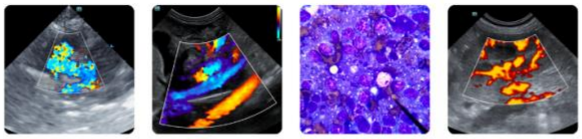




**PATIENT**

Sky Levesque

**SPECIES**

Canine

**BREED**

Siberian Husky

**SEX**

Spayed Female

**AGE**

11 Years

**WEIGHT**

46 Pounds

**INTERPRETED BY**

Kathleen A. Sennello DVM, MS, DACVIM (SAIM)

**IMAGING PERFORMED BY**

Loetitia Saint-Jacques, LVT

**HOSPITAL NAME**

MountainView AH

**REFERRING VET**

Dr. Ashlie Brown

**INVOICE**

35547

**DATE**

1/22/26

## PRESENTING CLINICAL SIGNS

- Sky has a history of polyuria and polydipsia with urinary incontinence noted. Her most recent urine culture was negative.
- Recent blood work was as follows: ALT 122, ALP 676, Chol 369, USG 1.009 and negative for protein. Evaluate liver, adrenal glands and bladder.
- Current medications: Cranberry supplement, Dasuquin, Multivitamin, Fish Oil, Pre/probiotic

## 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 2.0 cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney has a normal shape and size (6.0 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal. Small pinpoint cortical mineralizations were noted, most consistent with dystrophic mineralization.

The right kidney has a normal shape and size (5.9 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal. Pinpoint nonobstructive mineralizations were noted, most consistent with dystrophic mineralization.

### *Adrenal Glands*

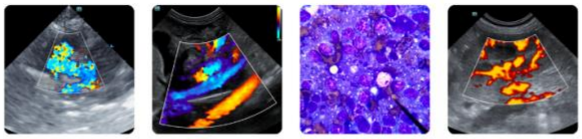
The left adrenal gland is normal in size measuring 0.66 cm at the cranial pole and 0.62 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is borderline large (1.02 cm at the cranial pole and 0.53 cm at the caudal pole) and somewhat irregular in appearance. It is visualized in its normal position between the right kidney and the caudal vena cava. It is slightly abnormal in appearance in that the cranial pole is prominent and slightly irregular, measuring 1.27 cm x 1.17 cm. A discrete nodule is not visualized. No evidence of vascular invasion is visualized.

### *Spleen*

The spleen is subjectively normal in size (1.96 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.

### *Liver*





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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. There are occasional ill-defined hypoechoic nodules in the parenchyma; an example in the mid region measures 0.82 cm, and on the left measures 0.45 cm. Additionally, on the left side, there is a small hyperechoic nodule.

The gallbladder 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. Some of the debris appears mildly mineralized and adhered to the gallbladder wall. The cystic and common bile ducts are normal/not visible.

### *Gastrointestinal*

The stomach contains mild to moderate gas. It measures at a normal thickness of <0.7 cm 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. The duodenum measured as normal (0.49 cm in wall thickness) and the jejunum measured as normal (0.28 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 normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

### *Free Abdomen*

There is no free fluid. There is no significant lymphadenopathy. A normal mesenteric lymph node is visualized, measuring 0.52 cm. The omentum is of normal echogenicity.

## ULTRASONOGRAPHIC FINDINGS

- Mildly heterogenous liver with occasional small poorly defined hypo- and hyperechoic nodules- 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. The nodules observed trend toward a more benign process, but underlying neoplasia cannot be ruled out.

- Mild/moderate gallbladder debris with some mineralized debris adhered to the gallbladder wall- Findings may be incidental given the liver enzyme elevations. Mild cholecystitis could be present.

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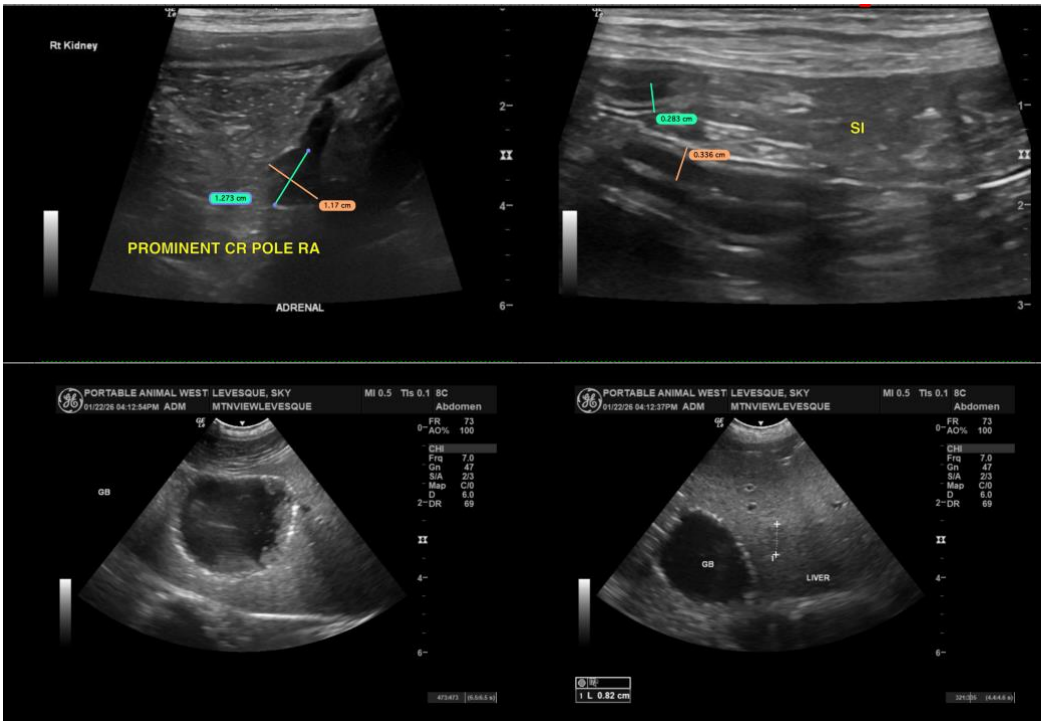
- Prominent cranial pole of the right adrenal gland- Findings could include anatomic variation. No discrete nodule is visualized. Poorly defined adenoma or other cannot be ruled out.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A definitive cause for the PU/PD reported is not visualized. The cranial pole of the left adrenal gland is prominent. A discrete nodule is not visualized, but if symptoms consistent with cushings are present, consider adrenal function testing and continued monitoring of the adrenal over time (recheck in 2-3 months). Additionally, you could consider a blood pressure evaluation. If hypertension is present, consider measuring catecholamine levels, looking for a subtle pheochromocytoma.

The liver is mildly heterogenous. This could be consistent with a mild early vacuolar hepatopathy or other hepatopathy. Additionally, there is some mild gallbladder debris, and some mineralized debris adhered to the gallbladder wall. You could consider starting chronic ursodiol therapy and continued monitoring of the gallbladder for any significant changes.



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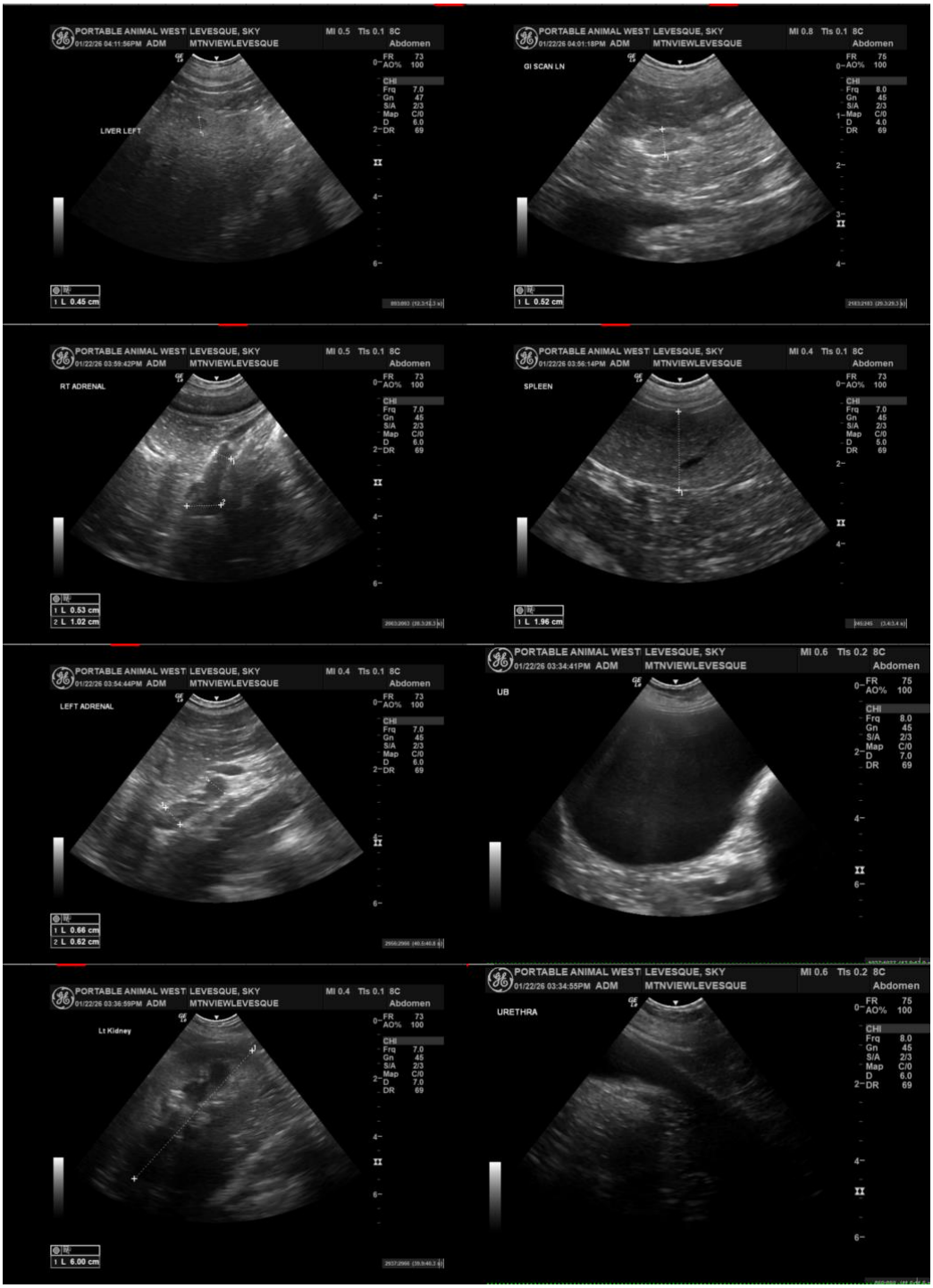
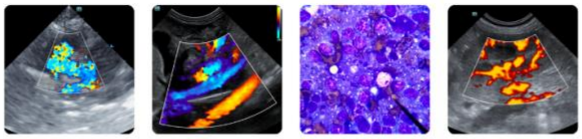



**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**





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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