



PATIENT PRESENTING CLINICAL SIGNS

Koa Leahy History: 9/2025 elevated liver values. seen 1/5 at Shores for gastroenteritis. elevated liver values and kidney values. started on Denamarin. recheck at rDVM on 1/30 and liver values continued elevated.
SPECIES recommended for abdominal ultrasound. History of heart murmur, endocardiosis, elevated kidney and liver values, gastroenteritis. medications Denamarin, omega 3 supplement, milk thistle.
Canine concern for elevated kidney values, elevated liver values, kidney disease, hepatopathy, other

BREED Abnormal PE/Chem/CBC/UA Results: PE: tender abdomen, dental disease *9/22/25 rDVM: AST 30, ALT 147 H, alp 60, ggt 6, t bili 0.1, bun 35 H, phosphorus 5.2, creatinine 1.1, SDMA 11.9, potassium 6.1 H
Mini Schnauzer *1/5/26 Shores: Blood Gas - BUN 35 (7-26), Creatinine 1.77 (0.4-1.50) CBC - WNL Chemistry - BUN 42.2 (9-29), Phosphorus 5.7 (1.9-5), Cholesterol 385 (120-310), ALT 587 (0-120), ALP 317 (0-140), GGT 18 (0-14) urinalysis: Yellow, Clear, Protein +/30, pH 6.5, Blood + 10 Non-Hemolyzed, Specific Gravity 1.020, Refractometer SG: 1.015 Ascorbic Acid - 20; <5 WBC/HPF, <5 RBC/HPF; None to rare bacteria *1/30/26
SEX rDVM: AST 82 H, ALT 759 H, alp 263 H, BUN 34 H, creatinine 1.5, SDMA 18.7 H, phosphorus 4.6, potassium 5.5
Female Spayed

AGE ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

13 **Urinary System**

WEIGHT The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone is normal.
 4.9 kg

INTERPRETED BY The left kidney is normal in size (3.29 cm in length) with a slightly irregular shape. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Moderate pyelectasia is present (0.33 cm in the longitudinal plane). There is no evidence of hydroureter. Renal vasculature is normal.
 Andrea Nicastro, DVM,
 Diplomate ACVIM
 (Small Animal Internal
 Medicine)

IMAGING PERFORMED BY The right kidney is normal in size (3.60 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Moderate pyelectasia is present (0.42 cm in the longitudinal plane). There is no evidence of infarcts or hydroureter. Renal vasculature is normal.
 Melissa Randolph

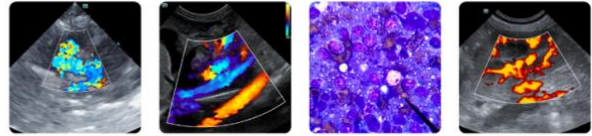
HOSPITAL NAME **Adrenal Glands**
 The left adrenal gland is normal in size (0.39 cm at cranial pole) (0.32 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.
 Shores VEC

No images provided of the right adrenal gland.

REFERRING VET **Spleen**
 Lisa Miller The spleen is normal in size (1.42 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

INVOICE **Liver**
 22531 The liver is normal- to slightly prominent-in-size with smooth peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion.
DATE

2-9-26



PATIENT

The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

Koa Leahy

SPECIES

Gastrointestinal

The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

Canine

BREED

Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Mini Schnauzer

SEX

Lymph Nodes

The abdominal lymph nodes are normal/not visible.

Female Spayed

AGE

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion.

13

ULTRASONOGRAPHIC FINDINGS

WEIGHT

- An obvious cause for the elevated liver enzymes is not identified in the study. However, a microscopic hepatopathy (i.e., bacterial cholangiohepatitis, Leptospirosis, chronic active hepatitis, copper-associated hepatotoxicity, infiltrative neoplasia (less likely)) is suspected.

4.9 kg

INTERPRETED BY

- Mild bilateral nonspecific age-related renal changes with subtle dystrophic mineralization and pyelectasia. The pyelectasia may be secondary to pyelonephritis, parenchymal remodeling, PU/PD (if applicable), or some combination thereof.

Andrea Nicastro, DVM,
Diplomate ACVIM
(Small Animal Internal
Medicine)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IMAGING PERFORMED BY

- Leptospirosis testing (i.e., blood and urine PCR, serology) is recommended, particularly if clinical suspicion for disease is high.

Melissa Randolph

- Given the azotemia, also consider the following:

HOSPITAL NAME

1. Urinalysis with culture and sensitivity
2. UPC if proteinuria is present in the absence of infection
3. A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended.
4. Baseline blood pressure measurement
5. Transition to a prescription renal diet (if the patient will tolerate it)

Shores VEC

REFERRING VET

Lisa Miller

- Regarding the elevated liver values, consider hepatic tissue sampling (i.e., aspirates or biopsies) assuming normal clotting status. Biopsies are more likely to yield a definitive diagnosis. If biopsies are pursued, aerobic and anaerobic bile cultures and hepatic copper quantitation should also be performed. Three-view thoracic radiographs are recommended prior to any anesthetic event.

INVOICE

22531

DATE

2-9-26



PATIENT

Koa Leahy

SPECIES

Canine

BREED

Mini Schnauzer

SEX

Female Spayed

AGE

13

WEIGHT

4.9 kg

INTERPRETED BY

Andrea Nicastro, DVM,
Diplomate ACVIM
(Small Animal Internal
Medicine)

**IMAGING
PERFORMED BY**

Melissa Randolph

HOSPITAL NAME

Shores VEC

REFERRING VET

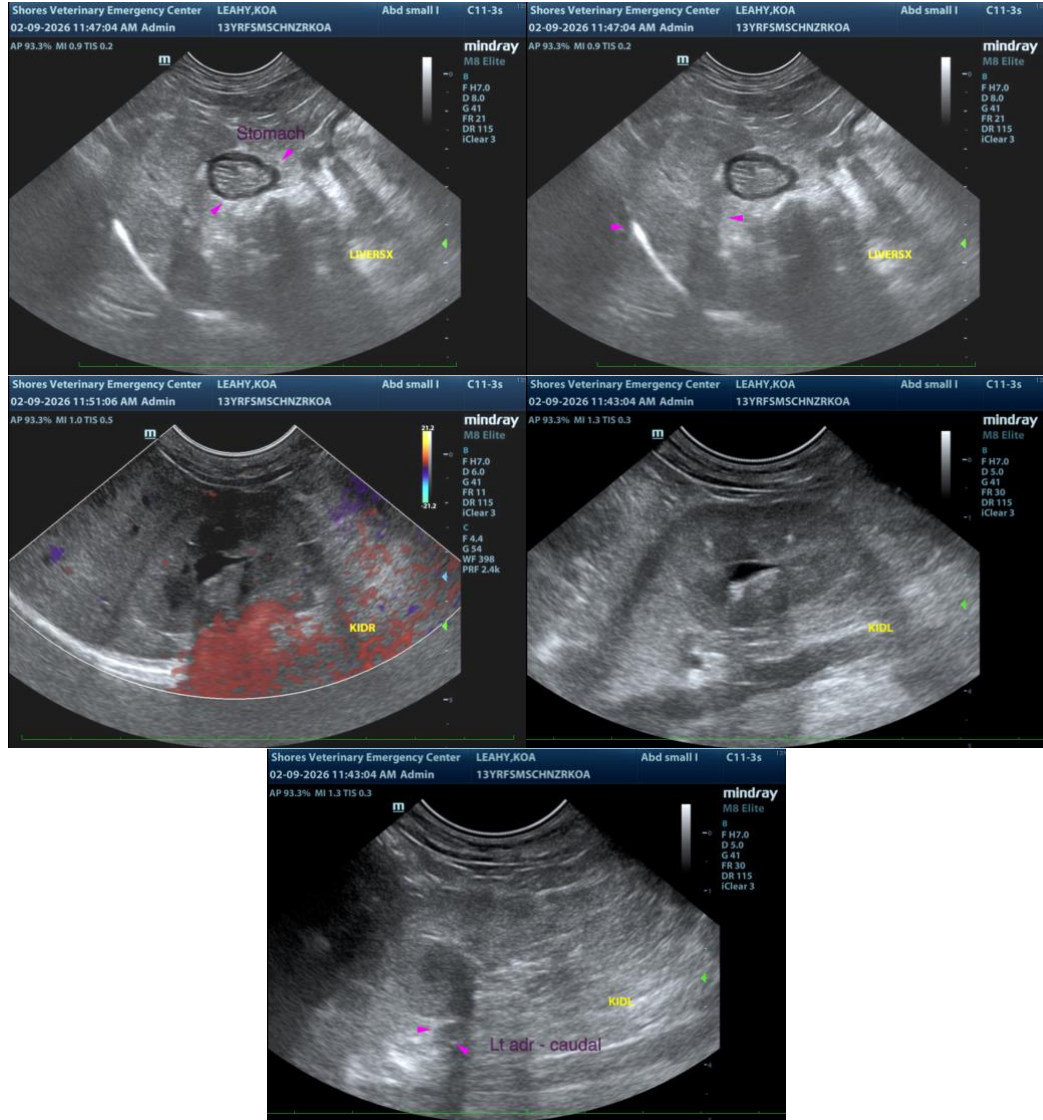
Lisa Miller

INVOICE

22531

DATE

2-9-26



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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com