



PATIENT

Ava Glowacky

SPECIES

Canine

BREED

Beagle

SEX

Spayed Female

AGE

13 Years

WEIGHT

23.6

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Vincent Ravancho, CVT

HOSPITAL NAME

Summit Dog & Cat
Hospital

REFERRING VET

Dr. Nada

INVOICE

73865

DATE

3/20/26

PRESENTING CLINICAL SIGNS

Elevated ALP 511 u/L. Fluctuated ALP since 2020. Did AUS in 2021, had sludge in GB with no evidence of obstruction at the time

Current Medications - Denamarin, Joint Supplements

Abnormal PE/Chem/CBC/UA Results: ALP = 511 2020 > 497, 2024 > 291, 2/2025 > 252, 9/2025 > 406, Other liver values, kidney values, CBC WNL, Hw, 4DX negative

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 4.0 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 kidney measures 4.4 cm. Right kidney measures 5.5 cm.

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 measures 4.2 mm at the cranial pole and 4.1 mm at the caudal pole. Right measures 6.3 mm at the cranial pole and 4.8 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, with rounded margins and a homogenous echotexture. 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 and a small amount of freely-moveable echogenic sludge. 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 gas. The gastric wall is 3.3 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.



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The visible portions of the colon are of normal thickness (1.2 mm) with intact wall layering.

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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

Beagle

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.

SEX

Spayed Female

PRIMARY FINDINGS

- Diffusely rounded, hyperechoic liver- consistent with non-specific hepatopathy.

AGE

SECONDARY FINDINGS

13 Years

- Gallbladder sludge, within normal limits for the dog.

WEIGHT

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The appearance of the liver and chronically elevated ALP are consistent with a reactive hepatopathy. The following next steps are recommended:

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- Screening for hyperlipidemia with a fasted triglyceride level is recommended, if not already performed
- Testing for Cushing's disease is recommended only if clinical signs support the diagnosis, otherwise a false positive result may be obtained. The appearance of the adrenal glands does not support a diagnosis of Cushing's disease, but this does not completely rule it out.
- 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.

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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)

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