



**PATIENT**

Dallas Schade

**SPECIES**

Canine

**BREED**

Mixed

**SEX**

Spayed Female

**AGE**

11 Years

**WEIGHT**

N/A

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Diane McFadden

**HOSPITAL NAME**

Blairstown AH

**REFERRING VET**

Dr. Clegg

**INVOICE**

20786

**DATE**

1/27/23

**PRESENTING CLINICAL SIGNS**

History: elevated ALKP, increased thirst, wt loss, occasional vomiting. not on any meds

Abnormal PE/Chem/CBC/UA Results: elevated ALKP

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is moderately distended with anechoic urine. A small amount of echogenic luminal sediment is present, which is freely movable. The ureteral papillae, trigone and pelvic urethra 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). The left kidney is 6.2 cm in length. The right kidney is 6.4 cm in length.

**Adrenal Glands**

The adrenal glands are both identified in their normal locations. The right adrenal gland has a rounded appearance to the cranial pole and is mildly enlarged. They are otherwise normal in size and shape, with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland height is 7.1 mm at the cranial pole and 7.3 mm at the caudal pole. The right adrenal gland height is 1.5 mm at the cranial pole and 6.1 mm at the caudal pole.

**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 diffusely hyperechoic and subjectively enlarged. There are several hypoechoic nodules present throughout the parenchyma, measuring up to 9.0 mm. 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 empty. The gastric wall is 3.7 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. The duodenal wall measures 4.6 mm. The jejunal wall measures up to 4.1 mm. Intestinal motility appears normal.

The visible portions of the colon are of normal thickness, up to 1.9 mm, with intact wall layering. The ileocecal junction is visualized and appears normal.

**Pancreas**



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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.

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**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.

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Mixed

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- A diffusely enlarged and hyperechoic liver with several hypoechoic nodules
- A rounded, mildly enlarged right adrenal gland

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**Secondary Findings**

- Small amount of bladder debris

**AGE**

11 Years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The changes in the liver are nonspecific and could be associated with endocrine disease, other vacuolar hepatopathies, reactive hepatopathy, storage hepatopathy, chronic infectious or inflammatory disease or less likely neoplasia. Ultrasound guided or laparoscopic biopsies would be needed for a definitive diagnosis.

**WEIGHT**

N/A

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Given the history of PU/PD, along with the rounded right adrenal gland, a low dose dexamethasone test is recommended to rule out adrenal dependent Cushing's disease. Other differentials for the enlarged adrenal include benign hyperplasia, adenoma, or less likely neoplasia. Serial monitoring with ultrasound is recommended.

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The sediment in the bladder may be incidental, but could indicate infection, and so urinalysis is recommended if not already performed.

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Additional diagnostic recommendations include:

- Screening for hyperlipidemia, if not already performed, as this can lead to a reactive hepatopathy
- Bile acid testing to further assess the severity of hepatic disease- if elevated, then liver biopsies should be considered

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- If bile acids are normal, but the ALT is increased, then initiation of liver support therapy, such as SAM-e, vitamin E and Ursodiol, along with serial monitoring of liver enzymes every 2-3 months could be initiated.

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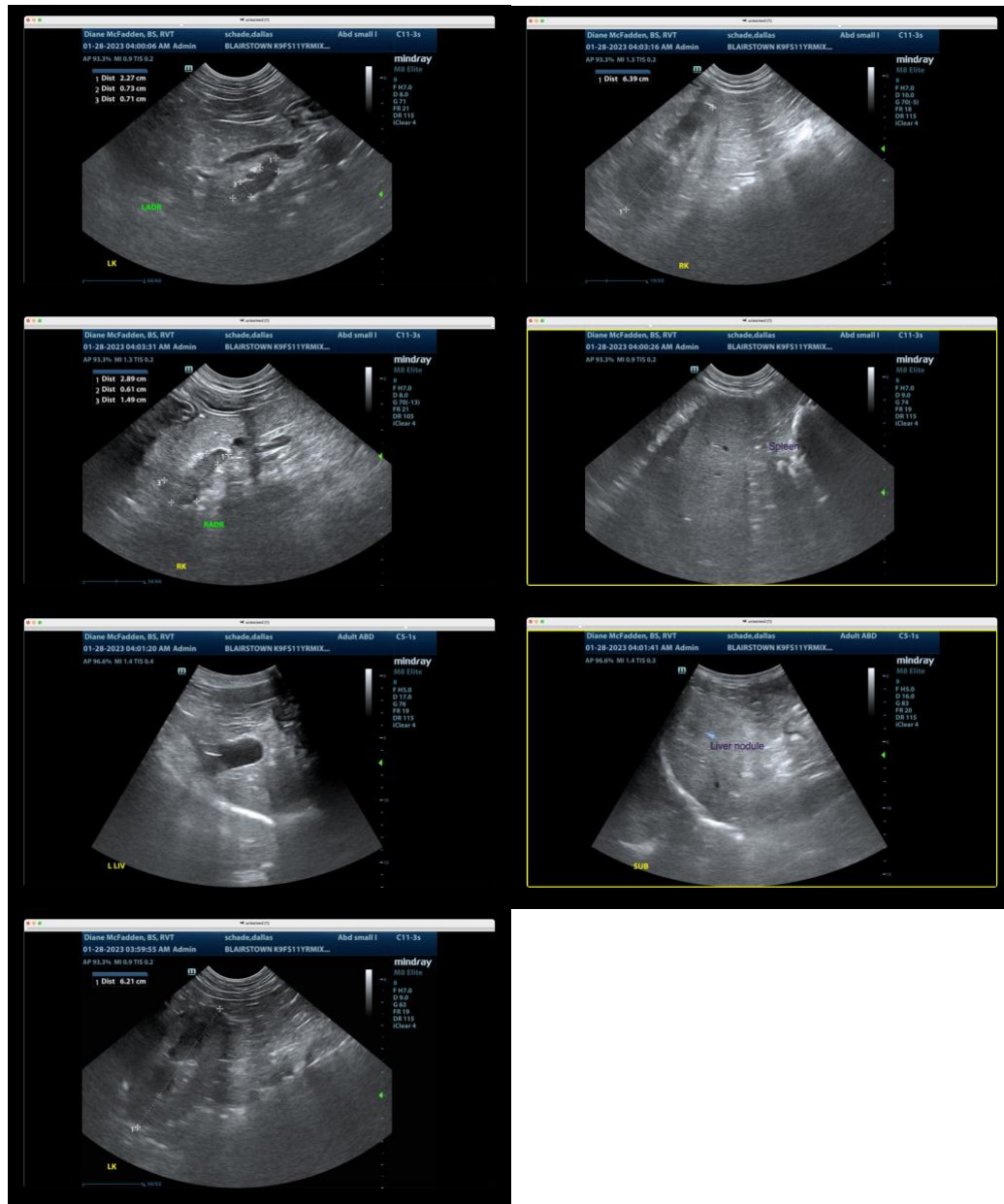
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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