



PATIENT

Coco Alfero

SPECIES

Canine

BREED

Havanese

SEX

Spayed female

AGE

15 years

WEIGHT

14.8 lbs

INTERPRETED BY

Kim Radway, DVM,
DABVP (Canine/
Feline)

IMAGING PERFORMED BY

Dr. Casper

HOSPITAL NAME

Hometown AH Florida

REFERRING VET

Dr. Casper

INVOICE

72114

DATE

3/2/26

PRESENTING CLINICAL SIGNS

- Significant decreased appetite, frequent lethargy. Polyuria and polydipsia
- Known pulmonary nodule
- CBC- mild non-regenerative anemia (HCT 39.2), mild neutrophilia (9.8), mild monocytosis(0.8), mild thrombocytosis (572). Chem- marked azotemia [SDMA 42, Creat 5.0, BUN 139], mod hyperphosphatemia (11.2), mild hypernatremia (153), inc ALT (208), inc AST (56), inc ALP (472), hyperlipidemia (288). Cardiopet proBNP - elevated, 1023. Tt4- 0.7 Chest rads - mod/severe progression of L Cr pulmonary nodule Prev Sonopath AUS (5/30) - Renal disease, hepatopathy, gallbladder sediment

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.

The **kidneys** bilaterally had an abnormal appearance with decreased size, corticomedullary definition and blunted renal pelvic diverticuli. There was also evidence of renal pelvic dilation present. The left renal pelvis measured 0.25 cm and the right renal pelvis measured 0.2 cm in width. Multiple, small anechoic cysts were noted throughout the renal cortex. The left kidney was 4.33 cm and the right kidney was 4.9 cm in length.

Adrenal Glands

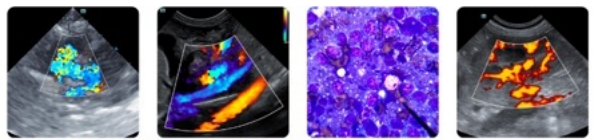
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were acceptable. The left adrenal gland was 2.1 cm by 0.41 cm by 0.39 cm and the right adrenal gland was 1.58 cm by 0.47 cm by 0.42 cm in size.

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** presented with an overall heterogenous and mildly irregular appearance throughout the liver parenchyma. There was a hypoechoic, discrete nodule in the midaspect of the liver measuring 2.48 x 3.21 cm in size. The gallbladder had an abnormal appearance containing a moderate amount of hyperechoic suspended debris within the lumen. No periportal lymphadenopathy was evident.



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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

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

ULTRASONOGRAPHIC FINDINGS

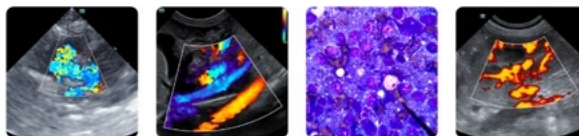
Heterogenous liver with a mottled appearance to the liver parenchyma.
Suspended, hyperechoic gallbladder debris.
Chronic renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This patient had multiple, age related changes consistent with being a geriatric patient. This would include chronic renal changes supportive of chronic kidney disease based on the blood work. There was also evidence of chronic hepatopathy, likely involving regenerative hyperplastic nodules and vacuolar hepatopathy. Although a liver biopsy would be required to have a definitive diagnosis.

There was also evidence of chronic cholestatic liver disease with increased suspended, hyperechoic gallbladder debris. There was no evidence of a gross neoplastic pattern present to explain the patient's recent abnormal clinical signs. It is recommended to continue with aggressive management of chronic kidney failure with fluids and supportive care that should include feeding a renal diet, appetite stimulants and antiemetics.





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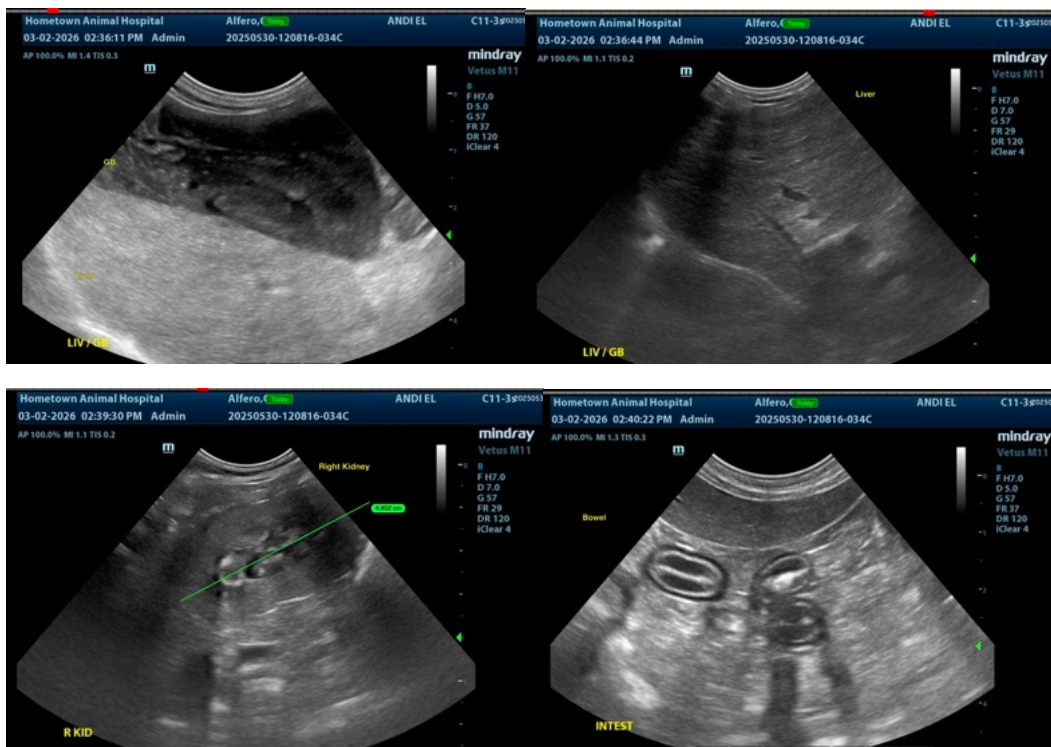
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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