



PATIENT

Oliver Nguyen

SPECIES

Canine

BREED

Shih Tzu

SEX

MN

AGE

9 years 11 months

WEIGHT

19 lbs

INTERPRETED BY

Kim Radway, DVM,
DABVP (Canine/
Feline)

IMAGING PERFORMED BY

Mark Reser

HOSPITAL NAME

Harvest Hills
Veterinary Hospital

REFERRING VET

Dr. Camille Sieger

INVOICE

11032

DATE

1/5/2026

PRESENTING CLINICAL SIGNS

Slowly increasing liver enzymes over the last year, also increased drinking and urination. Vomiting more after drinking more water also, appetite is good, did have slight improvement to enzymes on Denamarin.

Abnormal PE/Chem/CBC/UA Results: Attached.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone and pelvic urethra presented with normal wall thicknesses with anechoic urine and normal tone. No uroliths or masses were noted in the lumen of the bladder. No evidence of inflammatory or neoplastic changes were noted. The ureters were not visible and considered normal.

No images of the prostate were provided.

The **kidneys** revealed normal size, corticomedullary definition and ratio with the cortex being 1/3 of medulla. Medullary echogenicity differed distinctly from that of the cortex and no evidence of dilation could be seen. The renal pelvic diverticuli were distinct in character. The capsules were acceptably uniform without dramatic irregularities. Left kidney measures 4.29 cm, and the right kidney measures 4.65 cm.

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 acceptable. Left adrenal measures 1.62 cm x 0.45 cm x 0.44 cm. The right adrenal measures 1.08 cm x 0.57 cm x 0.23 cm.

Spleen

The **spleen** presented with a smooth homogeneous parenchyma hyperechoic to liver and kidney. The capsule was smooth and linear in its contour. The splenic vasculature demonstrated normal volume without signs of congestion, significant contraction, or thrombosis.

Liver

The **liver** revealed normal size, contour, and structure. Parenchymal echogenicity was smooth and homogenous in appearance. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented with anechoic contents and a thin hyperechoic wall. The cystic and common bile ducts were normal. No periportal lymphadenopathy was evident.

Gastrointestinal

The **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. There was a small amount of gas in the lumen of the stomach. No obstructive or overt infiltrative disease was noted. No abnormal lymphatic activity was noted, and the abdomen was free of gastrointestinal masses and pathological fluid.

Pancreas



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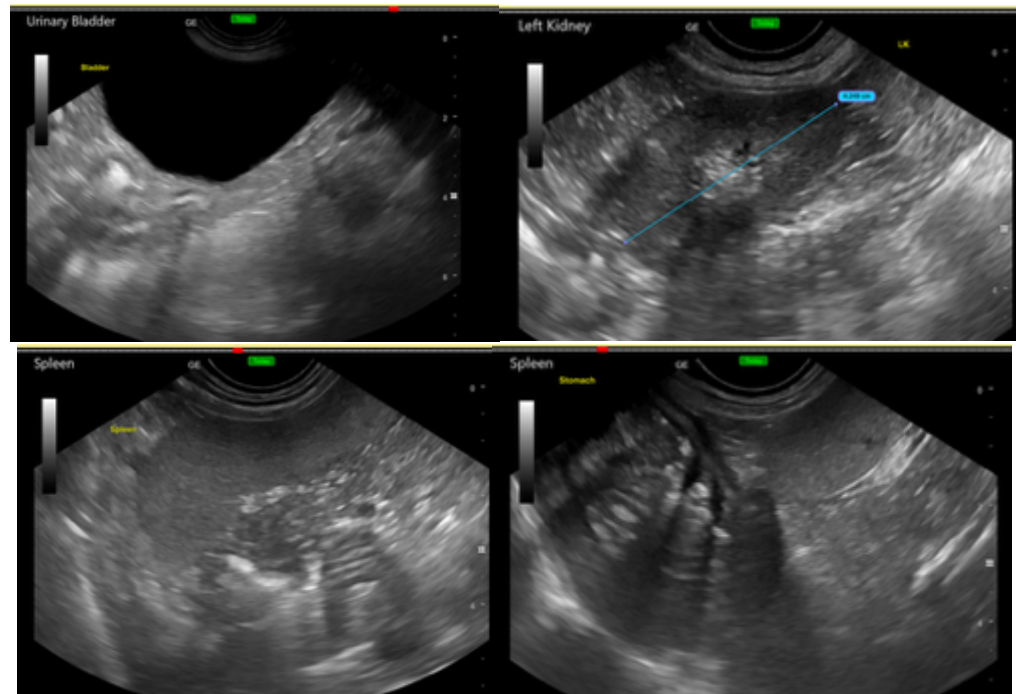
The right and left limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic capsular contour was acceptably normal. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Normal Abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This patient had a normal appearing liver parenchyma despite having slowly increased liver enzymes over the past year. Options would include performing a fine needle aspirate for screening cytology, electing a liver biopsy for more definitive histopathology or continuing to provide liver support with denamarin and regular rechecks of the liver enzymes. Both adrenal glands appear to be normal in size, shape, and character despite the possible PU/PD described on history. A 24-hour water consumption level can be considered in order to more objectively determine if there is underlying polydipsia present in this patient. A normal water consumption should not exceed 50 mils per pound per 24 hours.





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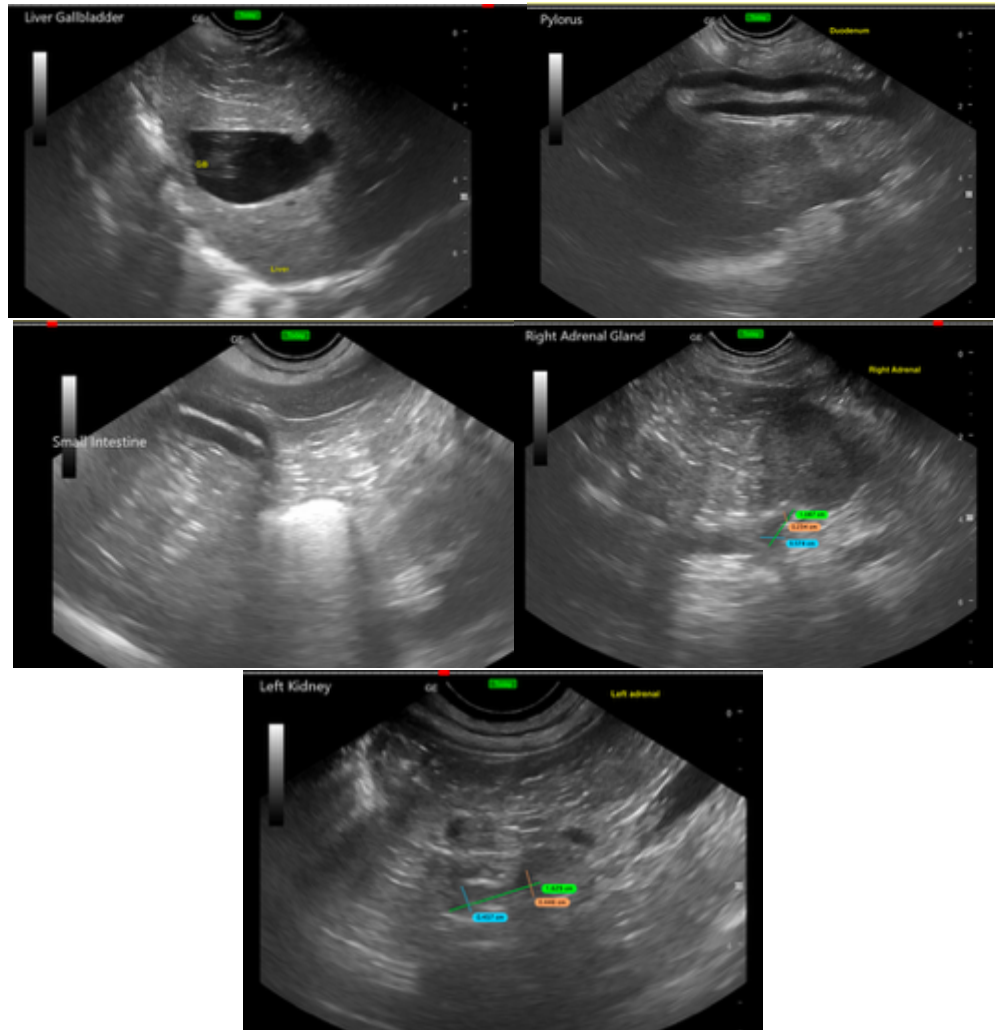
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kim Radway, DVM, DABVP (Canine/ Feline)

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