

**PATIENT**

Andromeda Vann

**SPECIES**

Canine

**BREED**

Labrador Retriever

**SEX**

Spayed Female

**AGE**

10 Years 7 Months

**WEIGHT**

74 lbs

**INTERPRETED BY**Tam Mengine, DVM,  
DABVP (canine/feline  
practice)**IMAGING  
PERFORMED BY**

Dr. Lucas Budden

**HOSPITAL NAME**Frontier Veterinary  
Hospital**REFERRING VET**

Dr. Lucas Budden

**INVOICE**

71871

**DATE**

11/16/25

**PRESENTING CLINICAL SIGNS**

Clinical signs: ALT elevation History: Persistent mild ALT elevation. Ultrasound to evaluate for underlying cause. No concerns at home outside of a chronic cough. Current medications: Trazodone and butorphanol to facilitate imaging Librela injections monthly.

Abnormal PE/Chem/CBC/UA Results: Physical exam: BCS 5/9, mild to moderate dental tartar, LNs peripherally palpate normally, abdomen comfortable on palpation and no obvious organomegaly, intrinsic staining 103, multiple SC masses, recent history of increased coughing Lab work: senior panel 10/3/25 ALT high 153 Triglyceride high 817 Remainder of CBC/CHEM normal USG 1.018 Protein 1+ White blood cells 0-1 Bacteria less than 10 Accu Plex all negative Recheck urine/culture/cbc/chem 11/3/25 ALT high 145 Remainder of CBC/CHEM normal USG 1.023 Protein 1+ Struvite crystals 0-1 Culture negative Fasted triglyceride recheck pending

**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 2.0 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). The kidneys measure 6.7 cm each.

**Adrenal Glands**

The adrenal glands are both identified in their normal locations. They are normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. Left measured 8.1 mm at the cranial pole and 7.4 mm at the caudal pole. Right measured 7.6 mm at the cranial pole and 8.5 mm at the caudal pole.

**Spleen**

There are multiple hyperechoic masses within the splenic parenchyma with no visible deviation of the splenic capsule. 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 mildly distended with ingesta. The gastric wall is 5.0 mm with normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.



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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. Duodenum wall measures 5.1 mm. Jejunum wall measures 4.2 mm.

The visible portions of the colon are of normal thickness (1.8 mm) with intact wall layering. The ileocecal junction is not seen.

### *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

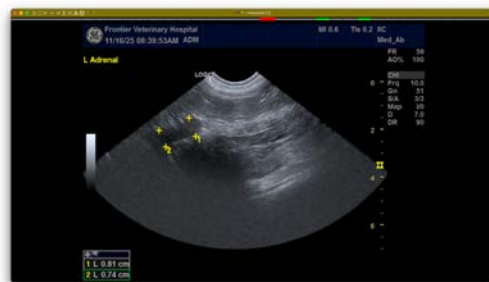
- Unremarkable canine abdomen.

## SECONDARY FINDINGS

- Hyperechoic splenic myelolipomas, which are an incidental finding in a dog.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no apparent explanation for the mildly elevated ALT on today's ultrasound. If the recheck triglycerides are persistently elevated, hyperlipidemia would be a potential cause for this alteration due to a reactive hepatopathy. A low-fat diet and omega fatty acid supplementation would be recommended as initial treatment for hyperlipidemia. Liver biopsy would be needed for definitive diagnosis. However, given the mild nature of the elevations, treatment with liver supportive therapies such as SAM-e and milk thistle would be reasonable, with ongoing serial monitoring of liver chemistry values.





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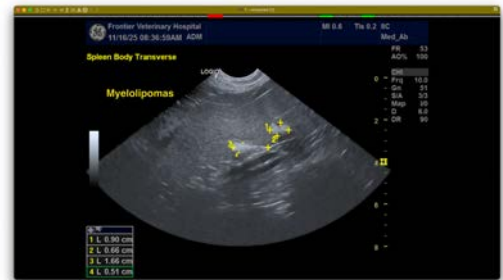
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

info@SonoPath.com