



PATIENT

Leila Westra

SPECIES

Canine

BREED

Poodle

SEX

Spayed Female

AGE

6

WEIGHT

6.1

INTERPRETED BY

Kim Radway, DVM,
DABVP (Canine/
Feline)

IMAGING PERFORMED BY

Chelsea Pastor

HOSPITAL NAME

Fredon AH

REFERRING VET

Dr. Linda Grau

INVOICE

37261

DATE

6/1/26

PRESENTING CLINICAL SIGNS

History: Seen elsewhere for vague ADR 4/9, elevated ALT, one month denmarin ALT is worse although clinically dog is back to normal.

Abnormal PE/Chem/CBC/UA Results: nsf on pe, ALT was 334 with AST of 95, now ALT 515, ALP 113, Bili 0.3.

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** 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. There was a small number of hyperechoic foci mineralization along the medulla of the left kidney. The left kidney measured 3.14 cm. The right kidney measured 3.3 cm.

Adrenal Glands

The **left adrenal gland** was 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 measured 1.23 cm x 0.19 cm x 0.25 cm.

The **right adrenal gland** was not specifically identified in the images provided.

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 images of the **liver** provided were primarily of the right lateral aspect of the liver, which did not show any evidence of discrete pathology, such as masses or nodules. The general appearance of the liver parenchyma was homogenous in echogenicity.

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.



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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.

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Canine

ULTRASONOGRAPHIC FINDINGS

BREED

- Small foci of mineralization along the medulla of the left kidney

Poodle

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

This patient's abdomen did not have any evidence of gross pathology present. It is recommended to consider performing a fine needle aspirate of the liver as a screening tool. If this is not definitive, then a liver biopsy would be required for a histopathologic diagnosis. It is recommended to continue support with Denamarin.

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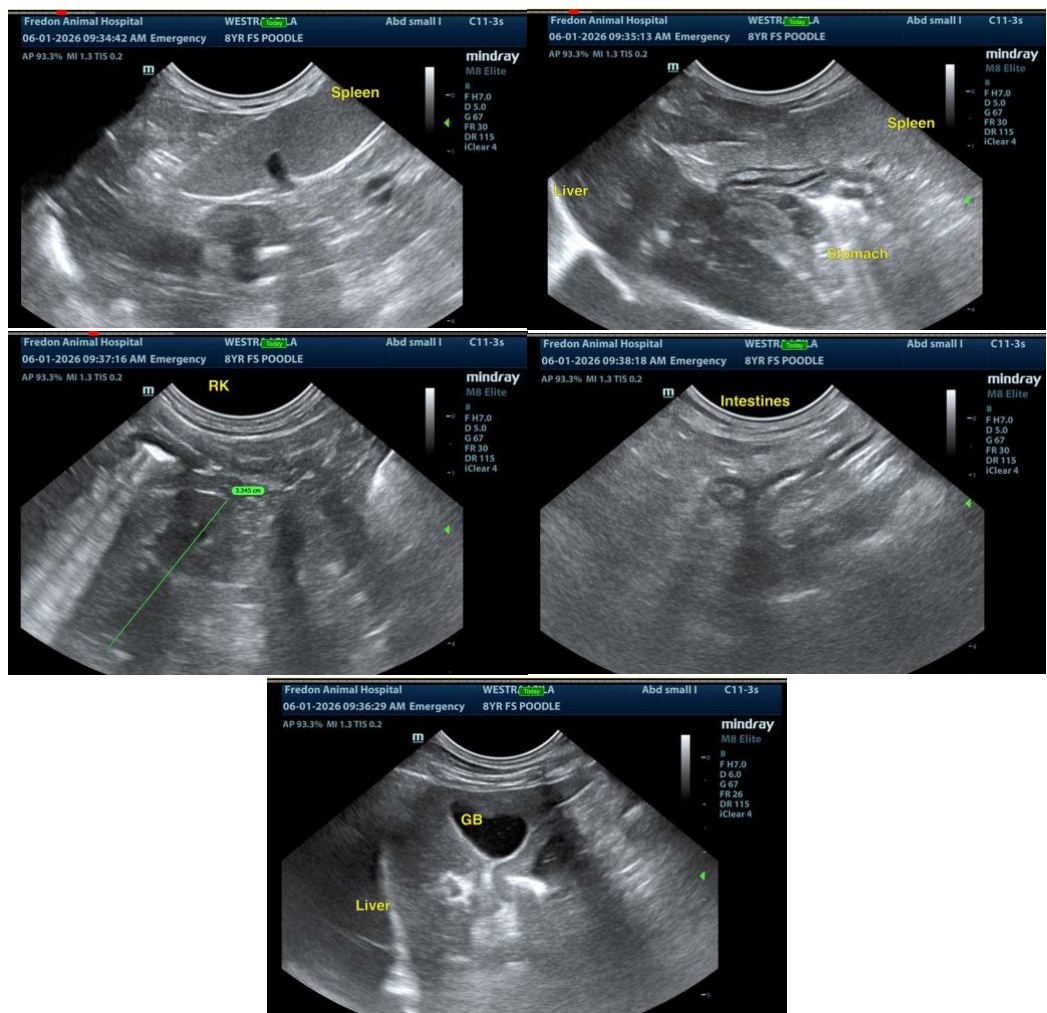
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The information and recommendations provided are based on the images presented by the



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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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