



## PATIENT

April Wallace

## SPECIES

Canine

## BREED

Mix

## SEX

Spayed female

## AGE

13 years

## WEIGHT

43.8 lbs

## INTERPRETED BY

Remo Lobetti, BVSc,  
MMedVet (Med),  
PhD, Dipl. ECVIM

## IMAGING PERFORMED BY

Alexis Cervantes

## HOSPITAL NAME

TLC AH

## REFERRING VET

Dr. Garcia

## INVOICE

72328

## DATE

3/6/26

## PRESENTING CLINICAL SIGNS

- First abdominal ultrasound performed was on 6/2/2025 on 3/31/2025. P had an elevated ALT (238) during her regular senior bloodwork; placed P on Denamarin; P is otherwise normal. This is a follow up ultrasound from 06/02/2025: the last bloodwork still reveals elevated ALT (195); P is otherwise healthy and is currently on Denamarin/ flea and tick prevention; history of anaplasma positive; will be sending out real PCR on anaplasma 03/06/2026

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder is full with a normal thickness and smooth appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.

Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.

Normal renal size (left measured 5.2 cm, right measured 6.6 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident.

### *Adrenal Glands*

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.68 cm in width. The right adrenal gland measured 0.62 cm.

### *Spleen*

Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident.

### *Liver*

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

### *Gallbladder*

The gallbladder is full containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.



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**Gastrointestinal**

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen.

**Pancreas**

The visible sections of the pancreas are of normal size and echogenic appearance with a regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

**Free Abdomen**

Normal mesenteric lymph nodes.

No ascites evident.

**ULTRASONOGRAPHIC FINDINGS**

- Normal ultrasound examination of the abdomen.

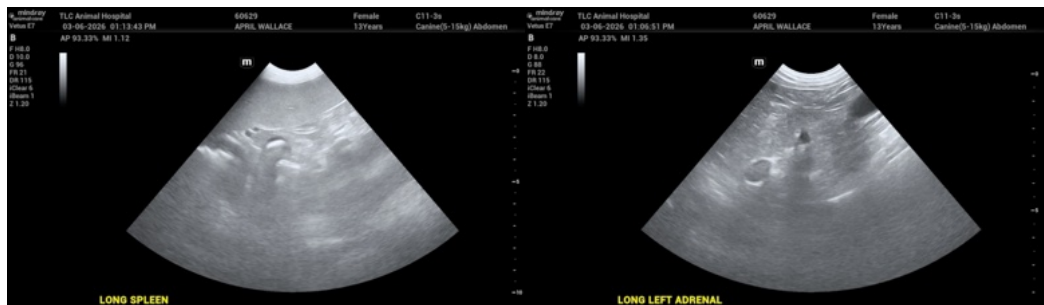
**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

On this ultrasound there was no obvious etiology for the persistently elevated ALT activity. As the ALT activity is fairly static, the most likely etiology would be reactive hyperplasia with vacuolar and metabolic hepatopathy less likely differential diagnosis.

Hepatitis and infiltrative neoplasia would be highly unlikely differential diagnosis.

Further assessment would be FNA cytology of the liver. However, a tru cut or wedge biopsy may be required for a final etiological diagnosis.

Symptomatic management would be to continue with the current therapy adding Ursodiol with regular monitoring of liver enzyme activity.





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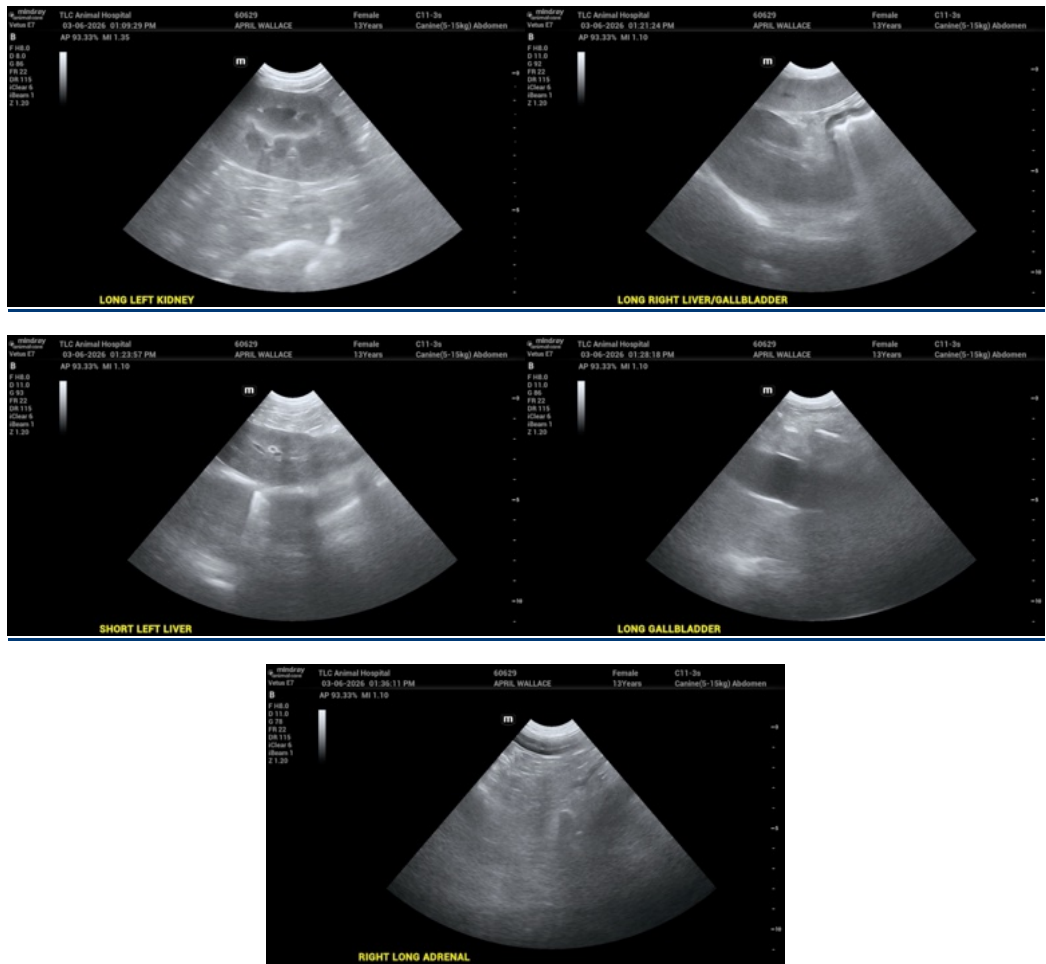
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)

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