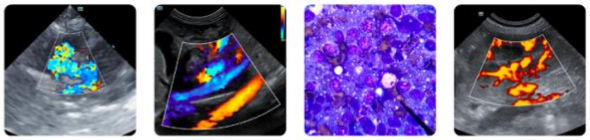


PATIENT

Daisy Samala

SPECIES

Canine

BREED

Pitbull Terrier Mix

SEX

Spayed Female

AGE

5 Years

WEIGHT

96 pounds

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Quinn Robinson RVT

HOSPITAL NAME

Hess Ridge Animal Hospital

REFERRING VET

Dr. Michael Skarie DVM

INVOICE

13339

DATE

01/22/26

PRESENTING CLINICAL SIGNS

- Markedly elevated ALP (~1800 U/L) with polyuria and polydipsia
- Increased water intake and urination, mild abdominal distension, mild muscle loss reported by owners, energy and appetite reportedly normal.
- ER was concerned for possible HAC.

Abnormal PE/Chem/CBC/UA Results: Markedly elevated alkaline phosphatase (ALP ~1800 U/L) LDDST: Baseline cortisol: 2.3 µg/dL, 4-hour cortisol: 0.4 µg/dL, 8-hour cortisol: 0.7 µg/dL T4: 0.7 (Low) CBC / Urinalysis: No clinically significant abnormalities reported in available records

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 7.8 cm in length. The right kidney measured 8.1 cm in length.

Adrenal Glands

The left adrenal gland was overtly normal in size, position and shape. The left adrenal gland measured 0.81 cm width at the caudal pole.

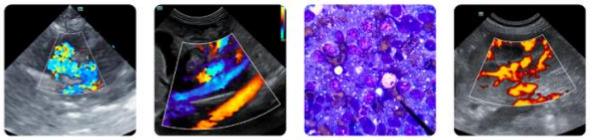
The right adrenal gland was overtly normal in size, position and shape. The right adrenal gland measured 0.76 cm width at the caudal pole.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver & Gallbladder

The liver presented mild to moderately enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.



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The gallbladder was non distended in size with minor nonorganized biliary sludge. The common bile duct was not visualized.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic, nonshadowing ingesta (consistent with food echogenicity) without signs of obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained minor segmental intestinal ingesta.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Benign hepatopathy pattern.
- Minor gallbladder debris (non-mucocele).
- Sonographically normal kidneys/adrenal glands.
- Normal gastrointestinal tract with gastrointestinal ingesta- consistent with food echogenicity.
- Normal peritoneal cavity.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver is consistent with benign criteria and suggestive of vacuolar or non-obstructive cholestatic hepatopathy in conjunction with ALP elevation, hepatic inflammation is thought less likely. No sonographic evidence of adrenal pathology, yet adrenal glands may present sonographically unremarkable with Cushing's syndrome. Further assessment, given clinical signs may include urinary workup including urine culture/sensitivity +/- leptospirosis titers/PCR. If strong clinical suspicion for Cushing's syndrome, a Trilostane trial with monitoring of clinical response may be considered. Hepatosupportive medications may prove beneficial.

Internal medicine consult can be utilized through Sonopath.com. You can select the internal medicine drop down at http://spa.sonopath.com/.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services

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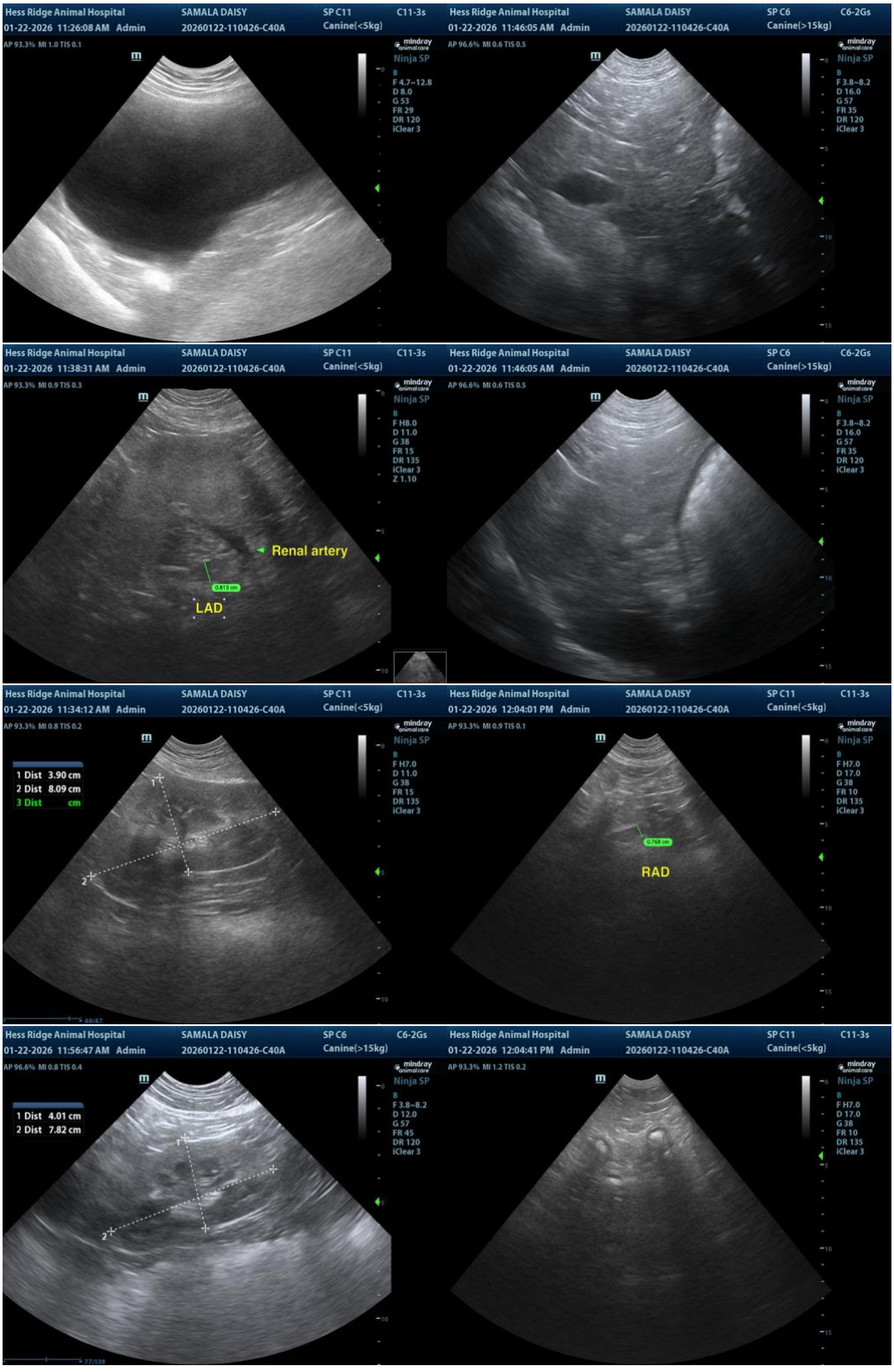

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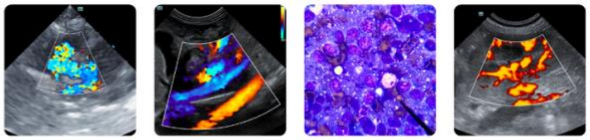

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com