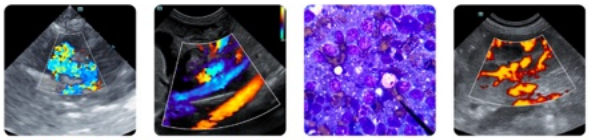


PATIENT

Bear Martin

SPECIES

Canine

BREED

Pekingese Mix

SEX

Neutered male

AGE

15 years

WEIGHT

22.6 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Mario V

HOSPITAL NAME

TLC AH

REFERRING VET

Dr. Okeke

INVOICE

74034

DATE

PRESENTING CLINICAL SIGNS

- Bear has continuously hepatopathy, been on liver supplement (Denamarin) for over 3 months. Patient does have a heart murmur and is on heart medication (Pimobendon 2.5mg)
- Bloodwork done at Banfield Pet Hospital : Feb 17, 2026 BUN : 34 phos: 1.8 Total protein: 8.3 ALT: 288 ALP: 243 Cholesterol: 353 Globulin: 4.7

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is normally distended. The bladder wall is thin, smooth, and regular. The luminal contents are anechoic. Normal appearance of the bladder neck and proximal urethra. No evidence of urolithiasis or inflammatory or proliferative changes is identified.

The left kidney is normal in shape and size, measuring 5.24×2.82 cm in the sagittal plane. Cortical thickness is 0.68 cm. The cortex is mildly hyperechoic compared to the hepatic parenchyma. A large cortical cyst measuring 3.39×2.36 cm is present, along with several smaller cortical cysts measuring approximately 2–2.8 mm. The corticomedullary ratio is within normal limits, and corticomedullary definition is preserved. Mild pyelectasia is noted (3.96 mm). There is no evidence of nephrolithiasis or hydronephrosis. Color Doppler demonstrates a normal vascular pattern.

The right kidney is normal in shape and size, measuring 4.97×2.53 cm in the sagittal plane. Cortical thickness is 0.60 cm. The cortex is mildly hyperechoic compared to the hepatic parenchyma. Small cortical cysts are present, measuring 2.32×2.45 mm and 1.40×2.45 mm. The corticomedullary ratio is within normal limits, and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler demonstrates a normal vascular pattern.

Adrenal Glands

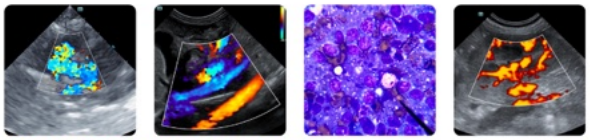
The left adrenal gland is partially visualized, with a dorsoventral diameter of 0.65 cm. The right adrenal gland is suboptimally visualized, with the caudal pole measuring 0.49 cm. No obvious enlargement is identified.

Spleen

Splenic thickness is 1.61 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.

Liver

The liver is subjectively normal in size, with sharp edges and a regular contour. The liver parenchyma looks uniform and isoechoic compared to the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is observed.



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The gallbladder lumen is normally distended. The wall is thin and the contents are primarily anechoic. No evident dilation of the cystic duct or common bile duct is observed.

Gastrointestinal

The stomach is empty and folded, with a wall thickness of 2.29 mm and preserved layering.

The pylorus measures 6.75 mm. Duodenum: 3.18 mm. Jejunum: 2.97–3.25 mm, with preserved wall layering. No evidence of inflammation, ileus, or foreign material is identified.

Colon: 0.94 mm, containing formed feces in the descending segment.

Pancreas

The evaluated pancreatic areas do not show evidence of overt inflammation or neoplastic disease.

Free Abdomen

No sonographic evidence of abdominal effusion, peritonitis, or lymphadenomegaly is identified. The iliac trifurcation appears normal.

PRIMARY FINDINGS

- Mild bilateral renal cortical hyperechogenicity.
- Multiple bilateral renal cortical cysts (including one large left renal cyst).
- Mild left pyelectasia (3.96 mm).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Despite persistent elevation of liver enzymes, the liver appears structurally normal, with homogeneous echotexture, normal size, and no focal lesions or biliary abnormalities. This pattern does not support significant structural hepatobiliary disease such as mass lesions, advanced fibrosis, or biliary obstruction. In this context, the biochemical abnormalities are most consistent with non-structural hepatopathy, such as vacuolar hepatopathy, metabolic/inducible hepatopathy, or chronic low-grade inflammatory change, which are common in geriatric dogs and may not produce ultrasonographic abnormalities.

Renal size and corticomedullary architecture are preserved, indicating no evidence of advanced chronic kidney disease, but the described renal findings are consistent with age-related renal changes or early chronic kidney disease.

Mild pyelectasia of this degree, in the absence of ureteral dilation or obstructive features, is typically incidental or physiologic. However, given the presence of a relatively large adjacent cortical cyst, a mild localized compressive effect on the collecting system may be contributing, although this is not considered clinically significant at this moment.

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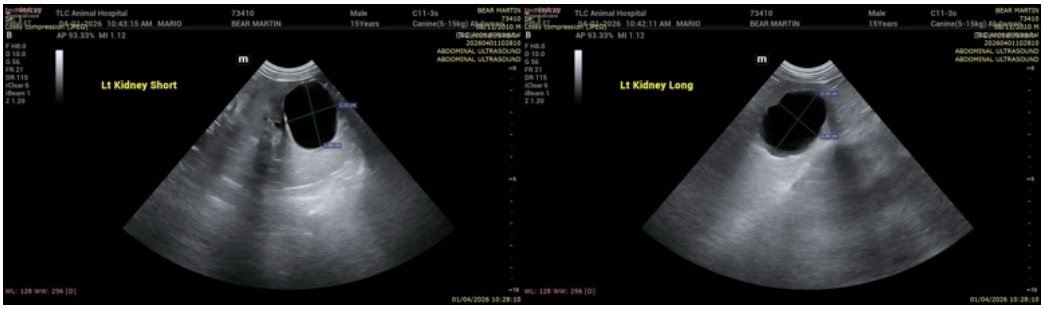
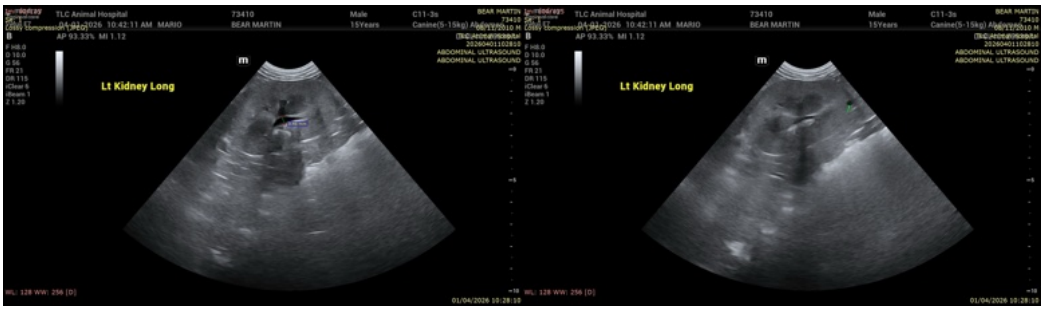
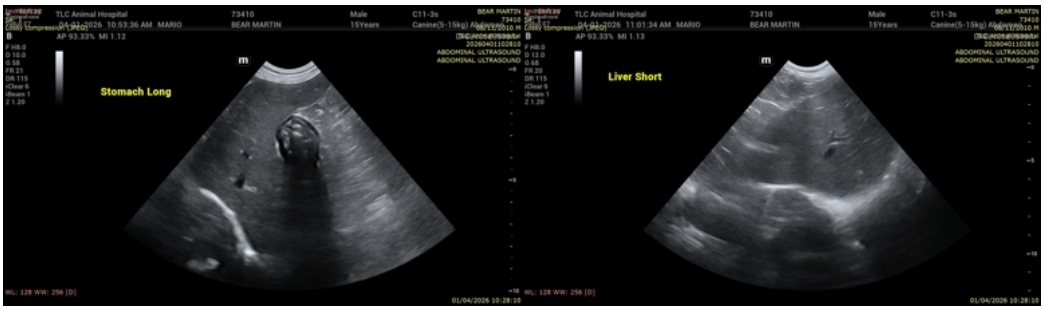
Recommendations

- Continue current hepatoprotective therapy (Denamarin).
- Periodic biochemical monitoring (ALT, ALP, cholesterol).
- Correlate with renal parameters (creatinine, SDMA, urinalysis).
- Monitor for progression.

Final diagnostic and therapeutic decisions should be made by the attending veterinarian, who can best integrate these findings with the patient's clinical status.







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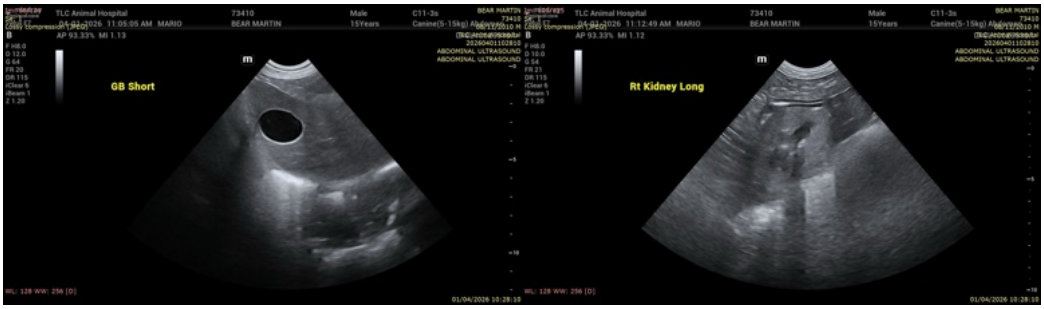

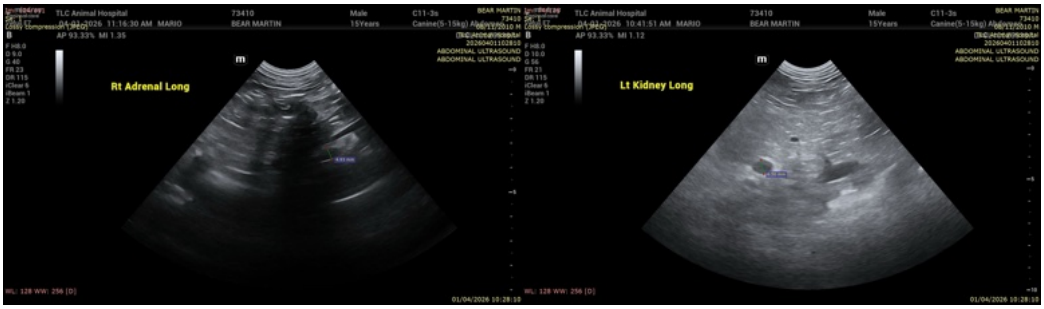

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Alicia Angosto Guerrero, DMV, PgDip, MSc.

info@SonoPath.com