



DATE PRESENTING CLINICAL SIGNS

11/28/25 Patient History: Elevated ALKP and ALT enzymes

PATIENT

Ginger Blais Current Medications: Incurin 1 mg pack (30 tablets) - Give 2 tablets every 24 hours until gone, Denamarin Advanced Large Canine Bottle (30 chewable tablets) - Give 1 chewable tablet every 24 hours until gone
Labwork Results: Labwork attached, reported as: ALKP elevated 250.0 U/L range 23.0-212.0, ALT elevated 223.0 U/L range 10.0-125.0

SPECIES

Canine Date of Previous IntraPet Ultrasound: 1/22/24. See attached.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed by: Stephanie Warga RDCS, RVT.

BREED

Pitbull

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Spayed Female

The urinary bladder is moderately distended with anechoic urine. The bladder wall appears mildly thickened, particularly in the apical region, measuring 0.54 cm. The region of the trigone, ureteral papillae and proximal urethra appear free of any mass lesions or calculi.

AGE

8/11/11

The left kidney is normal in size (6.24 cm) with a slightly irregular shape (likely due to previous infarct in the caudal pole). Overall echogenicity is slightly hyperechoic with mildly reduced corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

52.6 Pounds

The right kidney is normal in shape and size (6.68 cm). Overall echogenicity is slightly hyperechoic with mildly reduced corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

Kathleen Sennello
DVM, MS, Diplomate
ACVIM (Small animal
Internal Medicine)

Adrenal Glands

The left adrenal gland is normal in size measuring 0.53 cm at the cranial pole and 0.73 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

HOSPITAL NAME

Banfield Timonium

The right adrenal gland is normal in size measuring 0.81 cm at the cranial pole and 0.7 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

REFERRING VET

Dr. Borrison

Spleen

The spleen is large and irregular in appearance/shape. The blood flow through the hilus and splenic parenchyma appears normal. There is a poorly defined hyperechoic mixed echogenicity mass effect visualized associated with the head of the spleen, measuring 4.61 cm x 4.68 cm. Additionally, there is an irregular "pinched appearance" to the tail of the spleen with some surrounding hyperechoic mesentery, most consistent with a benign lesion.

INVOICE

35683

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There is a hyperechoic mixed echogenicity mass effect visualized in the mid region of the liver, measuring 3.0 cm x 2.6 cm.

The gall bladder lumen is significantly distended. Some areas of the wall appear mildly thickened with adherent debris. There is a large amount of primarily non-organized echogenic debris. Some of the debris is hyperechoic and shadowing, most consistent with sandy mineralized debris. There is no evidence of bile duct dilation.

Gastrointestinal

The stomach is moderately dilated with fluid and irregular shadowing material most consistent with normal ingesta and gas. It measures at a normal thickness of <0.7 cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layering is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis: mucosa layer ratio. The duodenum measured as normal (0.41 cm in wall thickness) and the jejunum measured as normal (0.36 cm). Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

Other

The right auricle and pericardium were visualized and were unremarkable. No obvious pathology is visualized. If cardiac function evaluation is desired a full echocardiogram is warranted.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Hyperechoic/mixed echogenicity, poorly defined mass effect visualized associated with the spleen- A focal solid mixed echogenicity mass is visualized associate with the spleen. This mass distorts the splenic capsule. Differentials include: benign lesions (lymphoid hyperplasia, hemangioma etc..) or cancerous lesions (hemangiosarcoma, lymphoma, histiocytic sarcoma etc.).

- Pinched irregular appearance to the tail of the spleen- I suspect this is an anatomic abnormality secondary to congenital issue, trauma, etc. - Recommend continued monitoring.
- Heterogenous liver with a hyperechoic mass effect- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, infiltrative neoplasia (less likely) or other hepatopathy. The hyperechoic lesion has the appearance most consistent with a benign lesion, such as an adenoma or similar. An early neoplastic lesion cannot be ruled out.
- Large gallbladder debris- A large amount of debris is evident in the gall bladder with no evidence of a mucocele or associated inflammation at this time. This could represent an early mucocele or cholestasis, with minimal evidence of associated inflammation at this time. Continued monitoring of labwork and ultrasound are warranted for progression of this lesion. Ursodiol therapy could be considered.

Secondary Findings

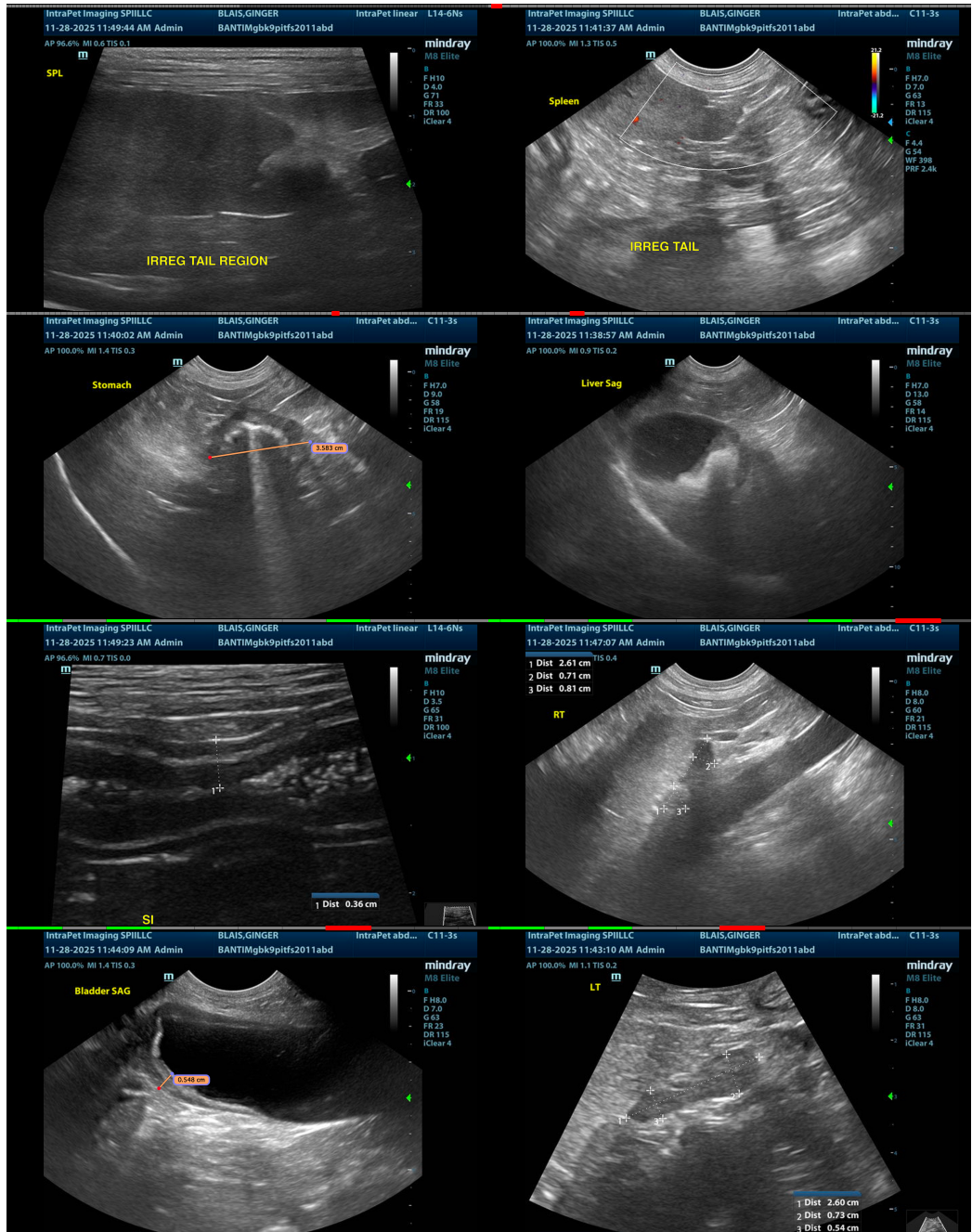
- Age-related changes visualized associated with both kidneys.
- Thickened apical wall of the urinary bladder- The bladder mucosal changes could be consistent with cystitis or artifactual due to lack of adequate luminal distension. Bladder neoplasia cannot be ruled out but is considered unlikely in this patient.

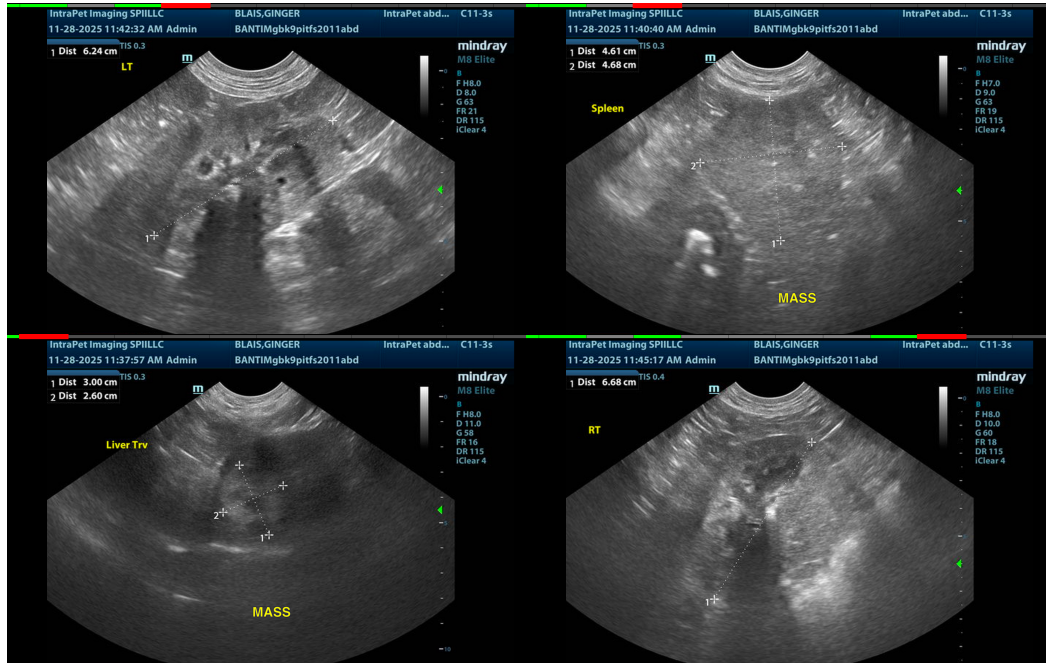
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver is diffusely heterogenous and there is a hyperechoic mixed echogenicity mass effect visualized in the mid liver region. This generally has a somewhat benign appearance. I suspect it's too deep to easily sample. Options would include continued monitoring with ultrasound (recheck in 3-4 months) or contrast CT scan to further evaluate particularly if surgical removal would be considered.

Additionally, there is a solid hyperechoic mixed echogenicity mass effect in the spleen. Generally, this has a somewhat benign appearance. Neoplastic lesion cannot be ruled out. Options would include splenectomy for histopathology, a fine needle aspirate, and/or continued monitoring with ultrasound.

The lesion visualized in the liver could be associated with the liver enzyme elevations present, although the parenchyma is generally heterogeneous. A general hepatopathy could also be a factor. There is also a large amount of debris in the gallbladder. Consider starting chronic ursodiol therapy and continued monitoring of liver values and the gallbladder.





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.

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