

PATIENT

Clio Kendrie

SPECIES

Canine

BREED

Terrier Mix

SEX

Spayed Female

AGE

6 Years 5 Months

WEIGHT

Not Provided

INTERPRETED BY

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

IMAGING PERFORMED BY

Vincent Ravancho CVT

HOSPITAL NAME

Summit Dog and Cat
Hospital

REFERRING VET

Dr. Baker

INVOICE

15465

DATE

04/24/26

PRESENTING CLINICAL SIGNS

Liver enzyme elevation - Alk Phos. Clinical findings - NSF. Current medications - Denamarin

Abnormal PE/Chem/CBC/UA Results: 4/10/26 - Alk 686(H), 8/8/25 - Alk 287(H)

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). The left kidney measured 5.7 cm in length. The right kidney measured 5.4 cm in length.

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. The left adrenal gland measured 4.9 mm at the cranial pole and 5.8 mm at the caudal pole. The right adrenal gland measured 4.8 mm at the cranial pole and 5.5 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 sharp borders and a homogenous echotexture. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

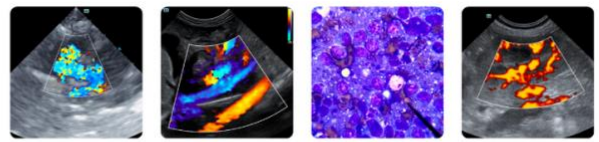
The gallbladder is moderately distended with anechoic contents. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

Gastrointestinal

The stomach is moderately distended with normal ingesta. The gastric wall is 2.5 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 (1.5 mm) are of normal thickness with intact wall layering. The ileocecal junction is not seen.



PATIENT

Clio Kendrie

SPECIES

Canine

BREED

Terrier Mix

SEX

Spayed Female

AGE

6 Years 5 Months

WEIGHT

Not Provided

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Vincent Ravancho CVT

HOSPITAL NAME

Summit Dog and Cat
Hospital

REFERRING VET

Dr. Baker

INVOICE

15465

DATE

04/24/26

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

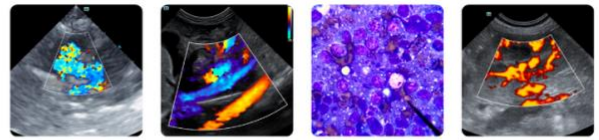
- Diffusely mildly hyperechoic liver consistent with benign reactive hepatopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

- ❖ 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.





PATIENT

Clio Kendrie

SPECIES

Canine

BREED

Terrier Mix

SEX

Spayed Female

AGE

6 Years 5 Months

WEIGHT

Not Provided

INTERPRETED BY

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

**IMAGING
 PERFORMED BY**

Vincent Ravancho CVT

HOSPITAL NAME

Summit Dog and Cat
 Hospital

REFERRING VET

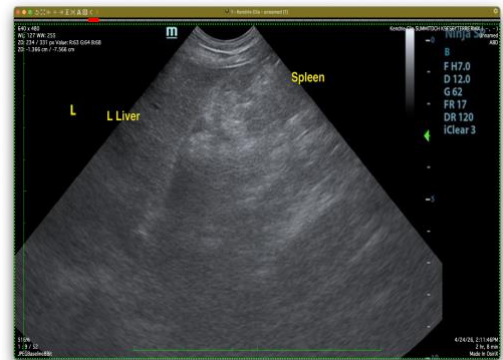
Dr. Baker

INVOICE

15465

DATE

04/24/26



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