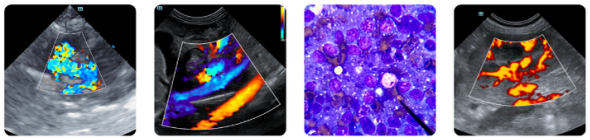


PATIENT

Moonshine Barnwell

SPECIES

Canine

BREED

Walker Hound

SEX

FS

AGE

9 years

WEIGHT

72 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Desen Ertunc

HOSPITAL NAME

Humboldt Veterinary Medical Group

REFERRING VET

Dr. Kris Flores

INVOICE

11612

DATE

4/1/2026

PRESENTING CLINICAL SIGNS

History (250 words max): Gradually increasing ALP since July 2024. Isosthenuria, proteinuria -- historical low USG and proteinuria in 2024 and 2025. Started on Renal diet as well as enalapril. LDDS testing not consistent with HAC. History of proteinuria.

Abnormal PE/Chem/CBC/UA Results: *Abnormal PE: PE largely unremarkable. Weight has remained stable. *Abnormal CBC/Chem/UA/rads (& date obtained): ultrasound - Generalized hepatomegaly. Slightly mottled appearance to hepatic parenchyma. Spleen WNL. There is mild reduction in detail between renal cortices and medulla. No free abdominal fluid. Recent blood work on 3/2/26 showed elevated ALT (141) and ALP (1228). LDDS test on 3/6/26 not indicative of HAC. Urine Protein: Creatinine Ratio performed 1/27/26 was elevated at 2.6.

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 (6.72 cm). Overall echogenicity is slightly hyperechoic with poor 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 (6.63 cm). Overall echogenicity is slightly hyperechoic with poor 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

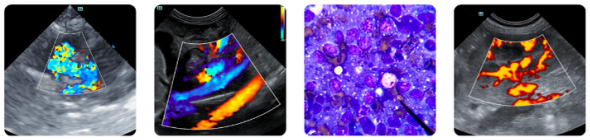
The left adrenal gland is normal in size measuring 0.55 cm at the cranial pole and 0.69 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.55 cm at the cranial pole and 0.56 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 (1.93 cm) and the echotexture is homogenous. The splenic capsule is smooth with no visible 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 large in size, and rounded. 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. Luminal contents are mild and likely incidental at this time. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach is moderately dilated with fluid and irregular shadowing material most consistent with normal ingesta and gas. 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 layering 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 to mild fluid and chyme 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 (0.35 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

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

- Mild age-related changes visualized associated with both kidneys.
- Large, heterogenous liver. Findings are most consistent with a vacuolar hepatopathy. Other hepatopathies are possible.
- Moderate fluid/shadowing ingesta visualized within the gastric lumen. Correlate with the feeding history. Findings are most consistent with a non-fasted patient.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal lesions are visualized associated with the liver to explain elevation in ALP reported. It is generally large, and heterogenous, possibly consistent with a vacuolar hepatopathy although other hepatopathies are possible. If there's concern for a more significant hepatopathy, you could consider evaluation of liver function and a fine needle aspirate.

No adrenal enlargement was noted. This does not rule out Cushing's but makes it somewhat less likely.

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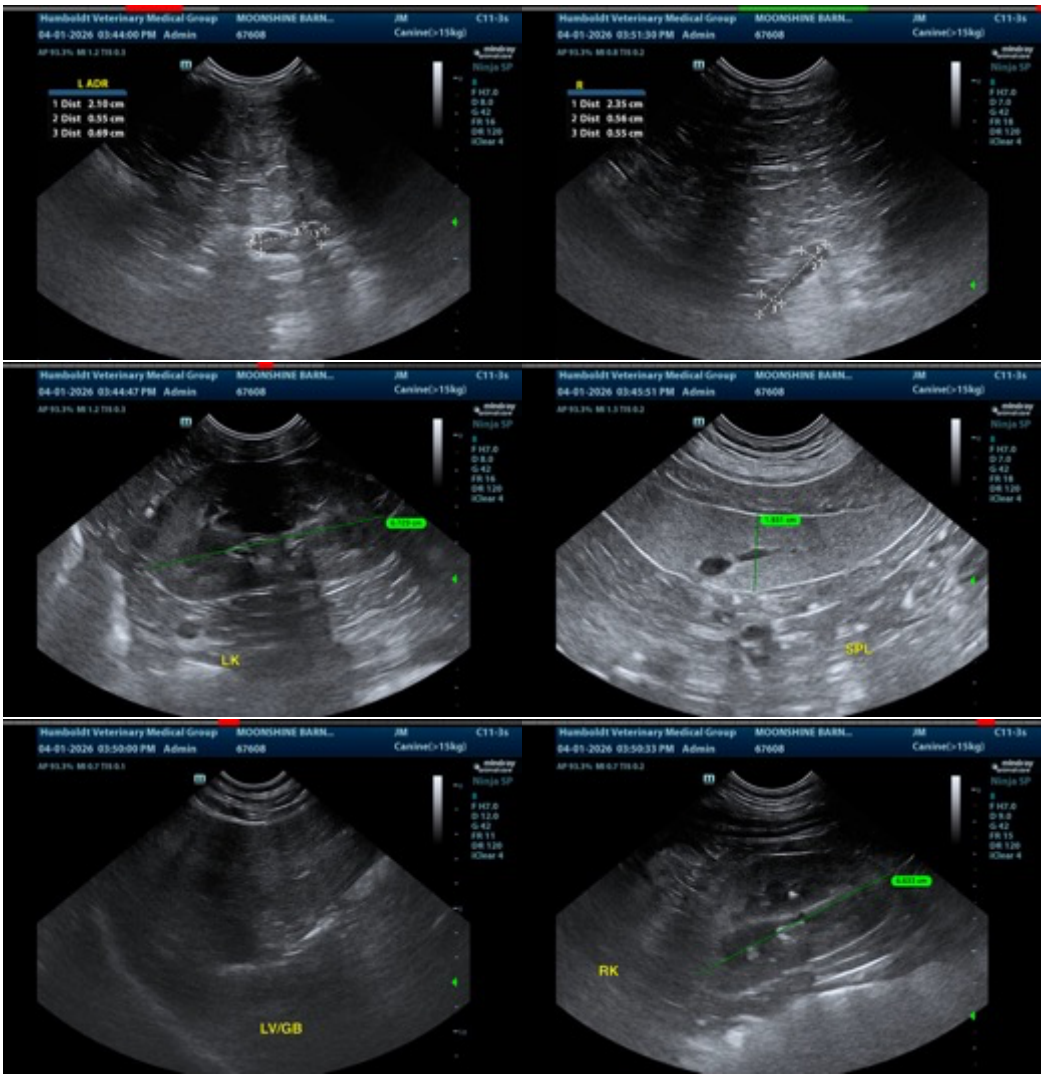
This combined with a negative low dose dexamethasone suppression test makes Cushing's unlikely.

If not already done, consider further evaluation for a possible protein losing nephropathy, looking for infectious, inflammatory, autoimmune causes for proteinuria. Consider starting with a blood pressure evaluation looking for hypertension and vector borne disease testing. Medical therapy may need to be considered.

Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.



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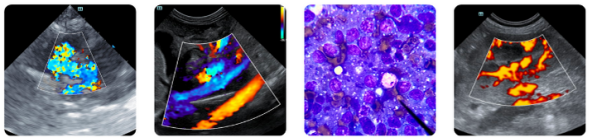

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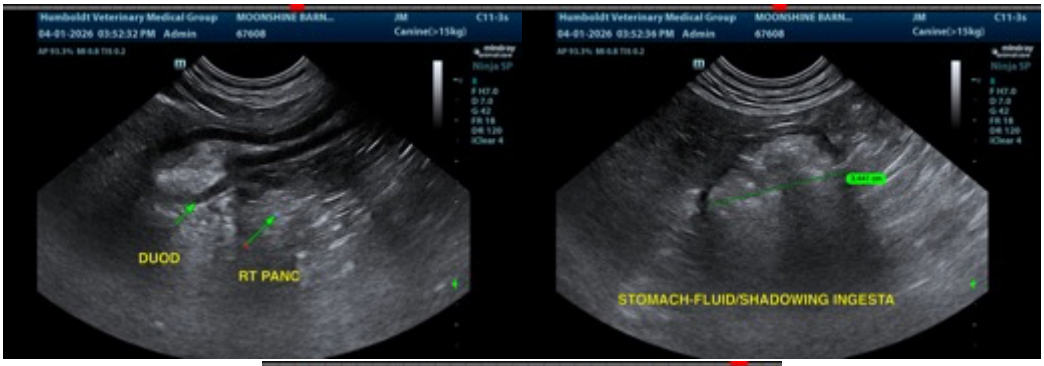

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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