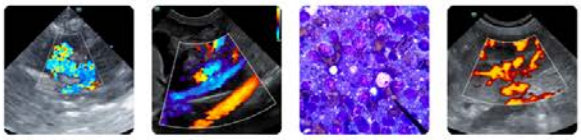




**DATE**

2/10/26

**PATIENT**

Max Krieger

**SPECIES**

Canine

**BREED**

Australian Shepherd x

**SEX**

Neutered Male

**AGE**

10/4/14

**WEIGHT**

44.6 lbs

**INTERPRETED BY**

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

**HOSPITAL NAME**

Chadwell Animal Hospital

**REFERRING VET**

Dr. Heydt

**INVOICE**

72862

## PRESENTING CLINICAL SIGNS

**Patient History:** P presented on 1/28/26 for annual exam. O noted no concern has been more consistent with eating meals and less of a grazer. On examination, p had grade 4 dental disease and a small mass on lower R eyelid. Rest of examination WNL. Annual bloodwork was performed and ALP was elevated at 3,932 U/L (normal
5-160). When looking historically, p ALP levels have increased yearly since 2023. No other abnormalities noted on diagnostics.

**Current Medications:** None.
**Labwork Results:** Labwrk attached, reported as: Bloodwork 1/28/26 - ALP 3932 U/L; rest of BW WNL. Bloodwork 3/11/25- ALP 2267 U/L; no other abnormalities noted. BLoodwork 3/14/23 - ALP 1542 U/L; no other abnormalities noted
**Date of Previous IntraPet Ultrasound:** No previous.
**Sedation:** Not required to complete full diagnostic ultrasound.
**Stat Report:** Not requested.
**Imaging Performed by:** Stephanie Warga RDCS, RVT.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder is moderately distended with anechoic urine. The Bladder wall largely has a smooth mucosal surface. In the apical region it is slightly irregular and thickened, measuring at 0.46 cm. The region of the trigone, ureteral papillae and proximal urethra appear free of any mass lesions or calculi.

The prostate is normal in size (0.87 cm) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (6.53 cm). Overall echogenicity is normal with adequate 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.

The right kidney has a normal shape and size (6.38 cm). Overall echogenicity is normal with adequate 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.

### *Adrenal Glands*

The left adrenal gland is large, measuring 0.82 cm at the cranial pole and 0.76 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.

The right adrenal gland is borderline “plump”, measuring 0.97 cm at the cranial pole and 0.73 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.

### *Spleen*
The spleen is subjectively normal in size (2.27 cm), echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

### *Liver*
The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is mildly heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

### *Gastrointestinal*
The stomach contains moderate fluid/gas/ingesta. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. Gas artifact and shadowing ingesta interferes with full evaluation of the stomach.

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. Duodenum wall measures 0.41 cm. Jejunum wall measures 0.37 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.

## PRIMARY FINDINGS

- Borderline “plump” adrenal glands – Findings could be consistent with anatomic variation or early hyperplasia.

- Heterogeneous liver – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy.

- Moderate gallbladder debris – The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting but seems unlikely to be causing a current issue. Recommend continued monitoring.

## SECONDARY FINDINGS

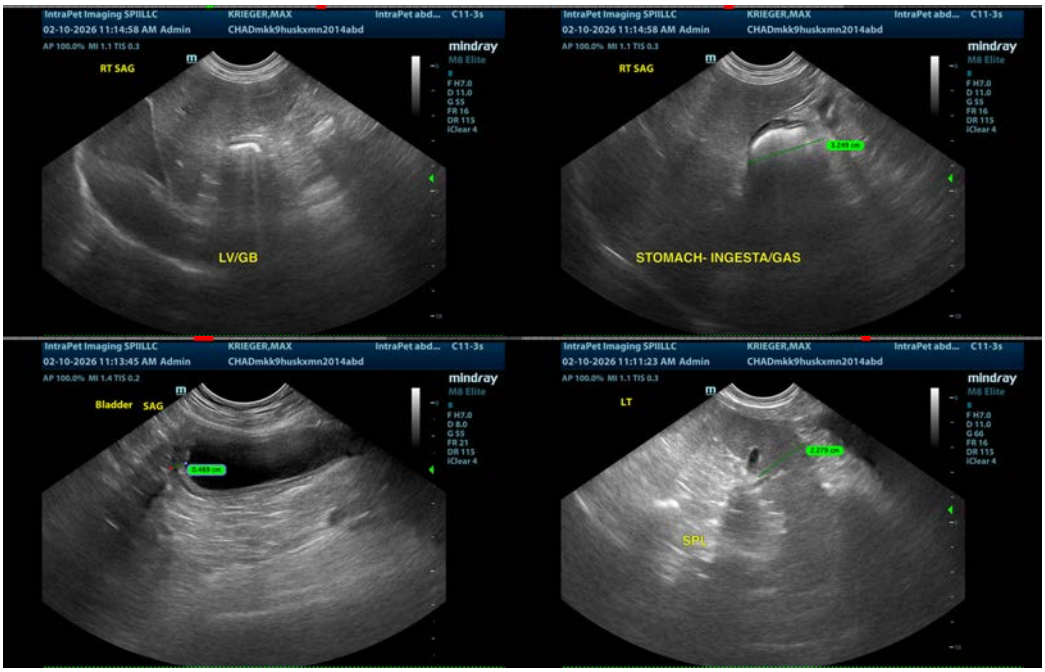
- Mildly thickened/irregular apical wall of the urinary bladder – The bladder mucosal changes could be consistent with cystitis or artifactual due to lack of adequate luminal distension. Bladder neoplasia cannot be ruled out but is considered unlikely in this patient.

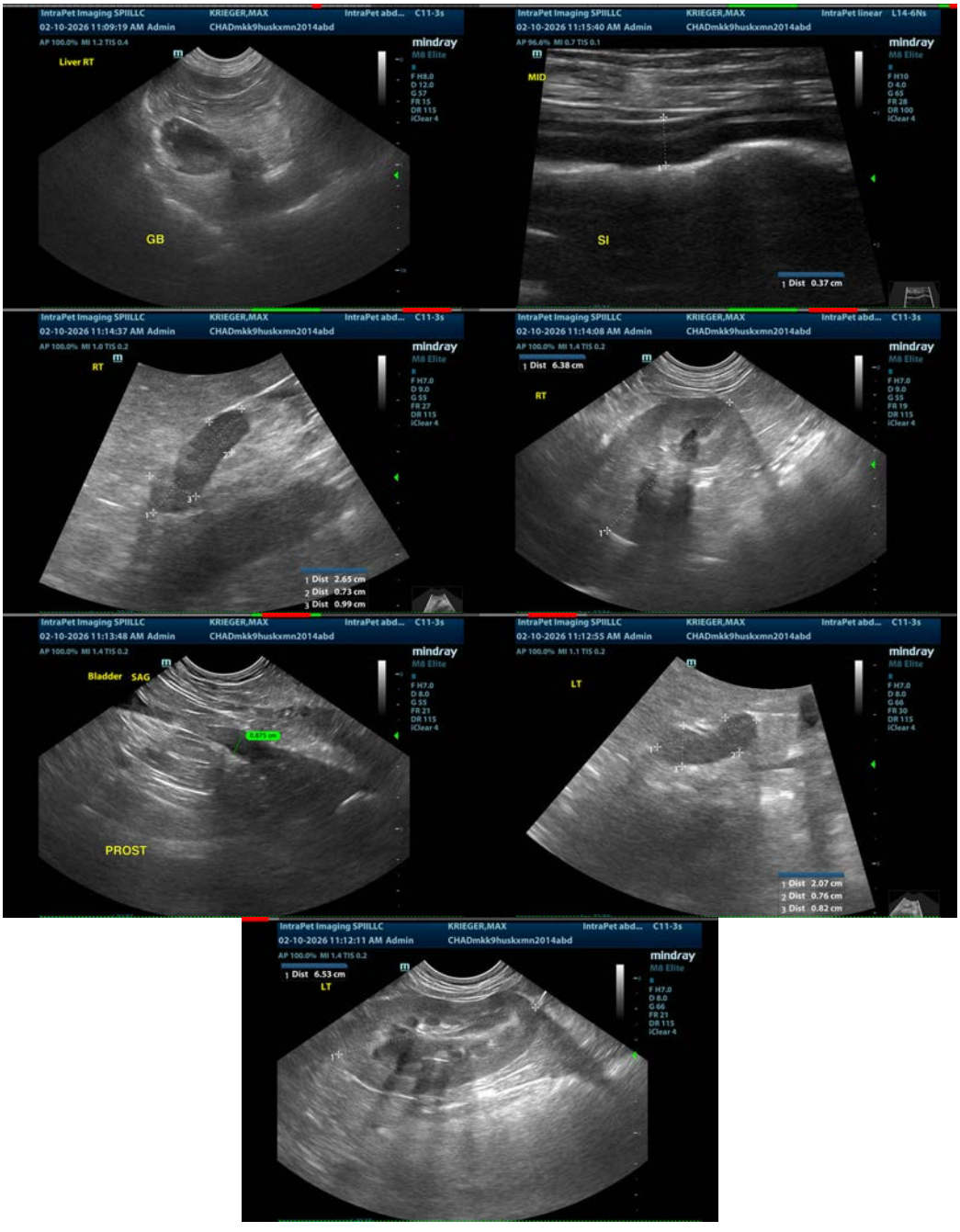
## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal lesions were visualized associated with the liver to explain the elevation in ALP reported. Generally, the parenchyma is mildly heterogeneous. This is a non-specific finding but could be consistent with a vacuolar hepatopathy. Additionally, there is moderate gallbladder debris, but no evidence of wall thickening or surrounding inflammation at this time. If further evaluation is desired, consider a liver function test and a fine needle aspirate of the liver (provided coagulation parameters are normal). Additionally, you could consider monitoring of the gallbladder +/- chronic Ursodiol therapy.

The adrenals are not overtly enlarged but are somewhat "plump". If symptoms consistent with Cushing's are present, consider adrenal function testing to further evaluate.

The apical wall of the urinary bladder appears mildly irregular. This could be due to lack of urine distention. Correlate with urinalysis. If an active sediment is present, consider a urine culture and continued monitoring of the urinary bladder.




IntraPet Imaging SPIILLC
KRIEGER,MAX
02-10-2026 11:09:19 AM Admin
CHADmkk9huskxmn2014abd
Liver RT
GB
02-10-2026 11:15:40 AM Admin
MID
SI
Dist 0.37 cm
02-10-2026 11:14:37 AM Admin
RT
Dist 2.65 cm
Dist 0.73 cm
Dist 0.99 cm
02-10-2026 11:14:08 AM Admin
Dist 6.38 cm
RT
02-10-2026 11:13:48 AM Admin
Bladder SAG
PROST
02-10-2026 11:12:55 AM Admin
LT
Dist 2.07 cm
Dist 0.76 cm
Dist 0.82 cm
02-10-2026 11:12:11 AM Admin
Dist 6.53 cm
LT

**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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)
info@sonopath.com