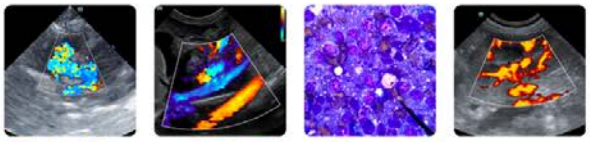




**PATIENT**

Libby Cowley

**SPECIES**

Canine

**BREED**

Labradoodle

**SEX**

Spayed Female

**AGE**

5 Years

**WEIGHT**

8.6 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Gira

**HOSPITAL NAME**

Cranston Veterinary Hospital

**REFERRING VET**

Dr. Mellisa

**INVOICE**

75531

**DATE**

5/28/26

## PRESENTING CLINICAL SIGNS

Elevation of ALT ALP on prudential BW.

## 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 left kidney has a normal shape and size (4.67 cm) with mild pyelectasia at 0.31 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 nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.62 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 0.44 cm at the cranial pole and 0.53 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 0.69 cm at the cranial pole and 0.51 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.

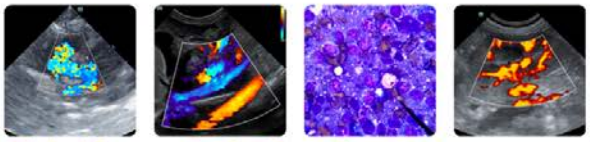
### *Spleen*

The spleen is subjectively normal in size (0.93 cm in width at the level of the hilus), 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 large in size, and normal in 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. 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 bile duct appears mildly prominent and dilated, measuring at 0.29 cm.





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### *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 uniform diameter with minimal fluid distension. Wall appears subjectively, mildly increased. Bowel loops follow a typical curvilinear path with distinct wall layering. Duodenum wall measures 0.39 cm. Jejunum wall measures 0.30 cm. Visualized peristalsis appears appropriate. There is rare mucosal speckling visualized associated with some sections of small intestine.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. 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 prominent, hypoechoic and mottled in both limbs. 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 are occasional visible/mildly prominent mesenteric lymph nodes. An iliac lymph node is visualized measuring 0.55 cm. A jejunal lymph node is measured at 0.36 cm. The omentum is generally normal in echogenicity.

## ULTRASONOGRAPHIC FINDINGS

- Pancreatic changes most consistent with pancreatic remodeling +/- chronic pancreatitis.
- Large, 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.
- Mildly dilated/tortuous bile duct – Dilation of the common bile duct could be consistent with a functional obstruction (i.e. primary hepatic disease resulting in hepatocellular swelling) or with an extrahepatic bile duct obstruction (ie. choledocholith, bile duct tumor, pancreatic disease, other).
- Mildly thickened small intestine with some areas exhibiting very mild mucosal speckling – Bright mucosal speckling has been postulated to represent dilated lacteals or focal accumulations of mucus, cellular debris, etc.. in the mucosal crypts.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver is large and heterogeneous. This is a non-specific finding, most consistent with a primary hepatopathy. The gallbladder appears normal. The bile duct is somewhat prominent and mildly dilated with no evidence of an obstructive process. The significance of this finding is uncertain, but significant pathology is not suspected.

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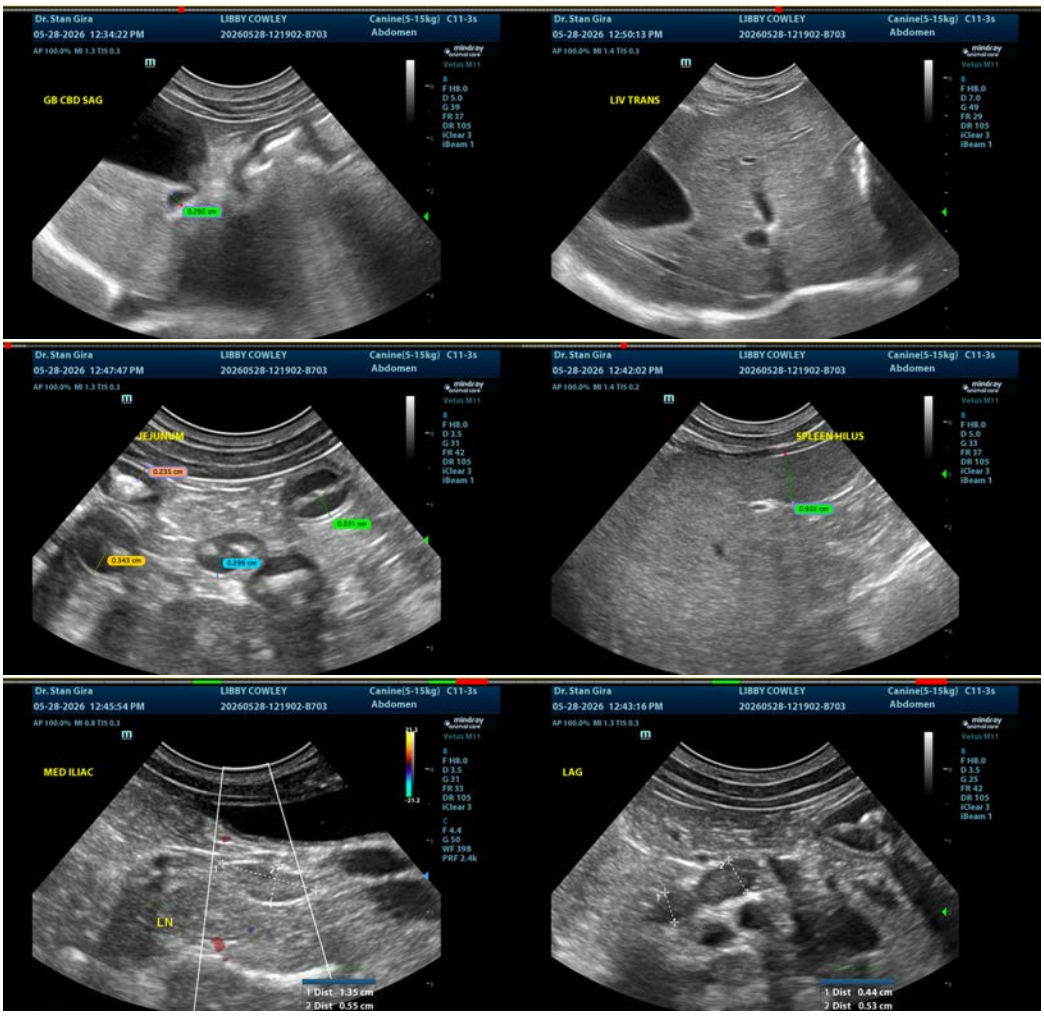
Consider further evaluation of the liver with pre- and post-prandial bile acids to assess liver function +/- a fine needle aspirate of the liver. If liver function is abnormal and/or liver values are progressively elevating, ultimately biopsies of the liver may be warranted with samples for histopathology, culture and copper levels.

There are some rare areas of mild speckling visualized associated with the small intestine, and some areas of the pancreas appear somewhat prominent. Correlate with a quantitative PLI level, looking for evidence of active pancreatitis. Additionally, if there is a history of gastrointestinal symptoms, you could consider a GI panel to Texas A&M for a qualitative PLI, TLI, cobalamin and folate, looking for additional evidence of underlying small intestinal disease, as you can have elevations in liver enzymes secondary to a reactive hepatopathy.



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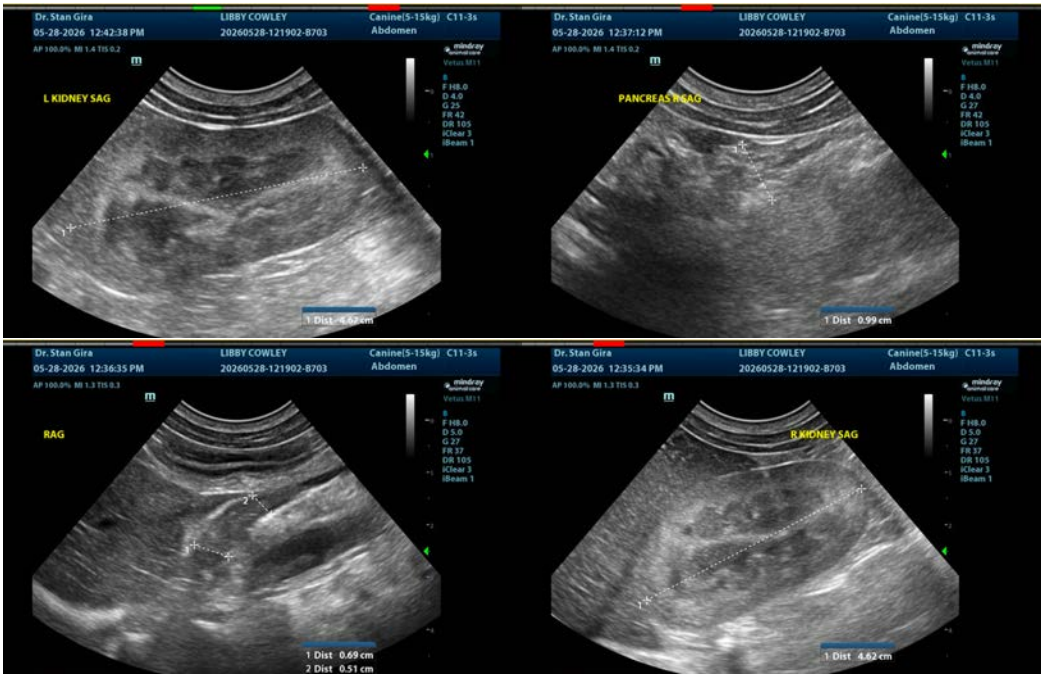


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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