



## PATIENT

Gemma Paciotti

## SPECIES

Canine

## BREED

Mix

## SEX

Spayed female

## AGE

8 years

## WEIGHT

32.8 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Dr. Abby Gerenser

## HOSPITAL NAME

Abby Road VH

## REFERRING VET

Dr. Gerenser

## INVOICE

68259

## DATE

11/5/25

## PRESENTING CLINICAL SIGNS

**History:** Patient has history of early renal disease with proteinuria and hypertension. A previous ultrasound performed 1 year ago (not through us or interpreted through SonoPath) showed increased resistive indices and mild increase in echogenicity of the renal cortices. A mild increase in ALKP (200) had stayed stable until recently, when it significantly increased. Proteinuria and hypertension well controlled with renal diet, Benazepril, and Telmisartan. Started ursodiol and Denamarin after spike in liver values. Liver values showed minimal improvement after 1 month on Ursodiol and Denamarin.

**Abnormal PE/Chem/CBC/UA Results:** Elevated ALKP 1441 U/L (20.0-150.0) Alanine Aminotransferase 124 U/L (10.0-118.0)

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction and appeared normal. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **left kidney** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 7.2 cm.

The **right kidney** is normal in size with slight, irregular contour at the dorsal caudal pole, yet there was no evidence of significant degenerative changes. Blood flow appeared adequate on color flow assessment appeared adequate.

### Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 0.6 cm at the caudal pole and 1.2 cm at the cranial pole. The left adrenal gland was visualized obliquely and measured 0.6 cm.

### Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.



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### Liver

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The **liver** was diffusely hyperechoic to the falciform fat with mild attenuating sound beam. The vascularity and parenchyma were uniform. Mild, generalized swelling was present. The gallbladder and common bile duct were unremarkable. This is most consistent with metabolic hepatopathy or vacuolar hepatopathy. No pathological hepatic lymphadenopathy was evident.

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### Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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### Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

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## ULTRASONOGRAPHIC FINDINGS

- Structurally unremarkable abdomen and kidneys.
- Benign vacuolar hepatopathy liver pattern.

## IMAGING PERFORMED BY

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no overt structural contributing cause to the proteinuria in this patient. Doxycycline trial is warranted if not already performed.

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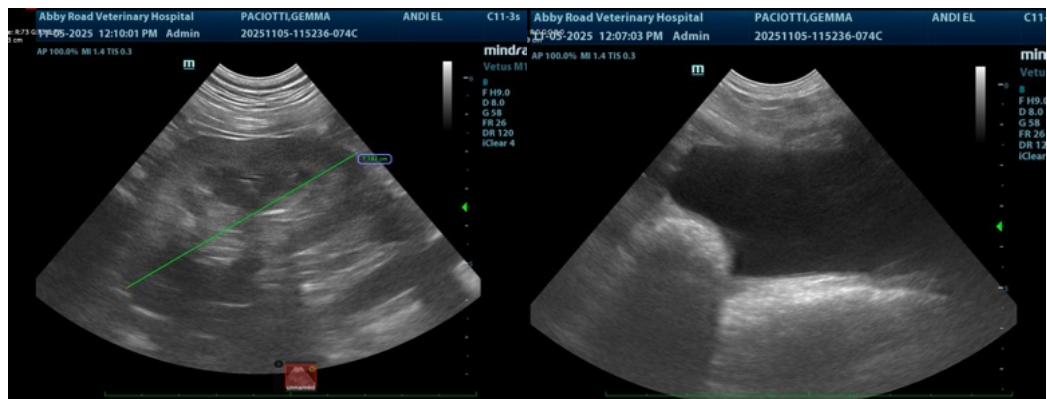
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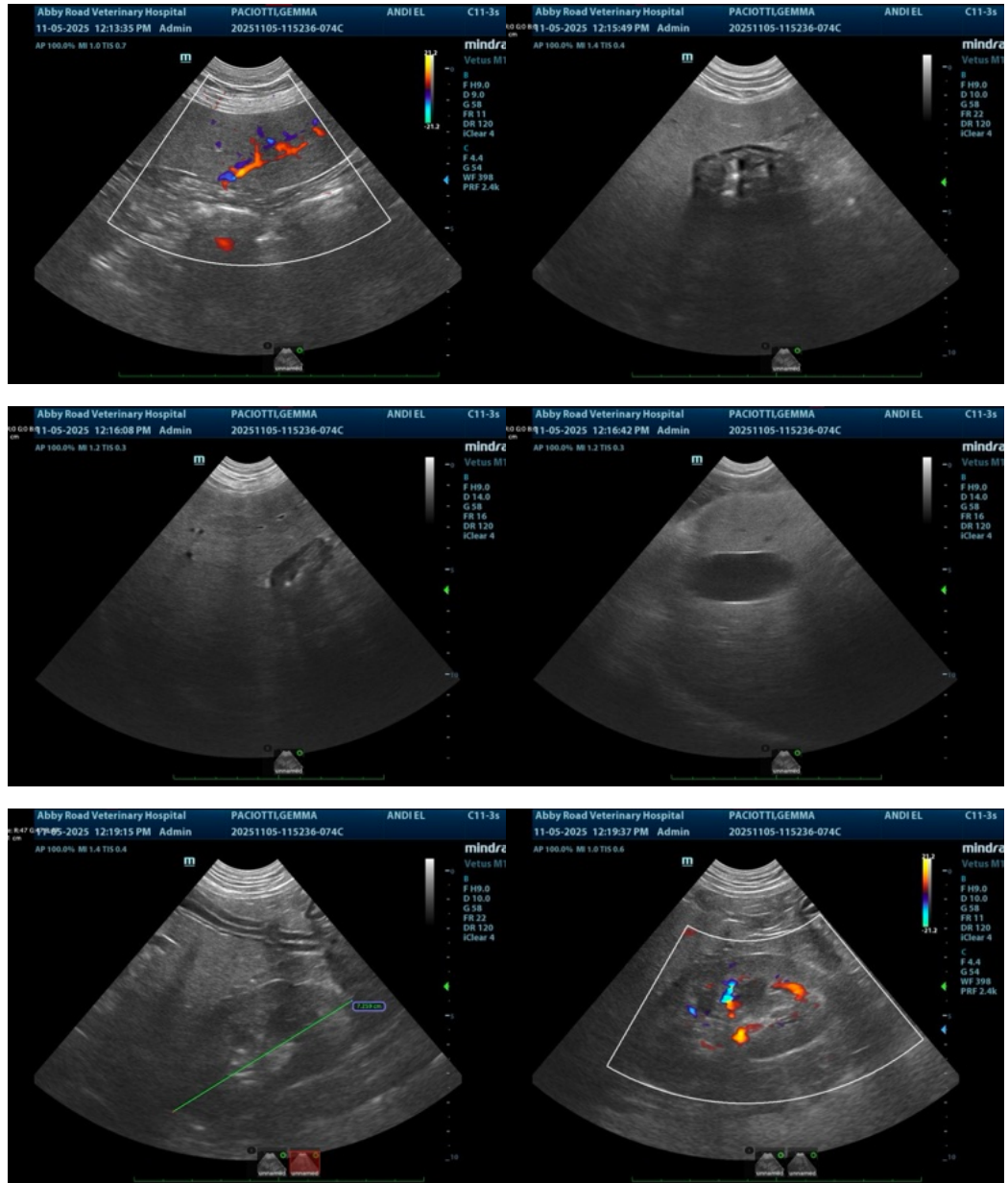
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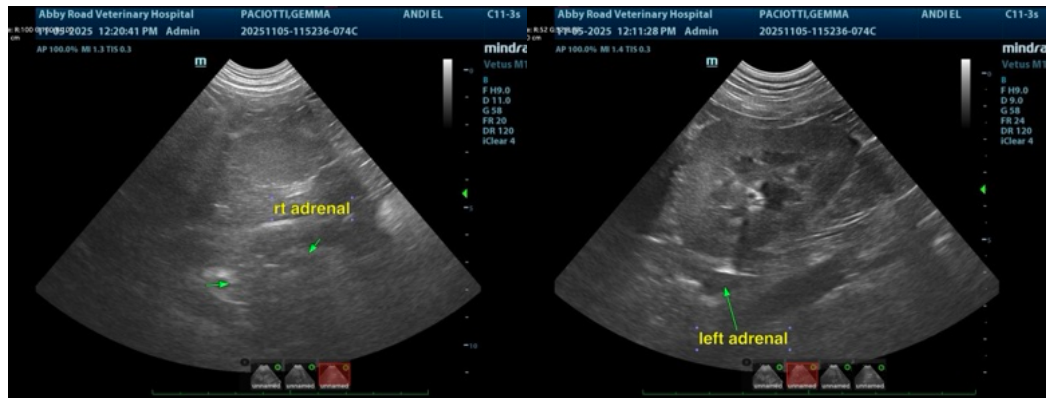
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS, CEO of SonoPath.com

[info@SonoPath.com](mailto:info@SonoPath.com)