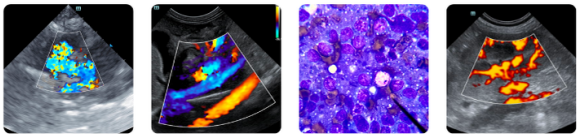

SonoPath www.thefocalzone.com
info@thefocalzone.com 289.808.2608

PATIENT

Baxter Perelli

SPECIES

Canine

BREED

Mini Schnauzer

SEX

MN

AGE

4 years

WEIGHT

26.4 lbs

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Dog and Cat Clinic of Niagara

REFERRING VET

Dr. Sneider

INVOICE

11429

DATE

3/9/2026

PRESENTING CLINICAL SIGNS

- Presented with weight gain and bloated abdomen. No v/d or straining. Only grazes through the day, not food motivated.
- Current Medications: Denamarin 225 mg (just started on 3/5/2026)

Abnormal PE/Chem/CBC/UA Results: MPV 13.3 Albumin 42 ALT 131 ALP 17 Bilirubin total 29 Cholesterol 9.61 labs attached.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.

The left kidney is normal in size and structure, with smooth capsule and normal corticomedullary definition and ratio. Hyperechoic, shadowing foci present in renal parenchyma and calyces consistent with nephrocalcinosis is noted. Medullary structure differed distinctly from that of the cortex. No evidence of pelvic dilation was present. Left kidney measures 5.25 cm in length.

Visualization of the right kidney was significantly limited by overlying gas filled GI tract. Measurement provided on still image cannot be confirmed. The right kidney measures 5.26 cm in length.

Adrenal Glands

Both adrenal glands were visualized and recognized as having normal shape, size, position and echogenicity for this breed and age. The visible phrenic vasculature was unremarkable.

Left adrenal measures 1.89 cm in length, 0.31 cm at the caudal pole and 0.43 cm at the cranial pole. Right adrenal measures 2.08 cm in length, 0.71 cm at the caudal pole and 0.98 cm at the cranial pole.

Spleen

The spleen was normal with age appropriate homogeneous parenchyma and a smooth capsule with normal splenic vasculature with no signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarct changes were noted.

Liver

The liver is subjectively normal in size with normal contours and structure. There is age appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion.

Visualization of gall bladder is somewhat limited by intracostal location. Visible portion of the gall bladder appeared normal with no significant distension, no abnormalities within the visible wall or lumen.

Gastrointestinal

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The stomach is distended with ingesta and gas. It measures at a normal thickness of with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. There were no focal lesions consistent with obstruction or a mass effect observed.

Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

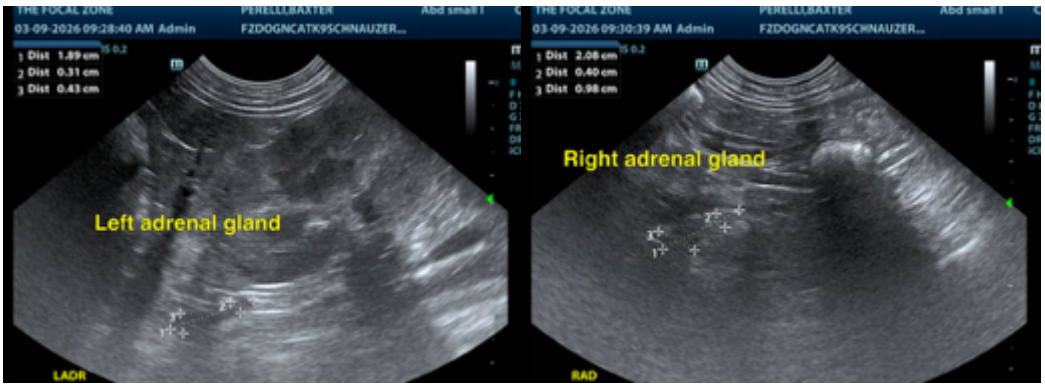
PancreasThe area of the pancreas was isoechoic to surrounding tissue with no overt inflammation. Pancreatic tissue was not distinctly visualized which is common.

ULTRASONOGRAPHIC FINDINGS

- Normal liver.
- Mild nephrocalcinosis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver and visible gall bladder appear sonographically normal. Assuming the bilirubin elevation is not artifactual, in light of lack of anemia and no evidence of hemolytic disease, the bilirubin elevation must be owing to hepatic parenchymal disease. Acute hepatic insult (toxin, infectious, inflammatory) or occult neoplasia is likely in this patient. Liver FNA is indicated. Rechecking bilirubin prior to liver FNA is reasonable. No other cause of reported weight gain and abdominal bloating was visible on ultrasound.



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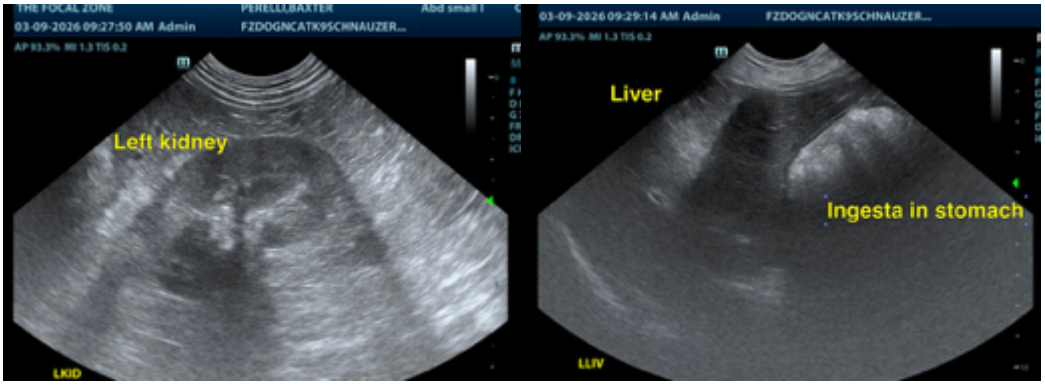

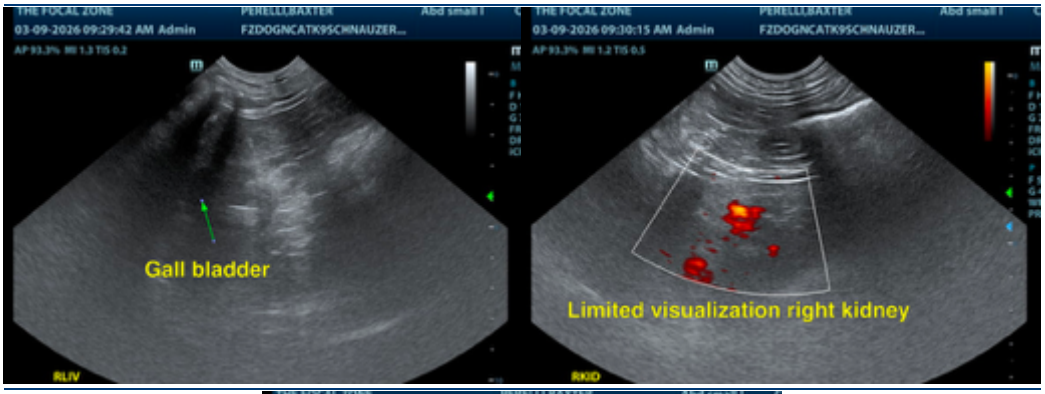

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Dr Brittany Sinclair, BVSc(hons), DACVECC

info@SonoPath.com