


**PATIENT PRESENTING CLINICAL SIGNS**

Canela Mendez History: Elevated ALP

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**
**Canine Urinary System**

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

**BREED**

Cocker Spaniel Normal appearance of the trigone area, proximal urethra (0.40 cm), and iliac blood vessels.

**SEX**

Spayed Female Iliac lymphadenomegaly (0.60 x 2.50 cm), with normal shape and echogenic appearance. Ureters not visualized, which can be considered a normal finding.

**AGE**

14 years Normal renal size (left kidney 4.30 cm) (right kidney 5.00 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.

**WEIGHT**

26 lb Normal size (1.70 cm) 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.

**INTERPRETED BY**

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM **Liver**  
 Normal size with rounded edges, diffuse hyperechogenic appearance, loss of portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

**IMAGING PERFORMED BY**

Sonya Myers DVM

**Gallbladder**

The gallbladder is full containing small amount of hyperechogenic sediment. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct (0.30 cm).

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**Gastrointestinal**

Normal appearance of the stomach (0.39 cm), duodenum (0.49 cm), small intestine, ileo-cecal junction, and colon (0.16 cm) with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen. The jejunum measured 0.42 cm.

**REFERRING VET**

Williams

**Pancreas**

Normal size (left 0.90 cm) (right 1.10 cm) and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

**Free Abdomen**

Normal mesenteric lymph nodes (0.60 x 2.50 cm).

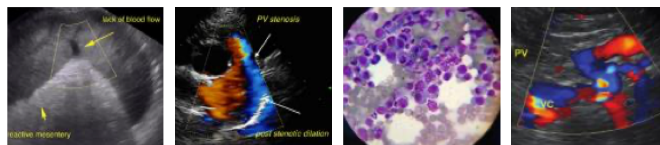
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No ascites evident.

**DATE**

6.21.23



## PATIENT ULTRASONOGRAPHIC FINDINGS

Canela Mendez

### Primary Findings

### SPECIES

Canine

- Hepatopathy
- Cystitis
- Iliac lymphadenomegaly

### BREED

Cocker Spaniel

### Secondary Findings

- None

### SEX

Spayed Female

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the liver would be reactive, hyperplasia, vacuolar, metabolic, hepatitis and infiltrative neoplasia.

### AGE

14 years

The most likely etiology for the urinary bladder would be focal cystitis. However, early emerging neoplasia needs to be considered.

### WEIGHT

26 lb

Etiologies for the iliac lymphadenomegaly would be reactive lymphadenitis, with neoplasia a less likely differential diagnosis.

Further assessment would be urinalysis, urine culture, BRAF analysis, and FNA cytology of the liver. A Tru-cut or wedge biopsy may however be required for a final etiological diagnosis for the liver.

### INTERPRETED BY

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

Specific therapy would be dependent on an etiological diagnosis. Symptomatic management of the liver would be Ursodiol.

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**PATIENT**

Canela Mendez

**SPECIES**

Canine

**BREED**

Cocker Spaniel

**SEX**

Spayed Female

**AGE**

14 years

**WEIGHT**

26 lb



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

**INTERPRETED BY**

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

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)**  
info@sonopath.com

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