



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Sandy Olson **History:**

SPECIES

Canine

BREED

Mini Schnauzer

SEX

Female Spayed

AGE

8y

WEIGHT

20.3 lbs

- Seen at E-clinic 1/2026
- Elevated ALT, ALP
- Painful but no elevation in spec cPL
- Ultrasound done by Animal Sounds NW - 1/8/2026 - through the e-clinic. Moderate unorganized sludge in gall bladder
- Clinically dog is doing well at this time.
- ABNORMAL Lab work Values
- Elevated ALP (3100), Elevated ALT (275), Elevated Triglycerides (621), Elevated Cholesterol (528)
- These are from a 12-hour fasted sample. I have a lipid panel pending
- Current Medications: Ursodiol, Denamarin
- Radiographic Findings: None sent
- Notes to Specialist (if any)
- This is a follow up ultrasound to the one done by you 1/8/26
- I am concerned about the ALP - changes in gall bladder, bile duct. First ALP value on 1/8/26 was just >993 which doesn't let me know if ALP continues to increase.
- Perhaps this is a Schnauzer with lipid metabolism issues but need to rule out development of a mucocele.

INTERPRETED BY ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal tone. The bladder wall with normal in appearance. Small, hyperechoic, non-obstructive, shadowing calculi were present in the dependent lumen. Concurrent mild, non-dependent particulate urine sediment. Calculus measured – cm diameter.

IMAGING PERFORMED BY

Sara Hansen

The area of the aortic trifurcation was free of pathology.

HOSPITAL NAME

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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. Areas of medullary mineral to small renoliths primarily in the lateral diverticuli. The left kidney measured 4.9 cm in length. The right kidney measured 5.0 cm in length.

REFERRING VET

Dr. Rideout

Adrenal Glands

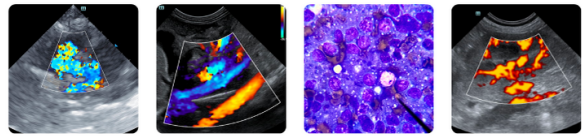
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The left adrenal gland was borderline enlarged in size with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.64 cm width at the caudal pole. The right adrenal gland was borderline enlarged in size with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.58 cm width at the caudal pole.

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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

The liver was normal in size and contour with normal vascular volume. Homogeneous, mildly increased hepatic parenchyma echogenicity exhibiting mild coarse echotexture compared to the spleen. The capsule of the liver was symmetrical in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with moderate to mildly congealed, non-organized, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

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.

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.

Pancreas

The pancreas was normal in size and contour with isoechoic to mildly heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

Increased amount of cranial to generalized abdominal fat with prominent falciform ligament to cranial abdomen lipoma. No lymphadenopathy or peritoneal effusion present.

PRIMARY FINDINGS

- Static non-obstructive urinary calculi and urine sediment
- Static mild non-obstructive renal medullary mineral/small renoliths
- Borderline prominent adrenal glands
- Hepatopathy – consistent with benign criteria
- Mild congealed non-organized gallbladder debris – not consistent with mature mucocele
- Static mild remodeled pancreas

SECONDARY FINDINGS

- Prominent falciform ligament/cranial abdomen lipoma

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Continued hepato-supportive medications including Denamarin and Ursodiol with as needed sonographic monitoring of the liver and gallbladder if evidence of progressive hepatopathy or cholestasis is recommended. No evidence of post hepatic obstruction or current mucocele. Adrenal



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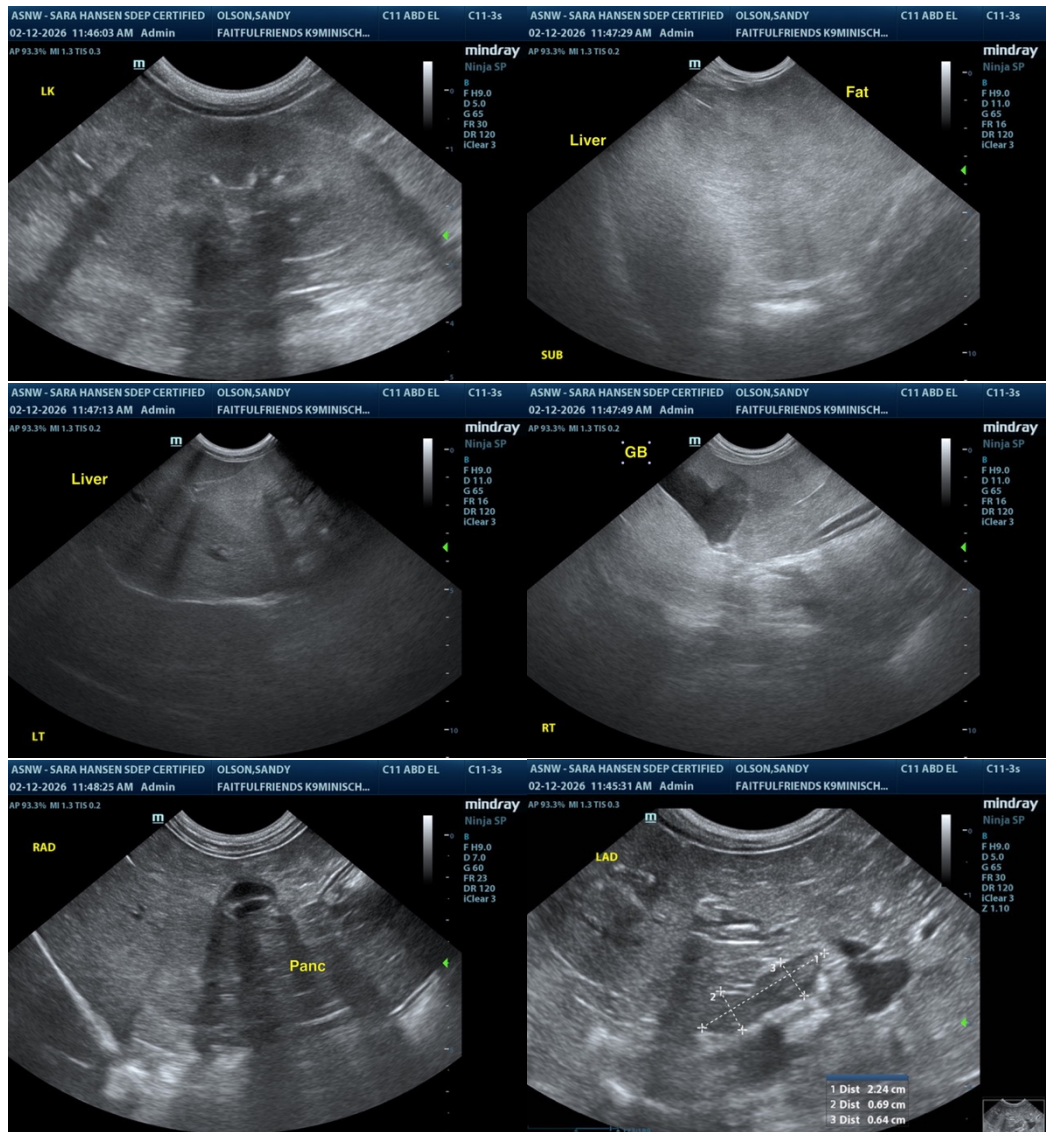
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workup with LDDST warranted if clinical signs consistent with Cushing's Syndrome. Correlation with pending lipid panel recommended with consideration for dietary and chitosan trial is suggested.





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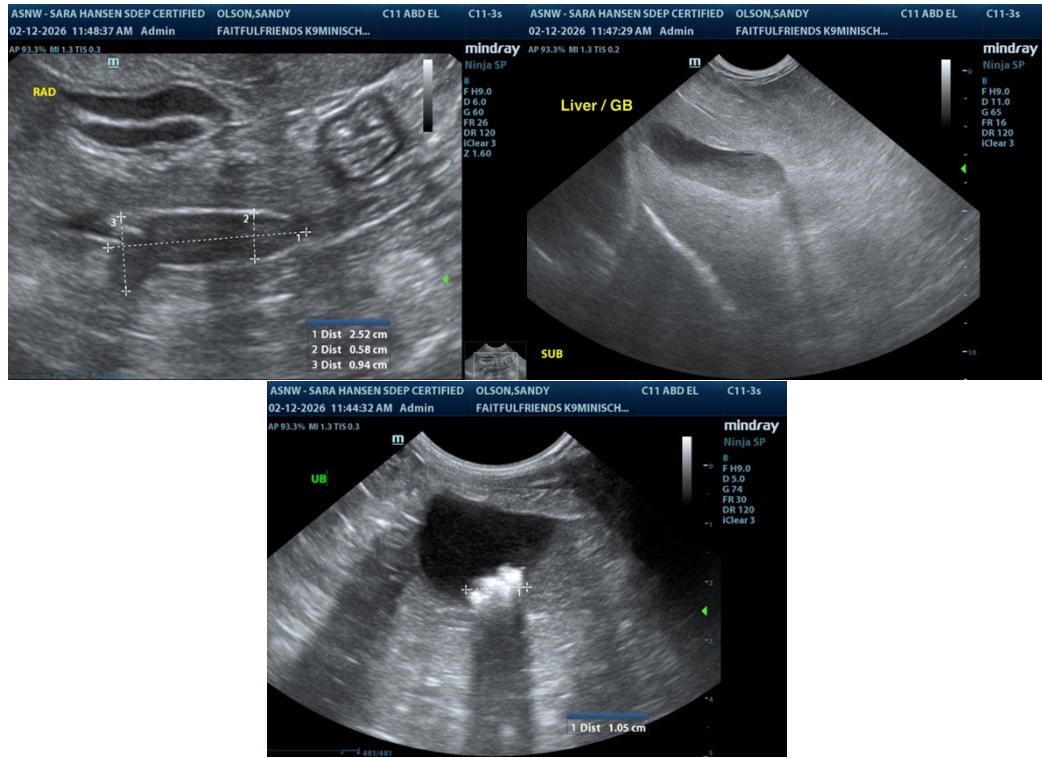
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

info@SonoPath.com