



PATIENT

Peaches Kopchak

SPECIES

Canine

BREED

Aussie x

SEX

Spayed Female

AGE

4 Years 8 Months

WEIGHT

44.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

VCA AVH Animal
Hospital

REFERRING VET

Dr. Dymond-Szabo

INVOICE

73090

DATE

2/19/26

PRESENTING CLINICAL SIGNS

Elevated ALT + persistent acidic urine. P overall doing well. Hx of licking vulva. Asymptomatic for liver elevation. Abd x-rays 10/2025 normal abd. No urinary tract abnormalities.

Current Meds: Interceptor plus + Credelio; ID stress + home cooked food. Received Dexdomitor/Torb sedation for scan.

Abnormal PE/Chem/CBC/UA Results: Elevated ALT, otherwise rest wnl including fecal. ALT: 9/23/25=237 10/21/25=178 11/13/25=99 2/16/25=150 UA: 0-1 wbc, 0-1 rbc, 0-1 squamous; PH 5.0; USG: 1.036

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 (5.17 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.

The right kidney has a normal shape and size (5.15 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 0.42 cm at the cranial pole and 0.44 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 1.03 cm at the cranial pole and 0.52 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 (1.82 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

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



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The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and likely incidental at this time. The cystic and common bile ducts are normal/not visible.

SPECIES

Canine

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.

BREED

Aussie x

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 0.29 cm. Jejunum wall measures 0.55 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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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

WEIGHT

44.2 lbs

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

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Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

- No significant ultrasonographic lesions visualized.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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No focal lesions are visualized associated with the liver to explain the elevation in ALT reported. No definitive shunt is visualized but this cannot be ruled out. Recommend pre- and post-prandial bile acids to further evaluate. If these are elevated, consider a contrast CT scan to further investigate.

REFERRING VET

Dr. Dymond-Szabo

Consider screening for Leptospirosis if this is clinically appropriate. Ultimately, biopsies of the liver may be warranted with samples for histopathology, culture and copper levels. In some situations, you can also have a reactive hepatopathy secondary to GI disease or similar. No evidence of this is noted on today's exam, and no history of significant gastrointestinal symptoms is reported.

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No lesions were visualized associated with the urinary tract to explain the excessive licking noted. Recommend a vaginal exam, urinalysis and culture (if not already done).

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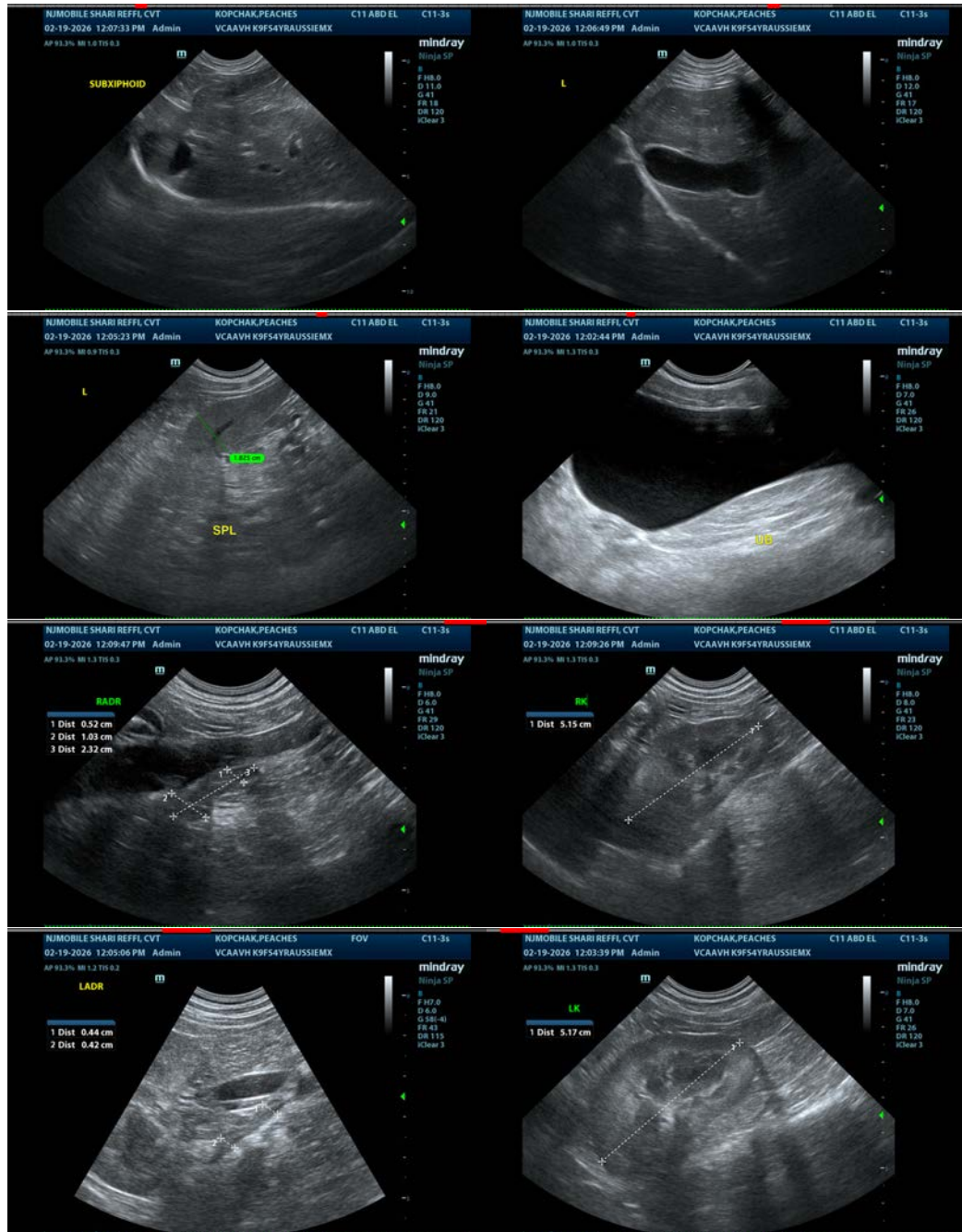
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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