



**PATIENT PRESENTING CLINICAL SIGNS**

**Maggie Diroasato** History: One year history of increasing ALP, most recently 1713 (was not checked prior to 1 year ago). All other liver values normal, no symptoms.

**SPECIES**

Canine

**BREED**

Siberian Husky Mix

**SEX**

Female Spayed

**AGE**

7.9 years

**WEIGHT**

74 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Tam Mengine

**HOSPITAL NAME**

Stoney Creek VH

**REFERRING VET**

Dr. Amanda  
Carmellini

**INVOICE**

13933

**DATE**

8.3.23

**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 are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted. Urethra visualized to 3.0 cm.

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 7.1 cm in length. The right kidney is 6.8 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 height is 3.3 mm at the cranial pole and 4.8 mm at the caudal pole. The right adrenal gland height is 8.4 mm at the cranial pole and 5.8 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. There are hypoechoic nodules present throughout the parenchyma, measuring up to 1.6 cm. 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 4.6 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 4.7 mm. The jejunal wall measures up to 3.0 mm. Intestinal motility appears normal.

The visible portions of the colon are of normal thickness, up to 1.6 mm, with intact wall layering. The ileocecal junction is visualized and appears normal.

**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.



**PATIENT** *Free Abdomen*

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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.

**ULTRASONOGRAPHIC FINDINGS**

**Findings**

- Diffusely hyperechoic liver with hypoechoic nodules

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The changes in the liver are non-specific and could be attributed to 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 definitive diagnosis. Recommendations include:

- Screening for diabetes mellitus and hyperlipidemia (if not already performed)
- Testing for Cushing's disease is recommended only if clinical signs support the diagnosis.
- Bile acid testing could be considered if other liver values begin to increase, to further assess severity of hepatic disease. If elevated, then liver biopsies should be considered.
- If desired, a repeat focal ultrasound in 4-6 weeks could be considered to assess whether there is progression in the lesions.





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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