



**PATIENT**

Libby Deady

**SPECIES**

Canine

**BREED**

Labrador Retriever Mix

**SEX**

FS

**AGE**

8 yr

**WEIGHT**

71.6 lb

**INTERPRETED BY**

R. McKenzie Daniel, DVM,  
 DABVP (Canine and Feline)

**IMAGING PERFORMED BY**

Pamela Harrigan, RDCCS

**HOSPITAL NAME**

Airport Animal  
 Hospital

**REFERRING VET**

Asha Gudluru, DVM

**INVOICE**

15539

**DATE**

11/18/22

**PRESENTING CLINICAL SIGNS**

Progressively elevating ALP (367) on blood work. Would like to rule out any hepatic or adrenal issues. Hypothyroid, but regulated.

Current meds: Thyrotabs 0.5 mg - one tablet SID PO.

**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 changes was noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were 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 6.7 cm in length. The right kidney measured 6.8 cm in length.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.54 cm width at the caudal pole and 0.40 cm width at the cranial pole. No overt pathology was noted in the area of the right adrenal gland.

**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 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. The gallbladder was non-distended in size containing primarily anechoic content with mild nondependent nonorganized echogenic gallbladder debris. No evidence of gallbladder or peripheral gallbladder inflammation was noted. The cystic and common bile ducts were normal.



**PATIENT**

**Gastrointestinal**

Libby Deady

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material.

**SPECIES**

Canine

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material.

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

**BREED**

**Pancreas**

Labrador Retriever Mix

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 were evident.

**SEX**

FS

**Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

**AGE**

8 yr

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

71.6 lb

- Benign hepatopathy - sonographically suggestive of vacuolar hepatopathy pattern, potential for nonobstructive hepatic cholestasis
- Mild gallbladder debris (non-mucocele)

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No overt evidence of significant hepatobiliary or adrenal pathology. Primary adrenal disease is considered unlikely, given the lack of reported clinical signs, i.e., PU/PD, polyphagia, etc. Hepatosupportive medications including Denamarin and Ursodiol may prove beneficial. Sonographic reassessment of the liver and gallbladder may be considered if progressive ALP elevation or evidence of cholestasis.

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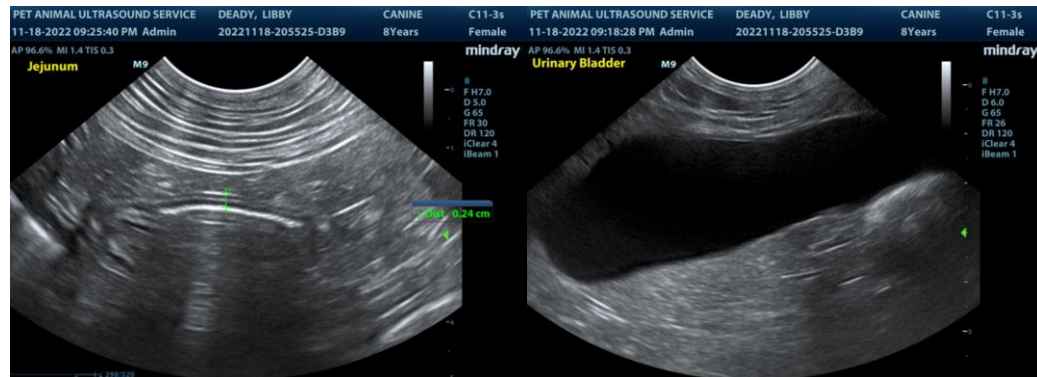
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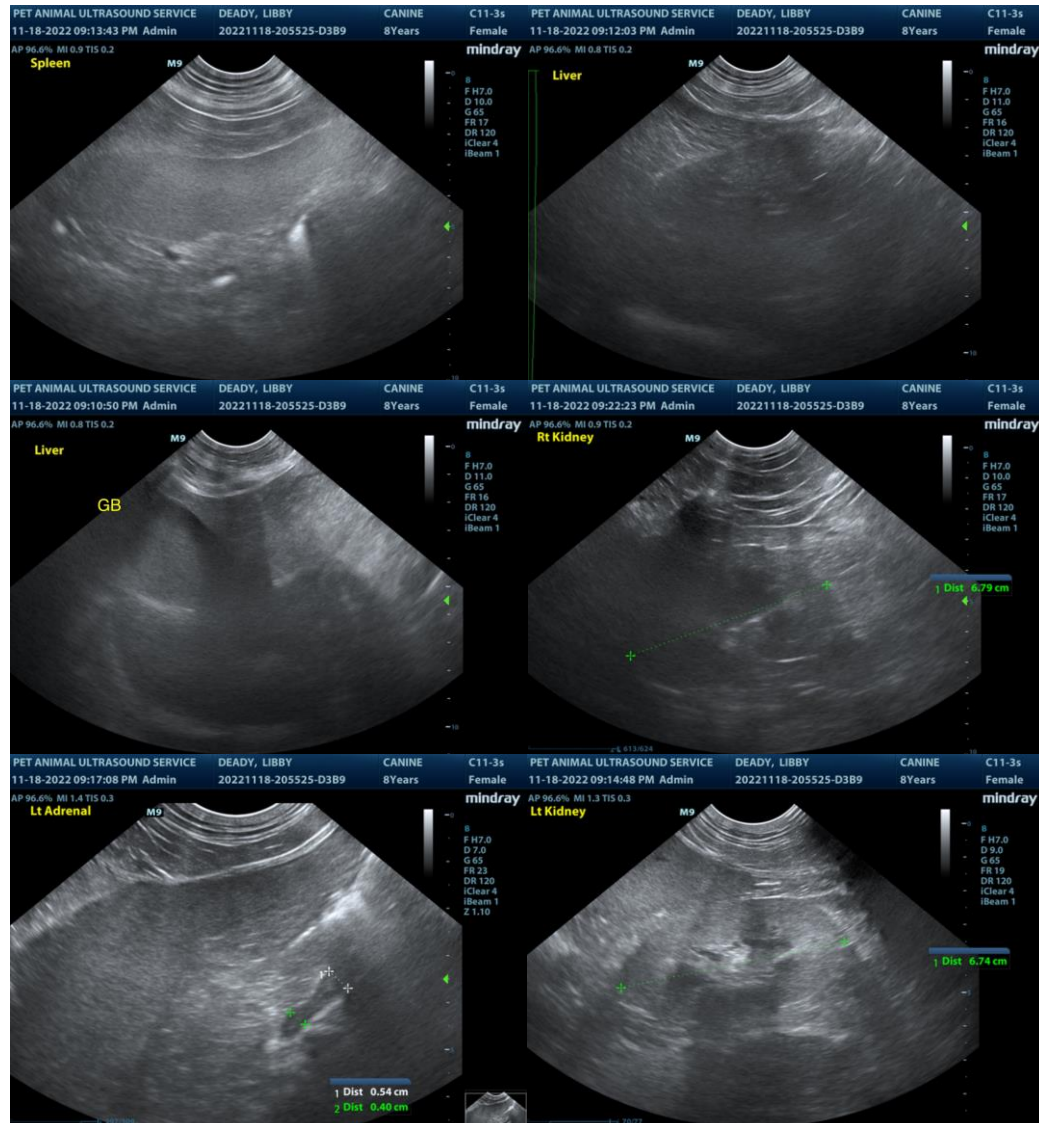
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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 info@SonoPath.com