



PATIENT	PRESENTING CLINICAL SIGNS
Kennedy Ross	Infected paw pads, Arthritis/joint pain, Decreased appetite
SPECIES	Current Medications: onsiar 40mg, clavaseptin 250mg 1.5 BID
Canine	Abnormal PE/Chem/CBC/UA Results: elevated ALT 682 , GGT 15 Primary Question to Be Answered in This Exam last U/S 2/26/25 1. We can repeat an abdominal ultrasound on her and have a look at her liver. This will tell us if there are any masses or infections in there that might be causing this. Previous report attached
BREED	
Lab	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
SEX	Urinary System
Spayed Female	The urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.
AGE	The right kidney is normal is size (6.22 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.
10 Years	The left kidney is normal is size (6.41 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.
WEIGHT	
29.4 kg	
INTERPRETED BY	Adrenal Glands
Beth Johnson, DVM DACVIM	The area of the right adrenal gland is examined without evident adrenal gland pathology but it is unable to be well visualized/isolated for measurement.
IMAGING PERFORMED BY	The left adrenal gland is normal in size (0.48 cm at cranial pole and 0.65 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.
Amanda Stewart	Spleen
HOSPITAL NAME	The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.
Buck Animal Hospital	Liver
REFERRING VET	Liver is normal to subjectively small in size with markedly undulating or scalloped capsular contour or margins. Parenchyma is diffusely heterogenous with increased portal markings and coarse architecture. No focal nodules or masses are observed. Visible vasculature and biliary tree appear normal without distension or congestion.
Dr. Calvise	The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.
INVOICE	Gastrointestinal
73987	The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.
DATE	
3/25/26	



PATIENT

Kennedy Ross

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

SPECIES

Canine

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

BREED

Lab

The pancreas that is observed appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

SEX

Spayed Female

Free Abdomen

AGE

10 Years

There is no visible free peritoneal effusion noted in these images.

There is no apparent pathologic lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

29.4 kg

- **Hepatic Fibrosis Pattern** – This appearance is most consistent with chronic hepatitis with fibrosis and/or early cirrhosis. These changes can occasionally be seen with resolved past inflammatory episodes and should therefore be interpreted in combination with clinical signs and/or associated laboratory changes (including bile acids).

INTERPRETED BY

Beth Johnson, DVM
DACVIM

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the liver is progressive from last year's study and concerning for emerging end stage liver disease. Therefore, further recommendations depend in part on what workup has previously been done, but do include:

IMAGING PERFORMED BY

Amanda Stewart

Bile acids if patient's total bilirubin is not increased.

HOSPITAL NAME

Buck Animal Hospital

A liver biopsy is recommended after assessing patient's coagulation status, being sure to include copper level assessment.

REFERRING VET

Dr. Calvise

Other than supportive/symptomatic medical management of clinical signs, further diagnostic and treatment recommendations are largely dependent on results of the above.

INVOICE

73987

DATE

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SPECIES

Canine

BREED

Lab

SEX

Spayed Female

AGE

10 Years

WEIGHT

29.4 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Buck Animal Hospital

REFERRING VET

Dr. Calvise

INVOICE

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DATE

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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.

Beth Johnson, DVM, DACVIM
info@sonopath.com