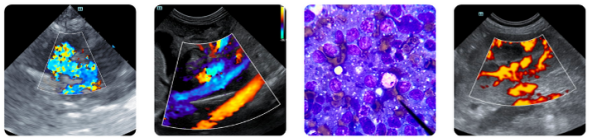


PATIENT

Prinnie Sears

SPECIES

Canine

BREED

Chihuahua

SEX

FS

AGE

16 years

WEIGHT

10 lbs

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Julia Bakker

HOSPITAL NAME

Orange Blossom Veterinary Imaging

REFERRING VET

Dr. Stephen Romero

INVOICE

12088

DATE

6/4/2026

PRESENTING CLINICAL SIGNS

Increased thirst and urination, liver enzyme elevations. UA shows USG 1.020, inactive sediment.

Abnormal PE/Chem/CBC/UA Results: ALT 142 ALP 704 BUN 32.

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.

The left kidney presents normal size with normal shape and architecture. Marked loss of corticomedullary distinction. Mild non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted. Multiple benign hypoechoic cortical cysts present. No pyelectasia or ureteral dilation. The left kidney measured 4.6 cm in length.

The right kidney presents normal size with normal shape and architecture. Marked loss of corticomedullary distinction. Mild non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted. Multiple benign hypoechoic cortical cysts present. No pyelectasia or ureteral dilation. The right kidney measured 4.3 cm in length.

Adrenal Glands

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 5.6 mm and the caudal pole measures 4.3 mm.

The right adrenal gland presents mildly enlarged, normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 10.5 mm and the caudal pole measures 6.6 mm.

Spleen

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

Liver

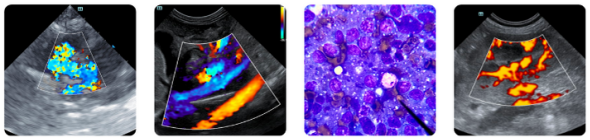
Liver is relatively normal in size and contour. Parenchyma is mildly heterogenous and coarse with mild likely age-related parenchymal remodeling noted. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

Gastrointestinal

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

Pancreas



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The observed pancreas appears appropriately isoechoic to surrounding omental fat. The capsule is mildly irregular in shape. Parenchyma is mildly heterogenous and coarse. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

- Chronic kidney disease changes bilaterally with marked loss of corticomedullary distinction and non-obstructive dystrophic mineralizations noted.
- Moderate gallbladder debris - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.
- Mildly enlarged right adrenal gland.
- Age related hepatic changes.
- Pancreatic age-related remodeling/Chronic pancreatitis – Mild irregularities are consistent with benign age-related change. Low-grade smoldering chronic pancreatitis cannot be ruled out and should be suspected in the face of appropriate clinical signs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Suspect patient's PU/PD is most likely due to the renal disease. Recommend serial rechecks of the patient's urine specific gravity. These urine samples collected by the owner needs to be the first urination of the morning, after the patient has not had access to water overnight. If persistent isosthenuria is present then the patient's clinical signs are most likely due to renal disease, and recommend full staging, monitoring, and managing this patient per IRIS guidelines

Given the elevated alkaline phosphatase, and the enlarged right adrenal gland, it would be prudent to rule out hyperadrenocorticism via a urine cortisol:creatinine ratio. If that is normal and hyperadrenocorticism is effectively ruled out, if UCCR is elevated then recommend a low dose dexamethasone suppression test.

There is no specific cause for patient's reportedly elevated ALT and ALP observed on this exam. Given the appearance of the liver, infiltrative neoplasia such as lymphoma or mast cell disease, is not highly likely. If liver values continue to persistently elevated and there is no identifiable underlying cause, recommend fine needle aspirates of the liver to rule out infiltrative neoplasia. If patient is not vaccinated for leptospirosis, then consider leptospirosis testing to rule this disease out. Ultimately, if ALT continues to elevate, consider a liver biopsy at that time.

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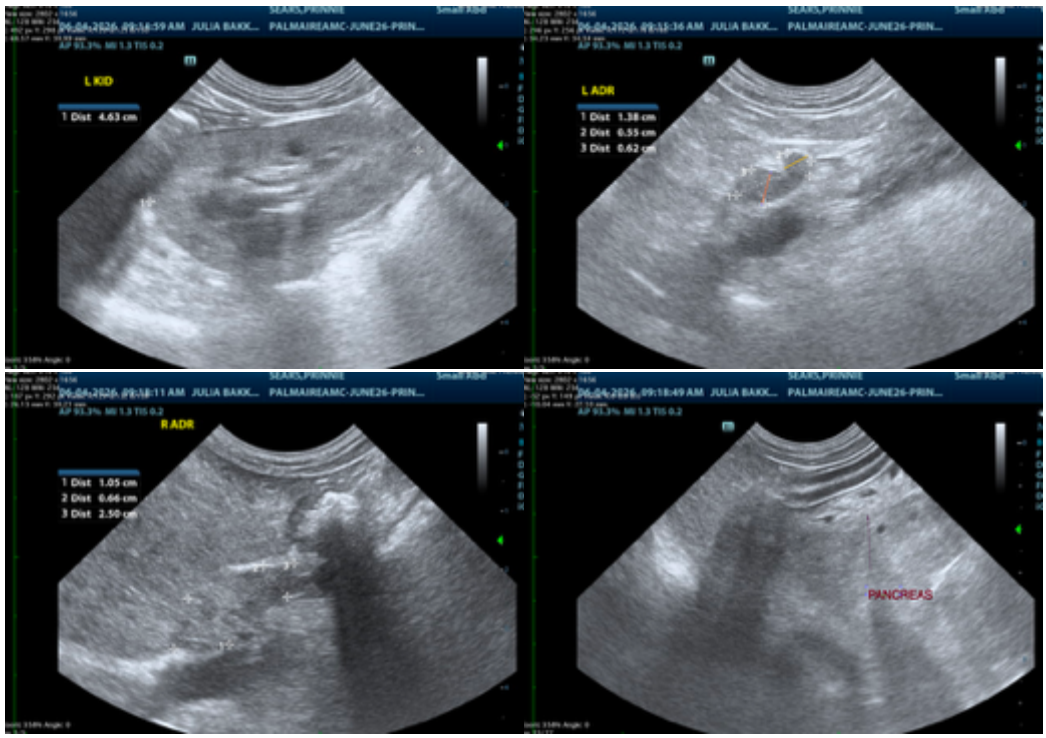

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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