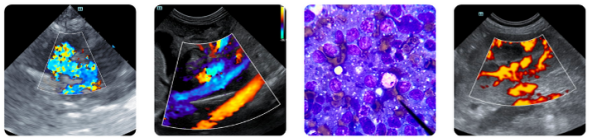


PATIENT

Kodah Mendel

SPECIES

Canine

BREED

Husky

SEX

MN

AGE

10 years

WEIGHT

100 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Dr. John Ammeraal

HOSPITAL NAME

Sova Animal Hospital

REFERRING VET

Dr. John Ammeraal

INVOICE

12096

DATE

6/5/2026

PRESENTING CLINICAL SIGNS

Owner reports waking up in the middle of the night panting. Seems to be drinking a lot as well according to hx.

Abnormal PE/Chem/CBC/UA Results: Normal exam, few sebaceous adenomas ALKP 894 U/L , rest BW Normal LDDST Normal. USG 1.035, UPC 0.1.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is normally distended, and the urinary bladder wall appears thin and smooth. The urine is anechoic. Normal appearance of the trigone and proximal urethra is observed. There are no calculi, and no evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size, measuring 7.52×4.06 cm, with a cortical thickness of 0.74 cm in the sagittal plane. The renal cortex demonstrates normal echogenicity. The corticomedullary ratio is normal, and corticomedullary distinction is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

The right kidney is normal in shape and size, measuring 7.11×3.89 cm, with a cortical thickness of 0.70 cm in the sagittal plane. The renal cortex demonstrates normal echogenicity. The corticomedullary ratio is normal, and corticomedullary distinction is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

Adrenal Glands

Both adrenal glands show normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane: The left adrenal gland measures 0.61 cm at the cranial pole and 0.64 cm at the caudal pole. The right adrenal gland measures 0.58 cm at the cranial pole and 0.56 cm at the caudal pole.

Spleen

Splenic thickness is 2.55 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.

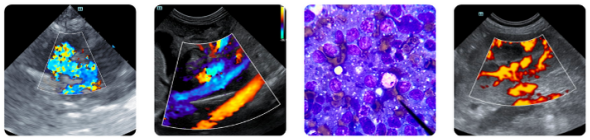
The gallbladder lumen is normally distended. The wall is thin and the contents are primarily anechoic No evident dilation of the cystic duct or common bile duct is observed.

Gastrointestinal tract

The stomach is empty and folded. Gastric wall layering is preserved.

The pyloric wall measures 7.65 mm.

The duodenal wall measures 3.82 mm.



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The jejunal wall measures 3.58 mm.

Wall layering is preserved throughout the examined gastrointestinal tract. No evidence of gastrointestinal obstruction, ileus, inflammatory mural changes, or foreign material is identified.

The colonic wall measures 1.54 mm. Colonic contents are scant and consist of a small amount of soft fecal material intermixed with fluid and gas.

Pancreas

The pancreatic regions included in the examination 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

- No clinically significant abdominal ultrasonographic abnormalities identified.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The abdominal ultrasound examination is unremarkable and does not identify a structural abdominal cause for the reported clinical signs or the isolated elevation in alkaline phosphatase activity. Despite the absence of sonographic hepatobiliary abnormalities, clinically significant hepatocellular or metabolic hepatopathy cannot be excluded. Mild vacuolar hepatopathy, early steroid hepatopathy, drug-induced enzyme induction, endocrine disorders, or other causes of isolated alkaline phosphatase elevation may occur in the absence of detectable ultrasonographic changes.

Both adrenal glands are within normal size limits and demonstrate normal morphology. However, ultrasonography evaluates adrenal morphology rather than endocrine function. Therefore, functional adrenal disease cannot be completely excluded based on imaging findings alone. The previously normal low-dose dexamethasone suppression test substantially reduces the likelihood of hyperadrenocorticism.

The reported increase in water consumption should be interpreted in conjunction with the urine specific gravity, which indicates preserved urinary concentrating ability and provides no sonographic evidence of a renal cause for clinically significant polyuria or polydipsia.

Recommendations

- Continued monitoring of liver enzyme activities is recommended. If alkaline phosphatase activity remains persistently elevated or continues to increase, additional investigation for occult hepatopathy, endocrinopathy, medication effects, or other metabolic causes may be considered at the discretion of the attending veterinarian.
- Quantification of daily water intake may be helpful to determine whether clinically significant polydipsia is truly present.
- Given the history of nocturnal panting and the absence of significant abdominal ultrasonographic abnormalities, investigation of non-abdominal causes (including

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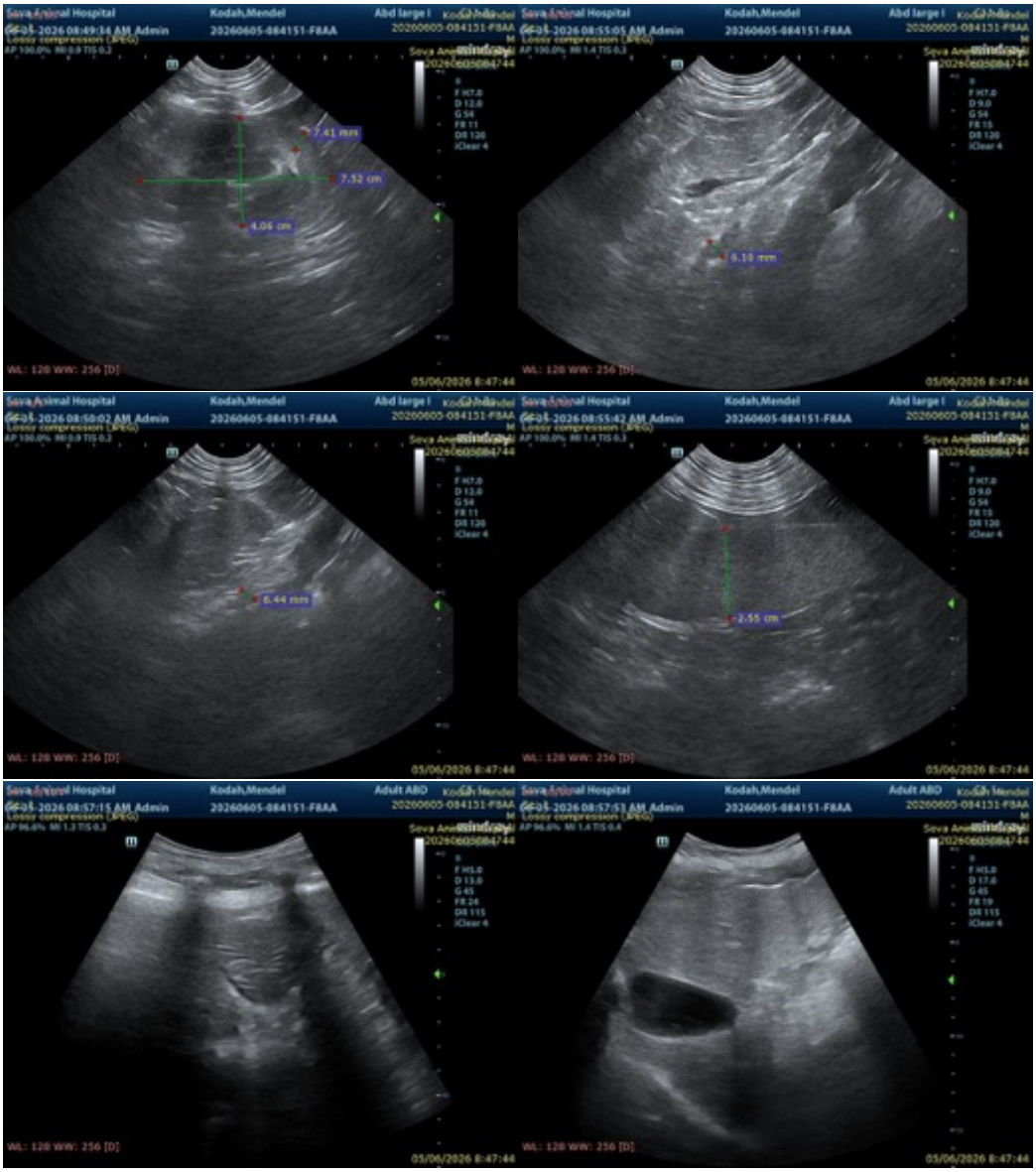
cardiopulmonary, orthopedic/pain-related, neurologic, or behavioral causes) may be considered at the discretion of the attending veterinarian.



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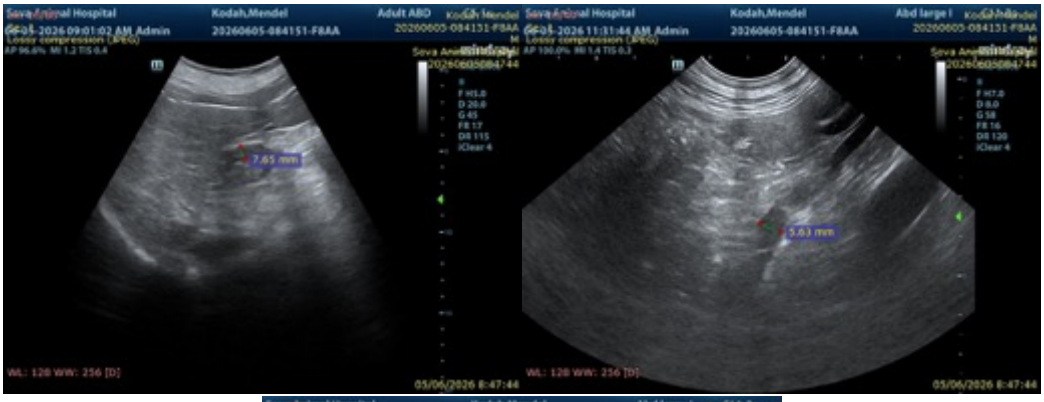

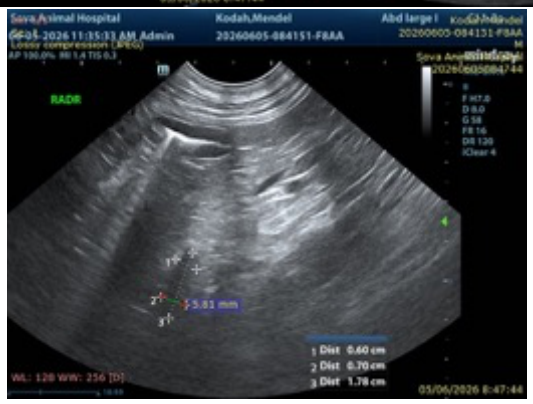

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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