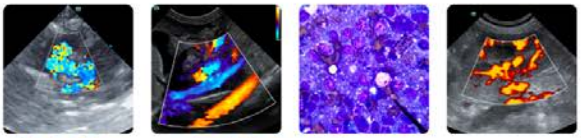

PATIENT

Sierra Decelle

SPECIES

Canine

BREED

Husky x

SEX

Spayed Female

AGE

11 Years 7 Months

WEIGHT

42.8

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Vincent Ravancho, CVT

HOSPITAL NAME

Verona Animal Hospital

REFERRING VET

Dr. Brazer

INVOICE

73563

DATE

3/11/26

PRESENTING CLINICAL SIGNS

Proteinuria. Current Medication- Proin 50mg 1 PO BID, Denamarin Advanced 1 PO SID

Abnormal PE/Chem/CBC/UA Results: 11/25/2025 - NA/K Ratio 27 (L), ALP 606, GGT 29, Chol 452, Trig 186, Creatine Kinase 232 USG 1.030

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder is moderately distended with anechoic urine. No uroliths are seen. The bladder wall is normal in appearance and thickness. No masses are seen. No papillae seen.

The right kidney presents normal size (5.3 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (5.0 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

Adrenal Glands

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 8.9 mm and the caudal pole measures 4.7 mm.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 6.3 mm and the caudal pole measures 5.0 mm.

Spleen

The spleen is normal in size, shape, margination and echogenicity. No masses are seen.

Liver

In the left caudal liver, there is a 1.2 cm in diameter cystic lesion. There is no mass associated with this lesion. This is most likely a benign hepatic cyst. It does not appear to be an abscess or neoplasia.

The gallbladder presents normal size with anechoic contents. Normal gallbladder wall. No evidence of bile duct distention or obstruction.

Gastrointestinal

The stomach and intestines have normal wall layering and thickness. Colon contains normal contents with normal wall thickness.

Pancreas

The visible pancreas is normal in size with normal echogenic parenchyma and surrounded by normal peri-pancreatic mesentery.

Free Abdomen

There are no enlarged abdominal lymph nodes seen on this exam. No free abdominal fluid is seen.

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ULTRASONOGRAPHIC FINDINGS

- Left caudal liver cystic lesion, likely an incidental finding.
- Unremarkable abdomen otherwise.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No obvious cause for the patient's proteinuria is seen on this exam. There are no significant findings. The reason for the possible mild ALP elevation and GGT elevation could be potentially (but unlikely to be) hyperadrenocorticism.

Recommend performing urine cortisol to creatinine ratio. If UCCR is elevated, perform a low-dose Dexamethasone suppression test to rule out hyperadrenocorticism.

The patient's triglycerides are reported to be elevated. Consider switching patient to ultra low-fat diet and rechecking triglycerides in 10 days to verify they are normal. It's possible that hypertriglyceridemia is leading to the elevated ALP.

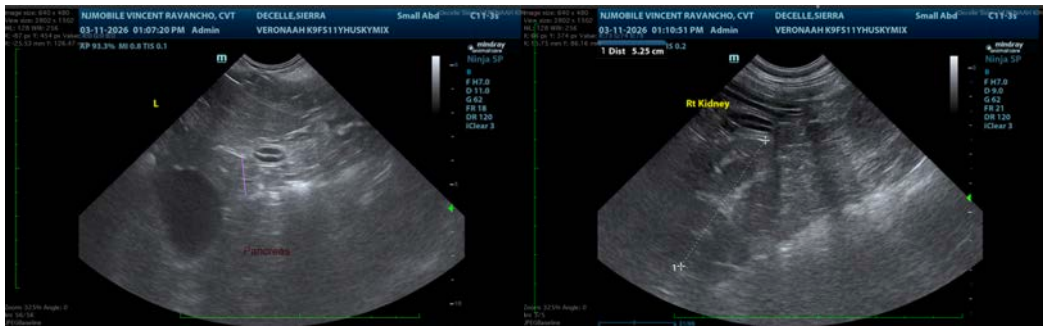
If hyperadrenocorticism and hypertriglyceridemia are ruled out as cause of the ALP elevation, consider submitting a thyroid panel to rule out a dyslipidemia caused by hypothyroidism as a cause for the elevated ALP.

Ultimately, if patient is not found to be hypothyroid, then consider submitting a Texas A&M GI panel to screen for occult gastrointestinal or occult pancreatic disease.

It is reported that the patient is currently taking Proin (suspected for urinary incontinence). Recommend obtaining a systemic blood pressure. If the patient is hypertensive, consider treatment for hypertension or discontinuation of Proin medication, as it can cause hypertension. Hypertension could be the cause of the proteinuria. If the patient is found to be hypertensive, once patient is normotensive recommend rechecking urine protein levels to determine if they have normalized.

If not already performed, recommend vector borne disease testing such as submitting a 4dx to rule out vector borne disease as a cause of proteinuria.

Ultimately, if no secondary cause for proteinuria is identified, it is most likely going to be considered idiopathic.



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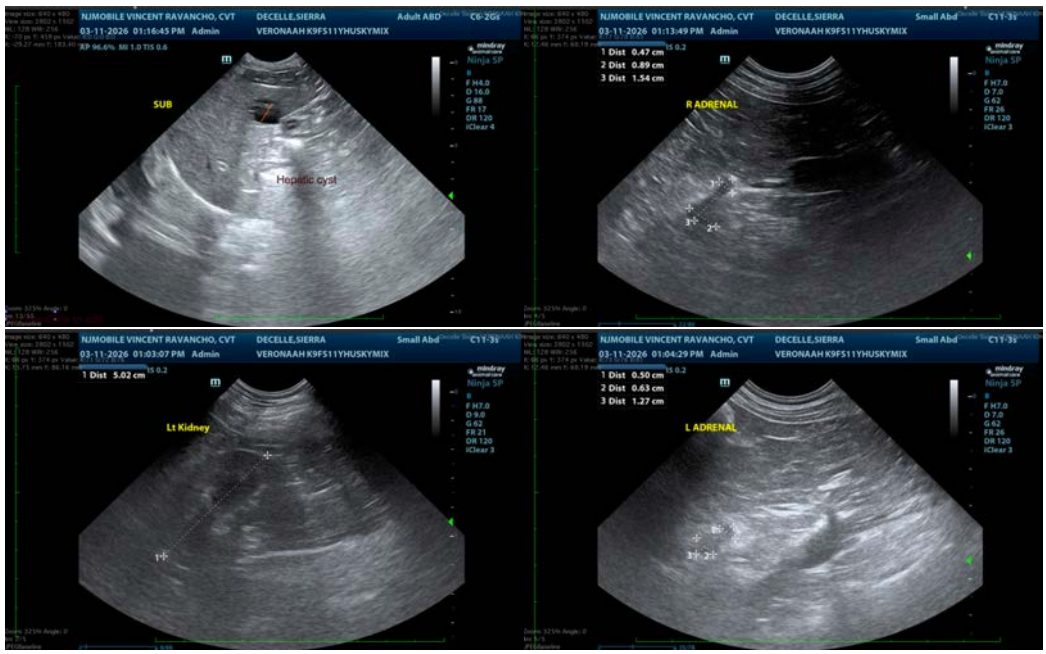

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Greg Kuhlman, DVM, DACVIM (SAIM)

Veterinary Internal Medicine Specialist
info@SonoPath.com