noted higher ALP values, referred for AUS. Previously tested for Cushing's 2 years ago; those results not shared with us prior to submission; recommended LDDST/ACTH stim test
- Overweight, panting, arthritis, torn CCL, but stifle effusion bilaterally. -- elevated ALP

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 or dilation could be seen. The renal pelvic diverticuli were distinct in character. The capsules were acceptably uniform without dramatic irregularities. The left kidney was 7.06 cm and the right kidney was 7.07 cm in length.

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. The left adrenal gland was 2.1 cm by 0.43 cm by 0.42 cm and the right adrenal gland was 2.1 cm by 0.76 cm by 0.66 cm in size.

Spleen

The **spleen** presented with a smooth homogeneous parenchyma hyperechoic to liver and kidney. The capsule was smooth and linear in its contour. The splenic vasculature demonstrated normal volume without signs of congestion, significant contraction, or thrombosis.

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.

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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. There was a single, hyperechoic, discrete small nodule noted in the cranial aspect of the abdomen in the omentum. This is consistent with inspissated benign fat. This nodule measured 2.0 x 0.5 cm in size.

Pancreas

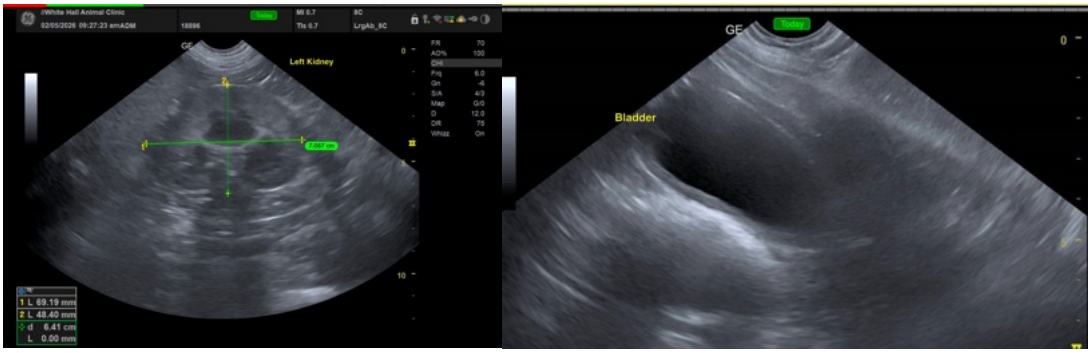
The right and left limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic capsular contour were acceptably normal. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

Small, hyperechoic nodule of fat within the omentum.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This was generally a normal abdomen with no evidence of changes such as masses or enlarged lymph nodes. The elevated ALP is likely secondary to benign regenerative hyperplastic nodules since both adrenal glands and the gross appearance of the liver remained normal in appearance. Supportive care with Denamarin should be provided. If there is any evidence of significant PU/PD or other clinical signs consistent with hyperadrenocorticism then a repeat ACTH stimulation test could be considered. Since on history this patient is very obese, it is recommended to begin a weight loss plan.



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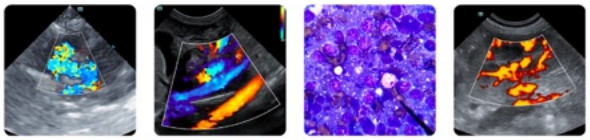

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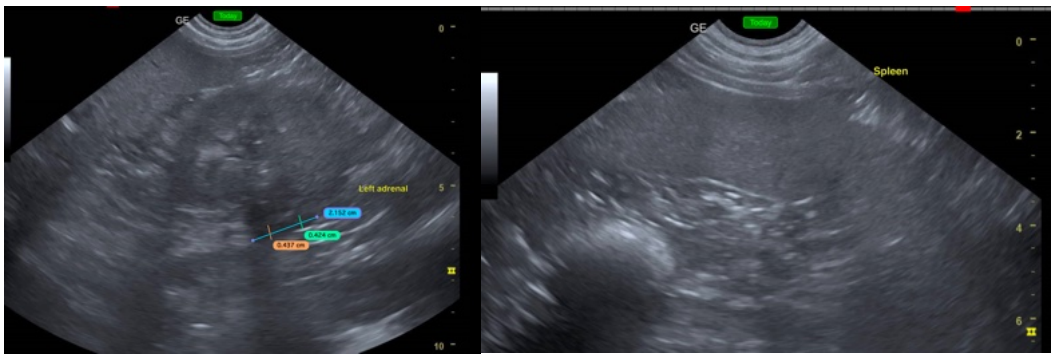

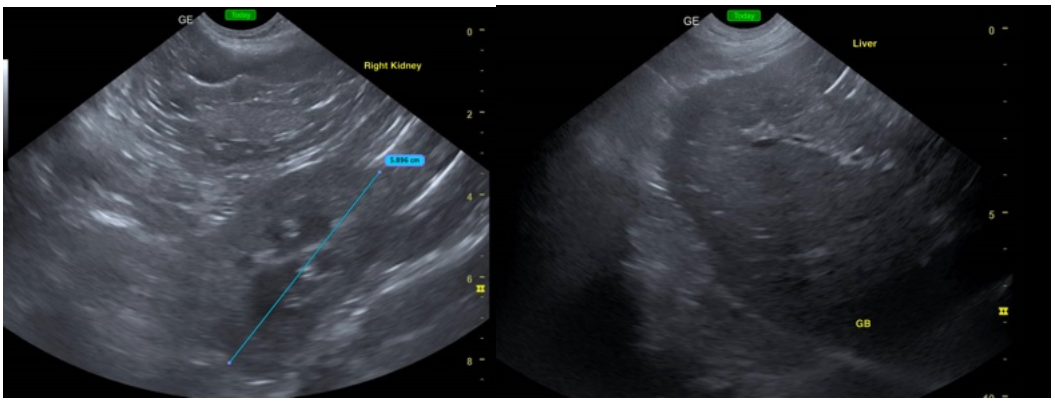

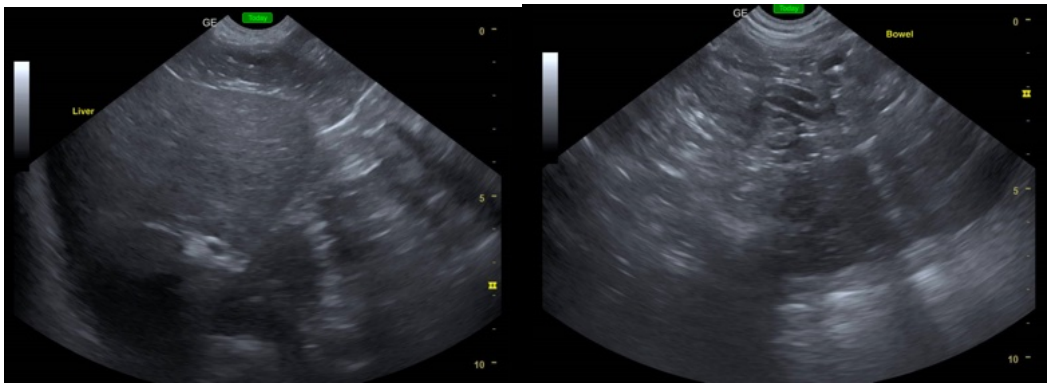

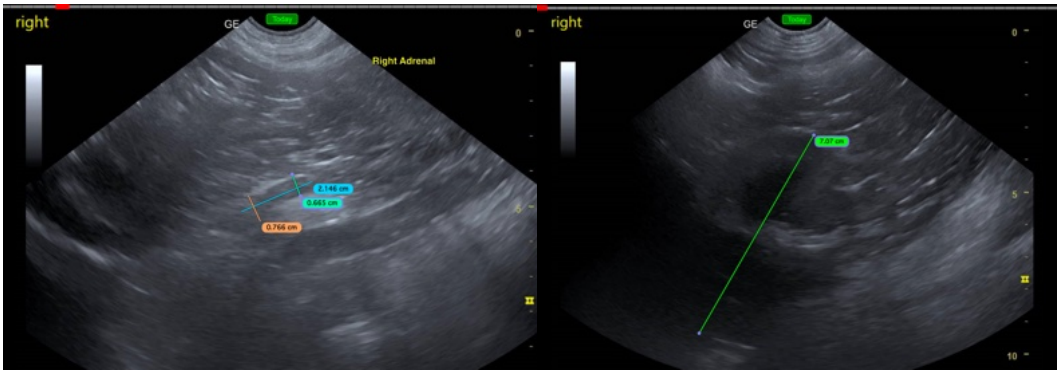

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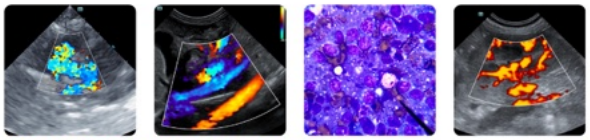

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kim Radway, DVM, DABVP (Canine/ Feline)

info@SonoPath.com