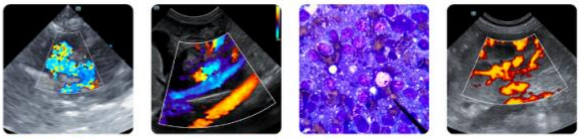


PATIENT

Kai Laudat

SPECIES

Canine

BREED

Shih Tzu

SEX

Neutered Male

AGE

10 Years 10 Months

WEIGHT

11.2

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Lara Cabugawan

HOSPITAL NAME

Kew Gardens Animal Hospital

REFERRING VET

Dr. Lara Cabugawan

INVOICE

13448

DATE

01/29/26

PRESENTING CLINICAL SIGNS

- Presented for ongoing elevated liver enzymes. The pet was seen at EMS one week ago for hematuria; no diagnostics were performed at that time. The pet was prescribed pain medication and antibiotics.
- hx truncal alopecia, urinary incontinence, DJD, blind OU, senile, elevated LES.

PE: hypermature cataract OU, negative menace truncal alopecia, DJD, dental calculus

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was nondistended with urine prohibiting full evaluation of the urinary bladder wall. The luminal margin of the thickened urinary bladder wall was mildly asymmetrical in contour. Urinary bladder wall thickness measured 0.50 cm. Mineralization or echogenic foci within the thickened areas of urinary bladder wall was not present. The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal 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 bladder tumors.

Normal size and margination was 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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. Nonobstructive renolithiasis was present within the kidneys. The left kidney measured 4.2 cm in length. The right kidney measured 4.9 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size with an enlarged caudal pole and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.80 cm width at the caudal pole.

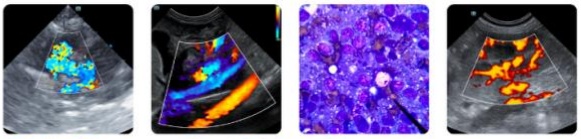
The right adrenal gland was uniform in size with an enlarged caudal pole and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.66 cm width at the caudal pole.

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 & Gallbladder

The liver was subjectively mild subnormal in size. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion.



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The gallbladder was non-distended in size compared to the liver. Normal gallbladder wall without evidence of inflammation. Mild nonorganized bile sediment was present. The common bile duct was not visualized.

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.

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

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- hepatopathy exhibiting subnormal liver size.
- Nonorganized gallbladder debris.
- Subjective mild cystitis.
- Chronic renal changes exhibiting nonobstructive renolithiasis.
- Bilateral mild adrenomegaly.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Non-specific hepatitis (viral bacteria, leptospirosis, toxin), vascular anomaly, hepatotoxicosis, i.e. copper versus other inflammatory disease, vacuolar changes, non-obstructive cholestasis are all potentials without evidence of hepatic neoplastic criteria.

Further assessment may include (assuming normal clotting status) hepatic FNA cytology and bile profile. Adrenal screening could be considered if clinically indicated, although the liver did not overtly meet steroid hepatopathy criteria. Definitive diagnosis may require hepatic biopsies for histopathology. Hepatosupportive medications may prove beneficial. Recheck urinary workup is suggested if not recently done.

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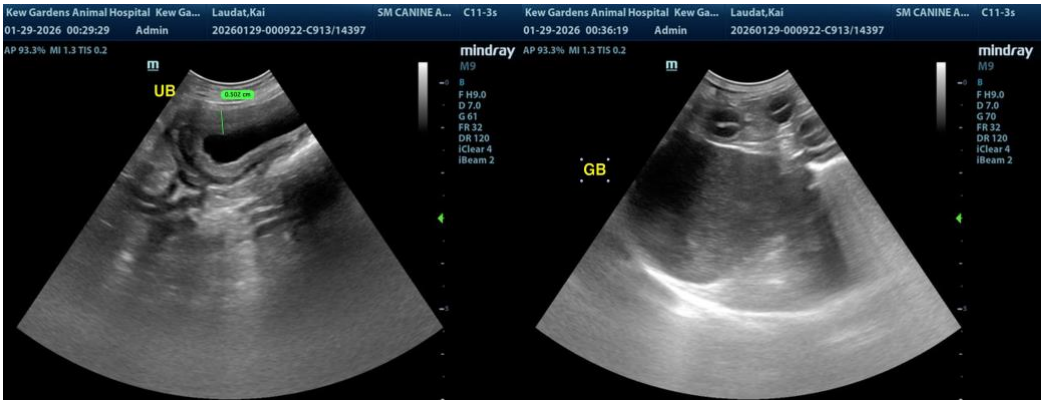

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

info@SonoPath.com