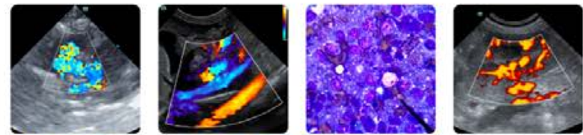


PATIENT

Willow Mallon

SPECIES

Canine

BREED

Golden Retriever

SEX

Spayed Female

AGE

8 Years

WEIGHT

33.8 kg

INTERPRETED BY

Tam Mengine, DVM, DABVP (canine/feline practice)

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Headon Forest Animal Hospital

REFERRING VET

Dr. Short

INVOICE

72935

DATE

1/2/26

PRESENTING CLINICAL SIGNS

Inappropriate urination noted after recently starting Clomicalm. Otherwise physically healthy BAR
Current Medications clomicalm 80mg - 1/2 tablet per day (slowly being weaned off due to accidents)
Trazodone 300mg for the ultrasound given morning of.

Abnormal PE/Chem/CBC/UA Results: Incidental elevated ALP (1469 U/L) and proteinuria (UPCR 1.9) on preop bloodwork for eyelid mass removal. USG >1.040. BP 196/112 MAP 141. UTI ruled out.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine, and no luminal sediment is present. The ureteral papillae, trigone and pelvic urethra (visible to 3.0 cm) are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted.

The kidneys are of normal size and shape and exhibit appropriate corticomedullary differentiation with a normal 1:3 cortex to medulla ratio. There is no evidence of nephrolithiasis, mineralization, pyelectasia, cystic change or hydronephrosis. The proximal ureter is not visible (normal). Left measures 5.7 cm. Right measures 6.3 cm.

Adrenal Glands

The left adrenal gland is identified in its normal location. It is of normal size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland height is 7.0 mm at the cranial pole and 5.5 mm at the caudal pole. The right adrenal gland is not distinctly visualized, but the region appears unremarkable.

Spleen

The spleen is of appropriate size and has a normal, homogenous parenchyma with a smooth, continuous capsular surface. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal.

Liver

The liver is of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

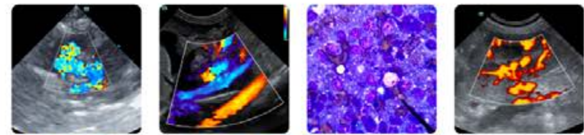
The gallbladder is moderately distended with anechoic contents. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

Gastrointestinal

The stomach is moderately distended with ingesta. The gastric wall is 2.7 mm with normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.

The visualized portions of the duodenum, jejunum, and ileum are of normal thickness with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio. Intestinal motility appears normal.

The visible portions of the colon are of normal thickness (1.6 mm) with intact wall layering. The ileocecal junction is not seen.



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Pancreas

The areas of the limbs and body of the pancreas are isoechoic to the surrounding mesenteric fat, with normal capsular appearance. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

Free Abdomen

There is no evidence of free fluid within the peritoneal cavity. The omentum and intra-abdominal fat are of appropriate echogenicity. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

PRIMARY FINDINGS

- Unremarkable canine abdomen.

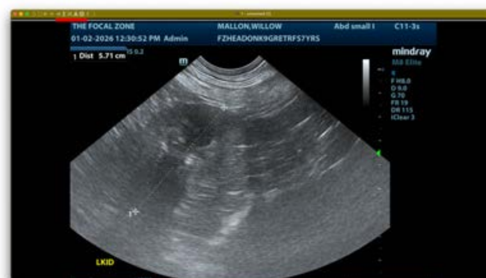
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no apparent explanation for the patient's elevated ALP and possible hypertension and proteinuria noted on today's ultrasound. The right adrenal gland could not be clearly visualized due to patient size, and so the possibility of a right adrenal mass is not completely excluded but deemed unlikely given the lack of inflammation in the region. Because Clomipramine can affect blood pressure, it is recommended to reassess this value when the patient is completely tapered off the Clomipramine in a calm setting, ideally with some sedation on board such as Gabapentin and Trazadone.

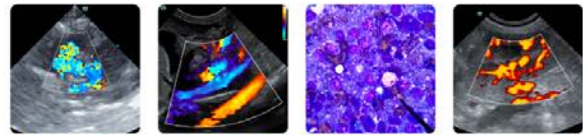
Given the lack of significant sonographic change in the liver and gallbladder and the elevation of the ALP while other liver values remain normal, the most likely cause is a reactive hepatopathy.

The following next steps are recommended with regard to the elevated ALP:

- Screening for hyperlipidemia with a fasted triglyceride level is recommended, if not already performed
- Serial chemistry screens, at 3-6 month intervals, are recommended. As long as all other liver laboratory values are normal, then a clinically significant hepatopathy is highly unlikely. However, if ALT or TBili become elevated, then bile acid testing, liver support supplements such as SAMe, milk thistle and ursodiol, as well as recheck ultrasound would all be recommended.
- Ultrasound-guided or laparoscopic biopsies would be needed for definitive diagnosis. Fine needle aspirate for cytology could also be performed, but is less likely to yield a definitive diagnosis.



The Focal Zone
FUELED BY SONOPATH VETERINARY ULTRASOUND



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

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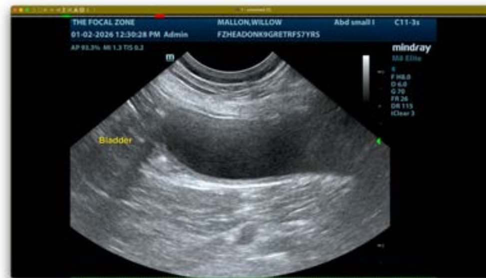

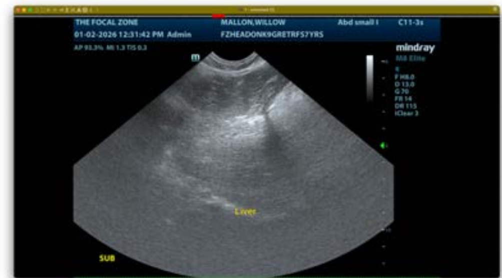

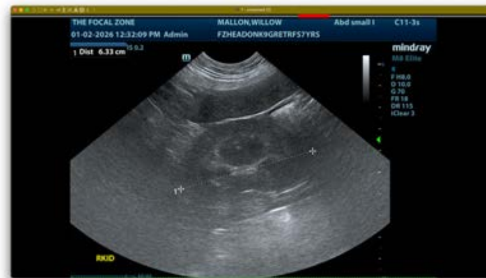

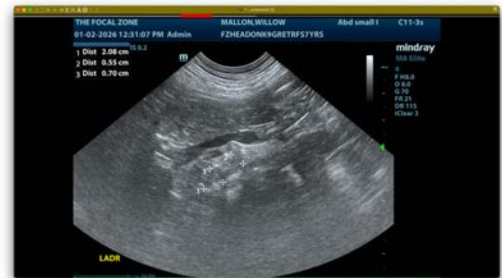

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Tam Mengine, DVM, DABVP (canine/feline practice)

info@SonoPath.com