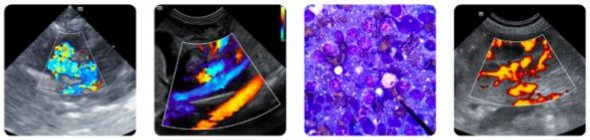

PATIENT

Kelly DuPreez

SPECIES

Canine

BREED

Boston Terrier

SEX

Spayed Female

AGE

10 Years 10 Months

WEIGHT

12 kg

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Dr. Kristin Henderson

HOSPITAL NAME

Riverside Small Animal Hospital

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PRESENTING CLINICAL SIGNS

History of unexplained hypertension. Proteinuria improved on telmisartan. Elevated ALT and ALP, climbing. This last week had suspect episode of pancreatitis and hospitalized w/ iv fluids 2x days. Also, history of pica that made mild improvement on telmisartan (??) and dermcomplete diet. Thinning of haircoat noted. LDDST done in Dec 2025 was negative for Cushings.

Abnormal PE/Chem/CBC/UA Results: QAR. OD enucleated, OS clean, clear. MM pink warm slightly tacky,crt<2sec. Heart grade 3/6 murmur, normal rhythm. Lungs clear bilaterally. LNs normal size and consistency. Abdomen no pain, suspect cranial organomegaly. On rectal exam, there is some form to the stools, soft serve consistency. No blood or mucous. Bloodwork from May 23, UPC from April 30, UA from April 30 see attachments.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is normally distended, and the wall appears thin and smooth. The urine is anechoic. The bladder neck and proximal urethra have a normal ultrasonographic appearance. No calculi or sonographic evidence of inflammatory or neoplastic disease are identified.

The left kidney is normal in shape and size, measuring 4.21 × 2.44 cm. The cortical thickness measures 0.54 cm in the sagittal plane. The renal cortex is isoechoic relative to the hepatic parenchyma. The corticomedullary ratio is normal, and corticomedullary definition is preserved. Mild pyelectasia (1.4 mm). No evidence of nephrolithiasis or hydronephrosis is identified. Color Doppler evaluation demonstrates a normal vascular pattern.

The right kidney is normal in shape and size, measuring 4.25 × 2.84 cm. The cortical thickness measures 0.50 cm in the sagittal plane. The renal cortex is isoechoic relative to the hepatic parenchyma. The corticomedullary ratio is normal, and corticomedullary definition is preserved. No evidence of pyelectasia, nephrolithiasis, or hydronephrosis is identified. Color Doppler evaluation demonstrates a normal vascular pattern.

Adrenal Glands

Both adrenal glands show normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane: The left adrenal gland measures 0.66 cm at the cranial pole and 0.76 cm at the caudal pole. The right adrenal gland measures 0.61 cm at the cranial pole and 0.73 cm at the caudal pole.

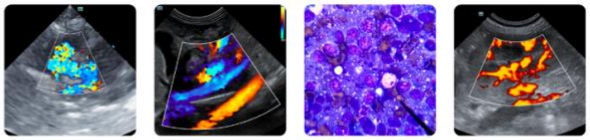
Spleen

Splenic thickness is 1.53 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 margins and a smooth contour. The hepatic parenchyma is homogeneous and isoechoic with normal echotexture.

A well-defined cystic lesion measuring approximately 1.67 × 2.76 cm is identified within the right-sided hepatic parenchyma, most likely arising from the right medial hepatic lobe or adjacent quadrate



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lobe. An additional smaller cystic structure measuring approximately 1.11 × 1.11 cm is identified immediately adjacent to the larger lesion and may communicate with or arise from the same process.

No hepatic lymphadenopathy is identified.

The gallbladder is normally distended. The wall is thin, and the contents are anechoic. No dilation of the cystic duct or common bile duct is identified.

Gastrointestinal tract

The stomach is mildly distended with ingesta. Gastric wall thickness measures 2.50 mm, with preserved wall layering.

The pyloric wall measures 3.38 mm.

The duodenal wall measures 4.23 mm.

The jejunal wall measures 3.63 mm, with preserved wall layering.

The ileocecocolic junction is within normal limits.

No evidence of gastrointestinal inflammation, ileus, or foreign material is identified.

Formed fecal material is present within the colon.

Pancreas

The evaluated pancreatic regions 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 is normal.

PRIMARY FINDINGS

- Mild bilateral adrenal enlargement.

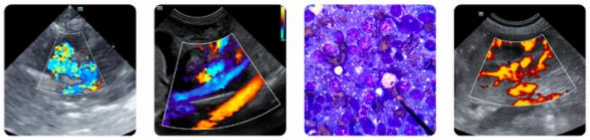
SECONDARY FINDINGS

- Two adjacent cystic lesions within the right-sided hepatic parenchyma, the largest measuring approximately 1.67 × 2.76 cm.
- Left renal pelvis measuring approximately 1.4 mm.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Mild bilateral adrenal enlargement is present. In light of the reported history of systemic hypertension, proteinuria, progressive elevation of liver enzymes, truncal alopecia, and a recent episode of suspected pancreatitis, an underlying endocrinopathy remains a consideration despite the previously negative low-dose dexamethasone suppression test. Adrenal morphology alone cannot determine adrenal function.

Two adjacent cystic hepatic lesions are identified within the right-sided liver, most likely arising from the right medial hepatic lobe or adjacent quadrate lobe. These findings are most consistent with benign hepatic cystic change. Differential considerations include congenital or acquired hepatic cysts,



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biliary cysts, or less likely cystic nodular lesions. No sonographic features suggestive of an aggressive hepatic process are identified. Given their relatively small size and benign ultrasonographic appearance, these lesions are considered unlikely to account for the reported progressive elevation in liver enzyme activities.

No abdominal mass lesion, biliary obstruction, diffuse hepatopathy, or other definitive ultrasonographic explanation for the reported clinical and biochemical abnormalities is identified. Early or microscopic hepatic disease, including vacuolar hepatopathy or other hepatocellular disorders below the resolution of ultrasonography, cannot be completely excluded.

Minimal prominence of the left renal pelvis (approximately 1.4 mm) is noted. Although of doubtful clinical significance in isolation, this finding may be associated with increased urine production or other functional renal changes. No associated ureteral dilation, hydronephrosis, or evidence of urinary tract obstruction is identified.

Recommendations:

- Correlation with serial ALT, ALP, blood pressure measurements, and urine protein monitoring is recommended.
- Repeat endocrine testing may be considered if clinical suspicion for an endocrinopathy persists despite the previously negative low-dose dexamethasone suppression test.
- Follow-up ultrasonographic monitoring of the hepatic cystic may be considered to document stability.

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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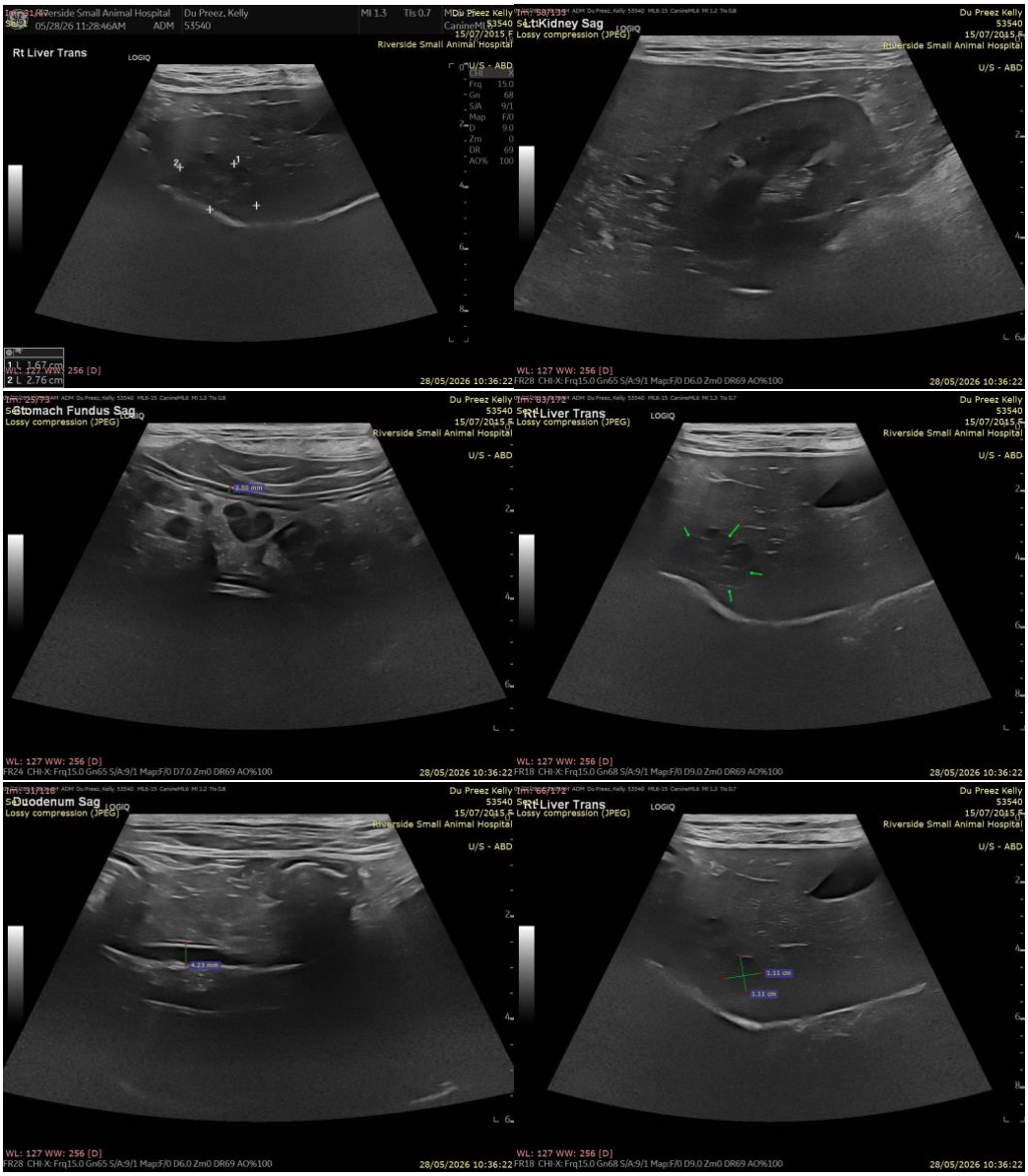

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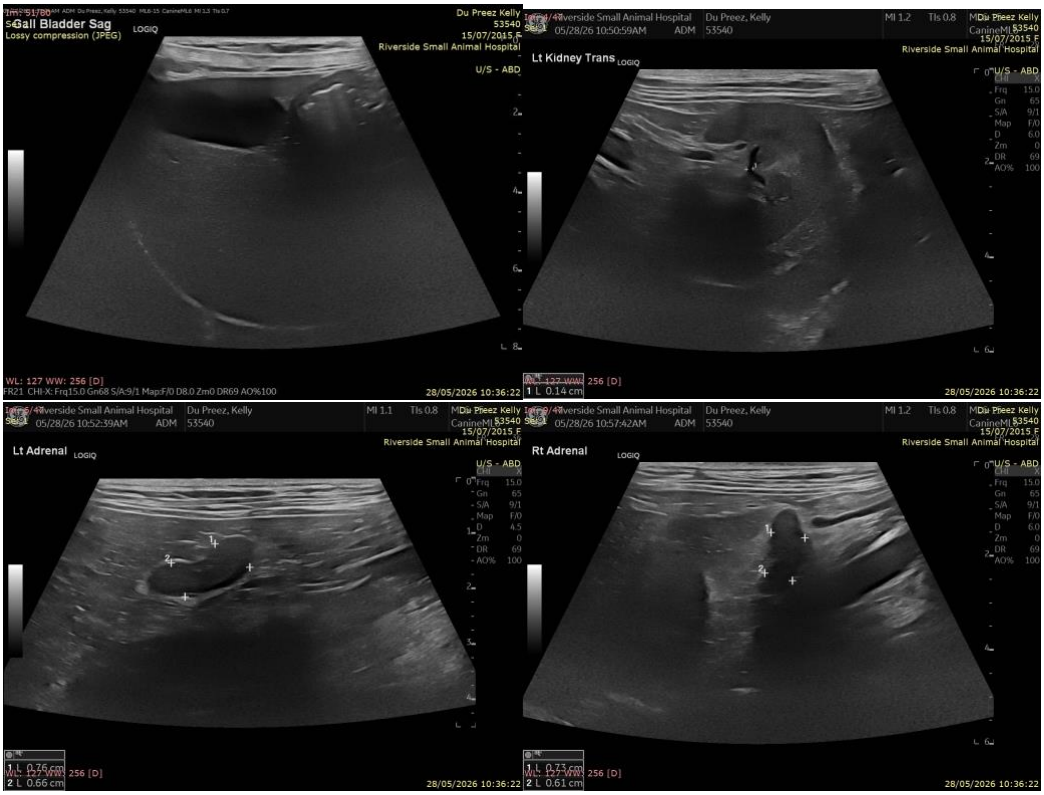

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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