**PATIENT**

Diesel Ganser

**SPECIES**

Canine

**BREED**

Lab Ret

**SEX**

MN

**AGE**

5 years

**WEIGHT**

119 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Loetitia Saint-Jacques, LVT

**HOSPITAL NAME**

South Reno Veterinary Hospital

**REFERRING VET**

Dr. Schmitt

**INVOICE**

11292

**DATE**

2/12/2026

## PRESENTING CLINICAL SIGNS

- Hx: Owner reports no vomiting diarrhea coughing sneezing. Eating and drinking normal. Mobility and
- activity normal. Owner is content with patient's weight. Gives treats and food ad lib. owner is also
- giving some kind of liver supplement and believe it is Denamarin.
- AUS to check liver as ALK PHOS steadily rising with LABS, 3/3/2025 it was 213
- On left lateral RAD view liver edges
- taper at the costochondral junction.

Abnormal PE/Chem/CBC/UA Results: MS: 2/5/2026 at 11:31a: Chemistry screen: Increased alkaline phosphatase at 399. Increased triglycerides 698 CBC: Increased hemoglobi 22.3n and hematocrit 61 and PCV upper and of normal Heartworm test antigen: No Antigen Detected Fecal: All undetected Urinalysis: Decreased specific gravity 1012. Increased pH 8.0 likely causing falsely increase protein 1+, and also contributing likely increase occult blood and red blood cells. Bile Acids Pre 1.4, POst 2.7

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The prostate is normal in size (1.26 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 (7.7 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.

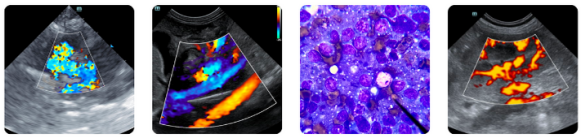
The right kidney has a normal shape and size (8.33 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

### *Adrenal Glands*

The left adrenal gland is normal in size measuring 0.52 cm at the cranial pole and 0.54 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 normal in size measuring 0.61 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*





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The spleen is subjectively normal in size and the echotexture is homogenous. The splenic capsule is smooth with no visible 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 homogenous echotexture. 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. Luminal contents are mild and likely incidental at this time. The cystic and common bile ducts are normal/not visible.

### *Gastrointestinal*

The stomach contains minimal luminal contents. 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. 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 (0.52 cm in wall thickness) and the jejunum measured as normal (0.44 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. There is no evidence of lymphadenopathy. A jejunal lymph node is visualized measuring 0.54 cm x 2.38 cm. The omentum is of normal uniform echogenicity.

## ULTRASONOGRAPHIC FINDINGS

- No significant ultrasonographic lesions visualized.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Today's scan appears normal. no focal lesions are visualized. No significant abnormalities are noted associated with the liver or the gallbladder to explain the elevation in ALP reported. Unfortunately, there are many causes for an elevation in ALP which cannot be definitively diagnosed by ultrasound alone. Based on the normal ultrasound and bile acids, a significant hepatopathy is thought unlikely at this time. Recommend continued monitoring.

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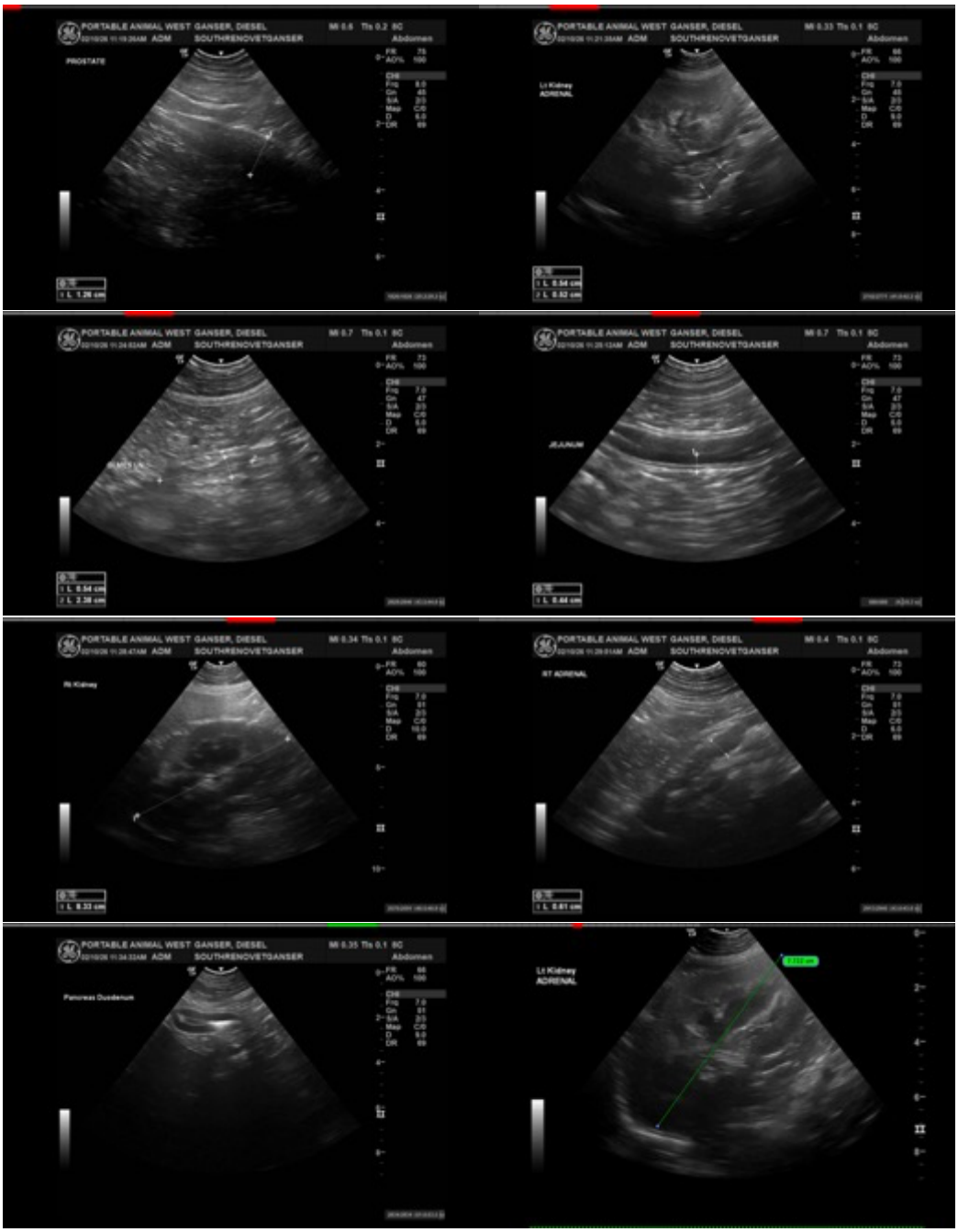
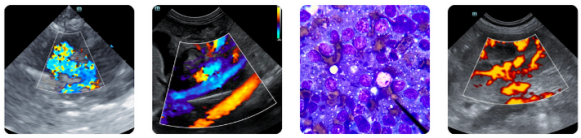
Consider heavier sedation for future imaging to optimize visualization of abdominal structures.



Imaging performed by

pawsonography@gmail.com
530-786-8340



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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.

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

info@sonopath.com