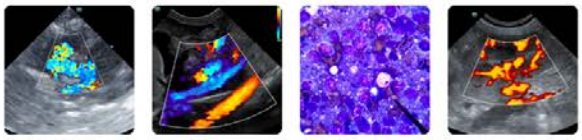


PATIENT

Juneau Rowe

SPECIES

Canine

BREED

Mixed

SEX

Spayed Female

AGE

7 Years

WEIGHT

59 lbs

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Donner Truckee Veterinary Hospital

REFERRING VET

Dr. India Vannini

INVOICE

72899

DATE

1/1/26

PRESENTING CLINICAL SIGNS

Presenting Concerns: Juneau presented for a 2-week history of intermittent right rear leg lameness. Historical Conditions: - History of kidney stones. Diet/Appetite: - Eats a Rx low-calorie diet. Appetite is good. V/D/C/S: - No vomiting, diarrhea, coughing, or sneezing reported. Current Medications: - Ursodiol. Additional Information: - Energy level is reported as good. LABS done- Elevated liver values- RAD-Hepatomegaly, unchanged. This is a non-specific finding and differential diagnoses include vacuolar change, metabolic hepatopathy, endocrine disease, congestion, inflammation, and neoplasia. - Obesity.

Abnormal PE/Chem/CBC/UA Results: ALT 166 U/L H 10 - 125 ALKP 1861 U/L

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney has a normal shape and size (6.24 cm). There is a small, non-obstructive cortical nephrolith visualized measuring 0.43 cm. Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (6.4 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

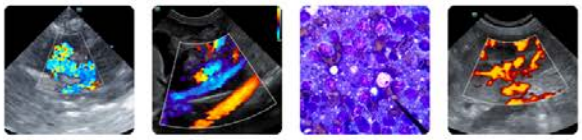
Adrenal Glands

The left adrenal gland is normal in size measuring 0.58 cm at the cranial pole and 0.47 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.59 cm at the cranial pole and 0.69 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (1.89 cm), echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.



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Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Duodenum wall measures 0.51 cm. Jejunum wall measures 0.34 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The pancreas is visible/mildly mottled. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is no significant lymphadenopathy. The right iliac lymph node is prominent measuring 0.49 cm. The omentum is of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Small cortical nephrolith visualized in the left kidney – This is likely incidental at this time. Recommend continued monitoring.
- Pancreatic changes consistent with mild pancreatic remodeling.
- Heterogeneous liver – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy.
- Moderate gallbladder debris – The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting but seems unlikely to be causing a current issue. Recommend continued monitoring.

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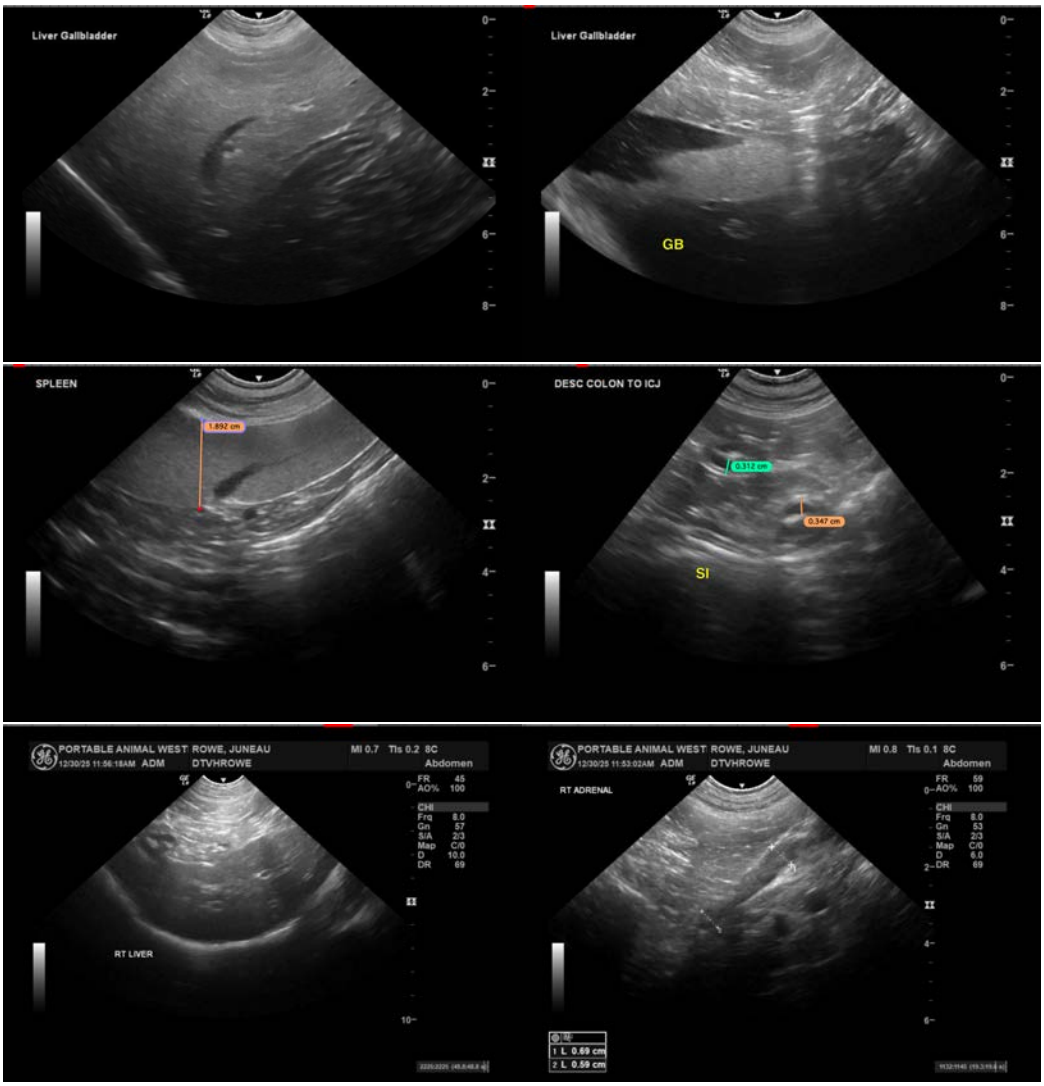
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal lesions are visualized associated with the liver to explain the elevation in liver enzymes reported. The liver appears mildly subjectively heterogeneous. Given the elevation in ALP, a vacuolar hepatopathy would be the primary differential, although other hepatopathies are possible. There is a moderate amount of debris visualized associated with the gallbladder with no evidence of wall thickening or surrounding inflammation. Consider pre- and post-prandial bile acids to assess liver function. A fine needle aspirate could be considered to rule out infiltrative neoplasia or similar (provided coagulation parameters are normal). If signs of Cushing's are present, you could consider adrenal function testing, but both adrenals appear normal in size on today's exam.

If liver function is abnormal, or a more significant hepatopathy is suspected, a biopsy of the liver with samples for histopathology, culture and copper levels may be warranted.



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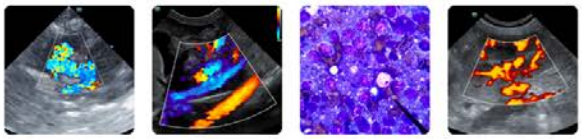

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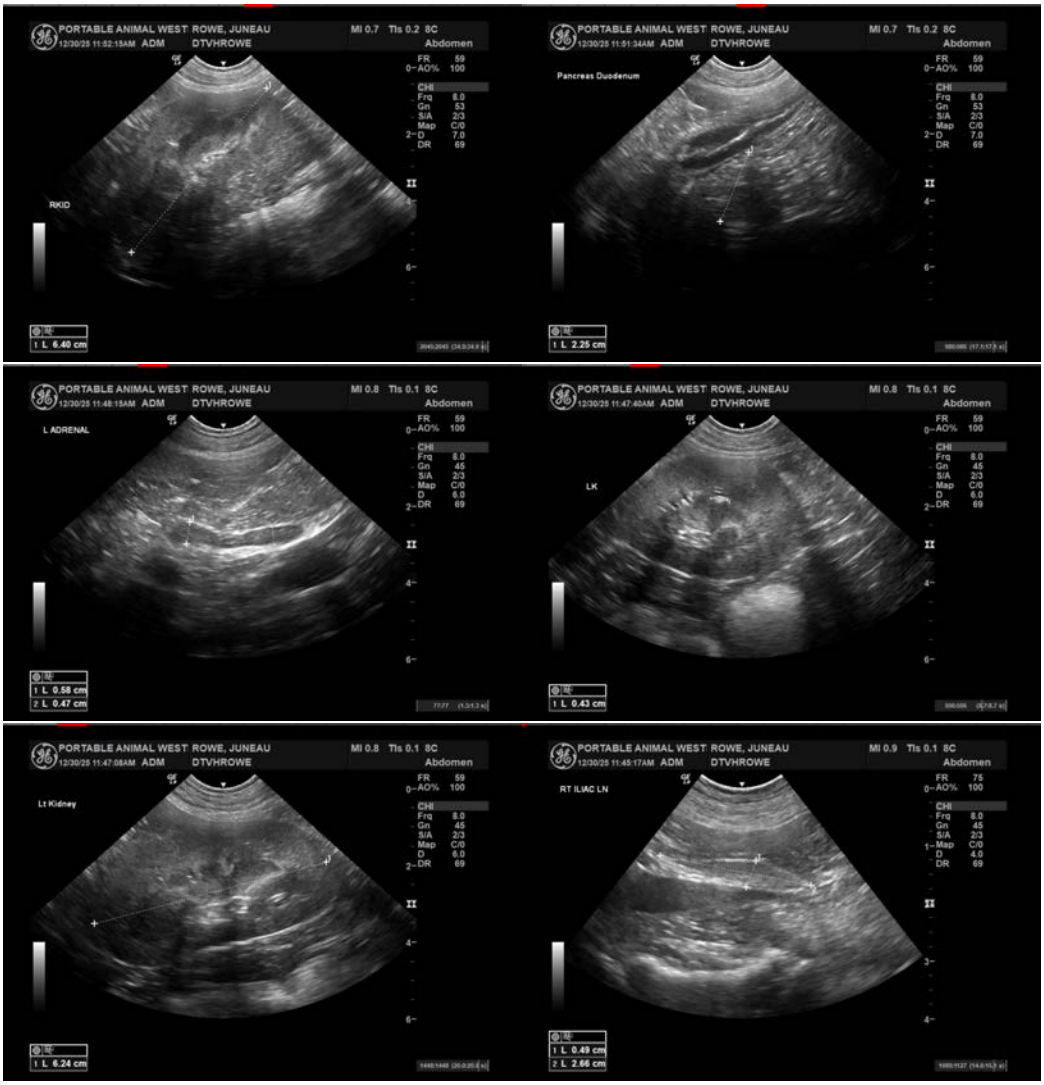

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)

info@sonopath.com