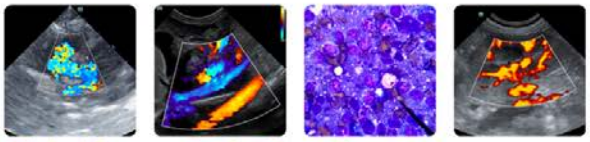

PATIENT

Niko Jimenez

SPECIES

Canine

BREED

Mini Schnauzer

SEX

Neutered Male

AGE

14 Years

WEIGHT

10.5 lbs

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY

Dr. Suciu

HOSPITAL NAME

Animal Clinic of Queens

REFERRING VET

Dr. Mucera

INVOICE

72123

DATE

1/10/26

PRESENTING CLINICAL SIGNS

High ALT (295), high ALP (1242, was 777 on 10/2025). High BUN 34 [8-31], normal creatinine (1.2) and SDMA (9.7). High phosphorus (6.2) [2.5-6.0]. High calcium 11.5 [8.9-11.4]. High cholesterol 395 [92-324]. T4 was 1.4 on 10/2025. History of CHF and pulmonary hypertension. Currently on Pimobendan, Spironolactone, Furosemide, Denamarin and Gabapentin

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. Mild pyelectasia noted in both kidneys. The left kidney measured 4.1 cm. The right kidney measured 3.7 cm.

Adrenal Glands

The bilateral adrenal glands both presented mildly enlarged cranial poles with normal caudal pole widths. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. Left measured 0.72 cm at the cranial pole and 0.53 cm at the caudal pole. Right measured 0.81 cm at the cranial pole and 0.38 cm at the caudal pole.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver

The **liver** presented mild to possibly moderate generalized hepatomegaly, with variable coarse echotexture. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder was non distended in size with mild, non-organized debris. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

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Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The pancreas was mildly prominent in size with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy.
- Mild, non-organized gallbladder debris (non-mucocele).
- Chronic renal changes exhibiting mild pyelectasia.
- Mild heterogeneous, non-mineralized adrenal glands with bilateral mild cranial adrenomegaly.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the liver was nonspecific but most consistent with benign hepatopathy. Considerations for the liver may include benign vacuolar hepatopathy, inflammatory/infectious/immune mediated disease, hyperplasia, hematopoiesis, toxic hepatopathy (ie copper), other with neoplasia thought less likely. Ultrasound guided FNA of the liver using a 25-gauge needle and assuming normal coagulation parameters would be warranted for screening cytology. Hepatosupportive medications such as Denamarin or Vitamin E as well as Ursodiol due to its antioxidant and immunomodulatory effects within the liver would be warranted, although these medications may not result in decreased hepatic enzyme levels. Leptospirosis titers / PCR may be considered if clinically indicated. Core or surgical biopsy likely required for definitive diagnosis.

Urinary workup including urinalysis +/- culture and sensitivity or UPC level if clinically indicated for renal staging is suggested.

Adrenal workup with LDDST warranted if clinical signs consistent with Cushing's syndrome.

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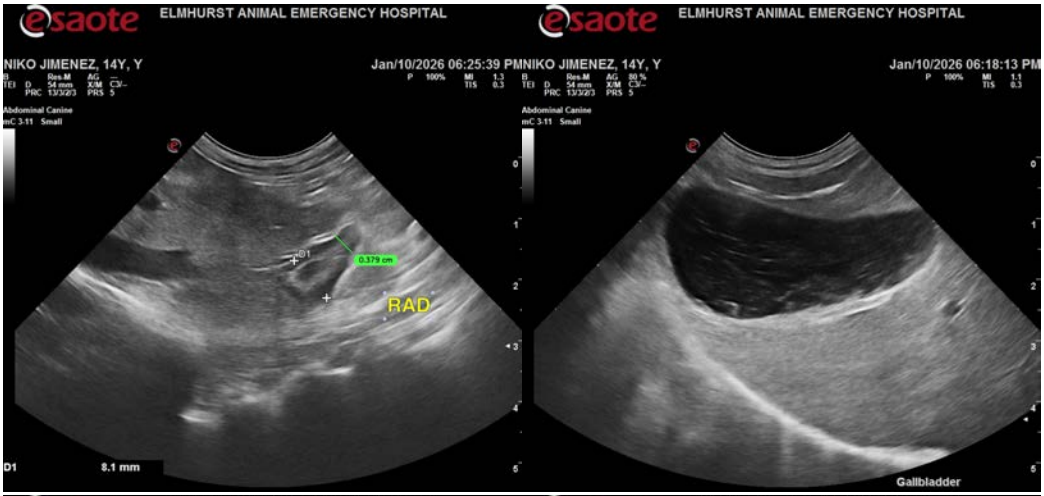

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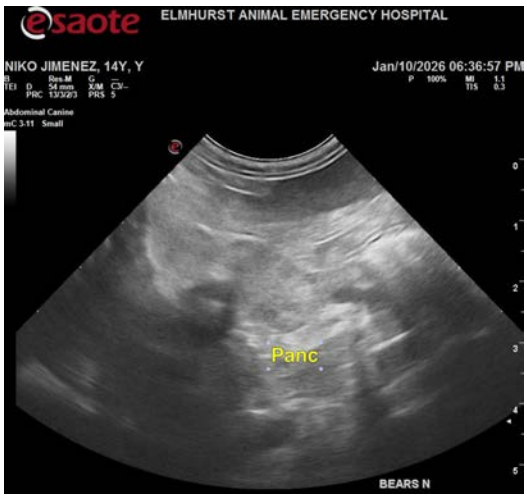

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com